

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  
**2020**  
Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020**

**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

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 \$ 24,140,776

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

**J** Website: WWW.GCHP.NET

**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 ▶

**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)	3	12
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	12
<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	93
<b>6</b> Total number of volunteers (estimate if necessary)	6	15
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	13,658,340	13,809,070
<b>9</b> Program service revenue (Part VIII, line 2g)	5,370,920	10,346,152
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	507,430	16,166
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	268,252	-30,612
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,804,942	24,140,776
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,740,901	30,000
<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)	2,987,007	3,420,947
<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) ▶122,071		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,449,863	4,922,339
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,177,771	8,373,286
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	10,627,171	15,767,490
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	87,982,557	108,507,074
<b>21</b> Total liabilities (Part X, line 26)	34,612,040	34,710,745
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	53,370,517	73,796,329

**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: 2022-02-12  
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  if self-employed PTIN P00543368  
Firm's name ▶ POSTLETHWAITE & NETTERVILLE APAC Firm's EIN ▶ 72-1202445  
Firm's address ▶ ONE GALLERIA BLVD SUITE 2100 Phone no. (504) 837-5990  
METAIRIE, LA 70001

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 6,742,169 including grants of \$ 30,000 ) (Revenue \$ 10,315,540 )
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 6,742,169

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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 (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MS, AL, GA
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: RICHARD CAMPBELL 1626 ORETHA CASTLE HALEY BLVD NO A NEW ORLEANS, LA 70113 (504) 525-2505

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

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

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

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

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

See instructions for the order in which to list the persons above.

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	X					0	0	0	
(2) MICHELLE WHETTEN DIRECTOR	0.50	X					0	0	0	
(3) REVEREND WILLIE GABLE JR DIRECTOR	0.50	X					0	0	0	
(4) JULIE A GOULD DIRECTOR	0.50	X					0	0	0	
(5) TROY VILLA DIRECTOR	0.50	X					0	0	0	
(6) JOHN WEILER DIRECTOR	0.50	X					0	0	0	
(7) FRAN WAGSTAFF DIRECTOR	0.50	X					0	0	0	
(8) NANCY RASE DIRECTOR	0.50	X					0	0	0	
(9) HELEN WERBY DIRECTOR	0.50	X					0	0	0	
(10) JOHN HORHN DIRECTOR	0.50	X					0	0	0	
(11) MTUMISHI ST JULIEN CHAIR	2.00	X		X			0	0	0	
(12) SEAN BRUNO TREASURER	1.00	X		X			0	0	0	
(13) KATHLEEN LABORDE PRESIDENT & CEO	40.00			X			291,789	0	15,927	
(14) GRETCHEN EDINBURGH CHIEF COMPLIANCE OFFICER/SECRETARY	40.00			X			127,383	0	1,936	
(15) RICHARD CAMPBELL CFO	40.00			X			118,883	0	2,480	
(16) REBECCA DONALDSON CFO (THRU 1/2020)/CONSULTANT	40.00			X			60,565	0	1,157	
(17) TOM CHAMPION SENIOR VP FOR DEVELOPMENT	40.00				X		193,569	0	15,108	

**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) YVETTE COLA CHIEF OPERATING OFFICER	40.00				X			177,977	0	2,591	
(19) KEVIN KREJCI CHIEF CAPITAL OFFICER	40.00					X		116,160	0	13,607	
(20) MARY ELIZABETH EVANS PROJECT MANAGER	40.00					X		109,216	0	4,749	
<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>								1,195,542	0	57,555	

**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 **7**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CCWIV ARCHITECTURE LLC 3420 CONSTANCE ST NEW ORLEANS, LA 70115	ARCHITECTURE	517,740
BRUNINI ATTORNEYS AT LAW 190 EAST CAPITAL SUITE 100 JACKSON, MS 39201	LEGAL	133,516
MAP DESIGN GROUP 10988 N HARRELLS FERRY ROAD SUITE BATON ROUGE, LA 70816	DESIGN	131,217
COHEN CARNAGGIO REYNOLDS 2920 FIRST AVENUE SOUTH BIRMINGHAM, AL 35233	ARCHITECTURE	102,193
POSTLETHWAITE & NETTERVILLE 1 GALLERIA BLVD SUITE 2100 METAIRIE, LA 70001	AUDIT & TAX	101,565

**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 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 Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other 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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	30,000	30,000		
<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, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,009,365	620,522	354,338	34,505
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	1,691,117	1,074,883	556,462	59,772
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	32,351	20,571	10,636	1,144
<b>9</b> Other employee benefits . . . . .	294,793	187,618	96,742	10,433
<b>10</b> Payroll taxes . . . . .	393,321	250,388	129,009	13,924
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	31,682		31,682	
<b>c</b> Accounting . . . . .	93,228		93,228	
<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)	163,620	106,079	55,248	2,293
<b>12</b> Advertising and promotion . . . . .	9,362		9,362	
<b>13</b> Office expenses . . . . .	102,206	51,103	51,103	
<b>14</b> Information technology . . . . .	53,500		53,500	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	67,902	57,586	10,316	
<b>17</b> Travel . . . . .	70,260	53,821	16,439	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	11,705		11,705	
<b>20</b> Interest . . . . .	875,464	875,464		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	964,562	941,231	23,331	
<b>23</b> Insurance . . . . .	70,767	64,822	5,945	
<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	1,714,078	1,714,078		
<b>b</b> DEVELOPMENT PARTNER FEE	442,348	442,348		
<b>c</b> PROPERTY MANAGEMENT FEE	158,490	158,490		
<b>d</b> PROJECT PRE-DEVELOPMENT	65,965	65,965		
<b>e</b> All other expenses	27,200	27,200		
<b>25</b> Total functional expenses. Add lines 1 through 24e	8,373,286	6,742,169	1,509,046	122,071
<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 . . . . .	1,405,964	<b>1</b>	8,049,954
	<b>2</b> Savings and temporary cash investments . . . . .	7,150,805	<b>2</b>	10,600,393
	<b>3</b> Pledges and grants receivable, net . . . . .	2,537,422	<b>3</b>	5,180,000
	<b>4</b> Accounts receivable, net . . . . .	844,940	<b>4</b>	795,369
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	24,292,738	<b>7</b>	27,257,480
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	249,243	<b>9</b>	266,788
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 35,422,398		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 8,565,649	27,677,660	<b>10c</b> 26,856,749
	<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 . . . . .	12,485,798	<b>13</b>	12,929,691
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	11,337,987	<b>15</b>	16,570,650
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	87,982,557	<b>16</b>	108,507,074	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,128,989	<b>17</b>	3,432,681
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,773,476	<b>19</b>	2,140,194
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	16,416,739	<b>23</b>	16,693,492
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	13,292,836	<b>24</b>	12,109,783
	<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	0	<b>25</b>	334,595
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	34,612,040	<b>26</b>	34,710,745
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	53,370,517	<b>27</b>	64,543,829
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	9,252,500
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	53,370,517	<b>32</b>	73,796,329	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	87,982,557	<b>33</b>	108,507,074	

**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>	24,140,776
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,373,286
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	15,767,490
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	53,370,517
<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>	-2,016,011
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	6,674,333
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	73,796,329

**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 (2020)

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

AS OF 2020, 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 instructions and the latest information.

OMB No. 1545-0047  
**2020**  
**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) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	2,009,375	2,832,210	5,582,388	13,658,340	13,809,070	37,891,383
<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	2,009,375	2,832,210	5,582,388	13,658,340	13,809,070	37,891,383
<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) . . .						11,592,220
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						26,299,163

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b>	Amounts from line 4. . .	2,009,375	2,832,210	5,582,388	13,658,340	13,809,070	37,891,383
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	25,731	14,717	29,915	60,491	16,166	147,020
<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.). . .	1,304,878	883,979	75,190	268,252		2,532,299
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						40,570,702

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12** 30,928,162

**13** **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 64.820 %

**15** Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . **15** 65.130 %

**16a** **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 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 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 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 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<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>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<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? <i>If "Yes," provide detail in Part VI.</i>		
<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<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))? <i>If "Yes," provide detail in Part VI.</i>		
<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? <i>If "Yes," provide detail in Part VI.</i>		
<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? <i>If "Yes," provide detail in Part VI.</i>		
<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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

**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 lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in 11a above?		
<b>c</b>	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the officers, 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 line 2 above, 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 lines 2a and 2b 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 line 2a 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 lines 3a and 3b 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>If "Yes" or "No" 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**

- 1**  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 ( <i>explain in detail in Part VI</i> ):		
<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 0.015 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 0.035	<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>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2020</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
<b>a</b> From 2015. . . . .			
<b>b</b> From 2016. . . . .			
<b>c</b> From 2017. . . . .			
<b>d</b> From 2018. . . . .			
<b>e</b> From 2019. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016. . . . .			
<b>b</b> Excess from 2017. . . . .			
<b>c</b> Excess from 2018. . . . .			
<b>d</b> Excess from 2019. . . . .			
<b>e</b> Excess from 2020. . . . .			

**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>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	INCOME FROM PARTNERSHIPS - 2016 AMOUNT: \$ -175,462. 2017 AMOUNT: \$ 50,869. 2018 AMOUNT: \$ 27,894. 2019 AMOUNT: \$ 268,252. 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

OMB No. 1545-0047 2020 Open to Public Inspection

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 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for held at the end of the year (rows 2a-2d), and questions about monitoring and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets with dollar amounts.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**

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

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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** Term endowment ▶ .....

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

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</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 . . . . .		2,568,671		2,568,671
<b>b</b> Buildings . . . . .		31,956,675	7,929,066	24,027,609
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .		897,052	636,583	260,469
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				26,856,749

**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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<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	12,929,691	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)	12,929,691	

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) INTEREST RECEIVABLE	2,072,436
(2) PROJECTS RECEIVABLE	398,792
(3) INVESTMENTS IN PARTNERSHIPS/CORPORATIONS	2,115,492
(4) FINANCING FEES	122,827
(5) DEPOSITS & OTHER ASSETS	21,431
(6) DEVELOPER FEE RECEIVABLE	8,085,370
(7) DUE FROM RELATED PARY (GCHP-LA CHDO, INC.)	1,427,330
(8) DUE FROM RELATED PARY (GCHP-TEXAS, INC.)	1,325
(9) CONSTRUCTION IN PROCESS	2,325,647
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	16,570,650

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	334,595
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	334,595

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 <b>1</b> :			
<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 <b>1</b> :			
<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. 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.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization  
GULF COAST HOUSING PARTNERSHIP INC

Employer identification number

20-4216595

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COVENANT NEIGHBORHOODS INC PO BOX 130858 HOUSTON, TX 77219	56-2528573	501(C)(3)	25,000				50% OF CAPITAL ONE B2B FUND

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	THE USE OF THE FUNDS IS CONTROLLED BY CONTRACTUAL AGREEMENTS NEGOTIATED BETWEEN GCHP AND THIRD PARTIES.

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2020**  
**Open to Public Inspection**

**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.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GULF COAST HOUSING PARTNERSHIP INC

Employer identification number  
20-4216595

**Part I Questions Regarding Compensation**

	Yes	No								
<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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on 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 on 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 border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<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> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<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> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No								
	<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> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No								
	<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>	No								
<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
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**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.

OMB No. 1545-0047

**2020****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 CHAIR, 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**

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

<b>Return Reference</b>	<b>Explanation</b>
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 6,674,333.

**990 Schedule O, Supplemental Information**

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

**2020**

**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>Yes</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		<b>No</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>Yes</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>Yes</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		<b>No</b>
<b>f</b> Dividends from related organization(s) . . . . .		<b>No</b>
<b>g</b> Sale of assets to related organization(s) . . . . .		<b>No</b>
<b>h</b> Purchase of assets from related organization(s) . . . . .		<b>No</b>
<b>i</b> Exchange of assets with related organization(s) . . . . .		<b>No</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		<b>No</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		<b>No</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>Yes</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		<b>No</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		<b>No</b>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>Yes</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		<b>No</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>Yes</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		<b>No</b>
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>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
1122 OCH LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-3917511	REAL ESTATE DEVELOPMENT	LA	0	275,040	GULF COAST HOUSING PARTNERSHIP LLC
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
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
BEVERLY LAND LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 30-0884902	REAL ESTATE DEVELOPMENT	MS	0	303,751	GULF COAST HOUSING PARTNERSHIP INC
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
GCHP-1409 OCH LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-1862994	REAL ESTATE DEVELOPMENT	LA	242,724	4,462,451	GULF COAST HOUSING PARTNERSHIP INC
GCHP-1610 OCH LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-0697854	REAL ESTATE DEVELOPMENT	LA	99,348	1,425,925	GULF COAST HOUSING PARTNERSHIP LLC
GCHP-ANDREW LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 45-3059812	REAL ESTATE DEVELOPMENT	LA	0	331,097	GULF COAST HOUSING PARTNERSHIP INC
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
GCHP-GERMAN SCHOOLHOUSE LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 35-2469795	REAL ESTATE DEVELOPMENT	LA	0	1,662,266	GULF COAST HOUSING PARTNERSHIP INC
GCHP-JERICO LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-2085436	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
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
GCHP-MANAGEMENT LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-4653436	PROPERTY MANAGEMENT	LA	908,615	0	GULF COAST HOUSING PARTNERSHIP INC
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
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
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
GCHP-SCOTT LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 20-8883239	REAL ESTATE DEVELOPMENT	LA	319,754	6,415,599	GULF COAST HOUSING PARTNERSHIP LLC
GCHP-SPANISH TOWN LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 45-2544030	REAL ESTATE DEVELOPMENT	LA	0	1,005,728	GULF COAST HOUSING PARTNERSHIP LLC
GCHP-WESTWEGO LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-3879229	REAL ESTATE DEVELOPMENT	LA	250,899	3,646,103	GULF COAST HOUSING PARTNERSHIP LLC
GULF COAST HOUSING PARTNERSHIP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 20-4879309	DEVELOPMENT SERVICES	DE	6,961,240	0	GULF COAST HOUSING PARTNERSHIP INC

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
KING RAMPART LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 45-0667933	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
OSBR LAND LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-0451144	REAL ESTATE DEVELOPMENT	LA	0	1,173,508	GULF COAST HOUSING PARTNERSHIP LLC
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
VILLAGE AT THE BEVERLY II LP 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 47-3393077	REAL ESTATE DEVELOPMENT	MS	0	9,105,571	VILLAGE AT THE BEVERLY II GP LLC
GCHP RBR 2002 LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 38-4012728	REAL ESTATE DEVELOPMENT	LA	-159,568	2,419,450	GULF COAST HOUSING PARTNERSHIP INC
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
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
GCHP-FRANKLIN LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 82-3825170	REAL ESTATE DEVELOPMENT	LA	0	0	GCHP FRANKLIN MM LLC
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
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
HOOPER RIDGE LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 35-2609021	REAL ESTATE DEVELOPMENT	LA	324,189	1,918,892	GCHP HOOPER RIDGE LLC
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
GCHP-POLYBAR MASTER TENANT LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 80-0929413	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
GCHP POLYBAR LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 61-1681311	REAL ESTATE DEVELOPMENT	LA	219,337	7,806,205	GULF COAST HOUSING PARTNERSHIP INC
1300 OCH GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 36-4946437	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
COUNTRY RIDGE ESTATES GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 84-3725752	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP LLC
GCHP-CYPRESS GARDENS GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 38-4120658	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP LLC
GCHP-RICHLAND GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 56-1385771	REAL ESTATE DEVELOPMENT	MS	0	0	GULF COAST HOUSING PARTNERSHIP INC
H3C GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 32-0606884	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP LLC
LMDB LAFOURCHE GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 36-4946628	REAL ESTATE DEVELOPMENT	LA	0	0	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
GCHP-MSDI GP 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 83-4096813	REAL ESTATE DEVELOPMENT	MS	0	0	GULF COAST HOUSING PARTNERSHIP INC
VILLAGE AT THE BEVERLY III GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113	REAL ESTATE DEVELOPMENT	LA			GULF COAST HOUSING PARTNERSHIP INC

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
165 DAUPHIN LP  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 47-4320012	REAL ESTATE DEVELOPMENT	AL	165 DAUPHIN GP LLC	RELATED		20,995		No		Yes		1.000 %
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	-21	624		No		Yes		0.010 %
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	-61	3,449		No		Yes		0.050 %
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				No		Yes		50.000 %
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	-145	3,405		No		Yes		0.050 %
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				No		Yes		51.000 %
GCHP-CLAIBORNE LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-3428686	REAL ESTATE DEVELOPMENT	LA	GCHP-CLAIBORNE MM LLC	RELATED	-227	3,316		No		Yes		0.080 %
GCHP-ESPLANADE LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-3074910	REAL ESTATE DEVELOPMENT	LA	GCHP-ESPLANADE GP LLC	RELATED	-22	555		No		Yes		0.010 %
GCHP HAMMOND LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-2178212	REAL ESTATE DEVELOPMENT	LA	GCHP-HAMMOND GP	RELATED	-24	686		No		Yes		0.010 %
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	553		No		Yes		0.010 %
GCHP-MLK LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-2951012	REAL ESTATE DEVELOPMENT	LA	KING RAMPART LLC	RELATED	-37	1,149		No		Yes		0.010 %
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	79,632	3,182,924		No		Yes		52.000 %
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	-1,704	95,472		No		Yes		1.010 %
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	-106,867	2,794,084		No		Yes		50.000 %
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	-11	317		No		Yes		0.010 %

(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	
NORTH PARK HOUSING LP 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 47-3375954	REAL ESTATE DEVELOPMENT	MS	GCHP-NORTH PARK GP LLC	RELATED		79,054		No		Yes		0.750 %
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	-33	571		No		Yes		0.010 %
STEVENSON APARTMENTS LP 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 47-3366473	REAL ESTATE DEVELOPMENT	MS	GCHP-STEVENSON GP LLC	RELATED				No		Yes		99.630 %
THE ELYSIAN LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-2497706	REAL ESTATE DEVELOPMENT	LA	ELYSIAN MANAGER LLC	RELATED	-41	1,227		No		Yes		0.010 %
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	-33	801		No		Yes		0.010 %
WEST-MILLSAPS LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 80-0712301	REAL ESTATE DEVELOPMENT	MS	WEST MILLSAPS GP LLC	RELATED	-19	429		No		Yes		0.010 %
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			Yes			Yes		99.000 %
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 %
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	355		No		Yes		0.010 %
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		429,188		No		Yes		99.990 %
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 %
AG 2018 LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 38-4091106	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP LLC	RELATED		2,018,544		No		Yes		55.000 %
1626 OCH LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 82-3767751	REAL ESTATE DEVELOPMENT	LA	1626 OCH GP LLC	RELATED	-51	11,891		No			No	0.500 %
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	-49	191,703		No		Yes		50.000 %
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	-82	1,522	Yes			Yes		0.010 %



(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	
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 %
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	-16	796		No		Yes		0.010 %
GCHP-CYPRESS GARDENS LP  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 30-1200189	REAL ESTATE DEVELOPMENT	LA	COUNTRY RIDGE ESTATES GP LLC	RELATED		48,732		No		Yes		1.000 %
VIRGINIA MEADOWS LP  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 83-3495857	REAL ESTATE DEVELOPMENT	AL	GCHP-VIRGINIA MEADOWS GP LLC	RELATED	2	783		No		Yes		0.010 %
MCKEE CITY LIVING LP  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 84-3038015	REAL ESTATE DEVELOPMENT	TX	MCKEE CITY LIVING GP LLC	RELATED		1,344		No		Yes		0.010 %
LES MAISONS DE BAYOU LAFOURCHE  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 37-1950954	REAL ESTATE DEVELOPMENT	LA	LMDB LAFOURCHE GP LLC	RELATED		61,669		No		Yes		1.000 %
COUNTRY RIDGE ESTATES LP  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 84-3709352	REAL ESTATE DEVELOPMENT	AL	COUNTRY RIDGE ESTATES GP LLC	RELATED		7		No		Yes		0.010 %
GCHP-PHOENIX SQUARE TWO LP  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 85-1357304	REAL ESTATE DEVELOPMENT	LA	GCHP-HAMMOND GP TWO LLC	RELATED		2,020		No		Yes		1.000 %
RICHLAND GARDENS LP  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 84-3614593	REAL ESTATE DEVELOPMENT	MS	GCHP-RICHLAND GP LLC	RELATED		13		No		Yes		0.010 %
1300 OCH LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 61-1938383	REAL ESTATE DEVELOPMENT	LA	1300 OCH GP LLC	RELATED		1,230		No		Yes		1.000 %
GCHP-ELYSIAN III GP LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 38-4118002	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	RELATED				No		Yes		79.000 %
H3C LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 37-1950665	REAL ESTATE DEVELOPMENT	LA	H3C GP LLC	RELATED		6,202		No		Yes		1.000 %
MCKEE CITY LIVING GP LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 84-3017225	REAL ESTATE DEVELOPMENT	TX	COVENANT NEIGHBORHOODS INC	RELATED				No			No	49.000 %
GCHP-MSDI LP  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 86-2560833	REAL ESTATE DEVELOPMENT	MS	GCHP-MSDI GP	RELATED				No		Yes		0.100 %
GCHP-ELYSIAN III LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 84-1820269	REAL ESTATE DEVELOPMENT	LA	GCHP-ELYSIAN III GP LLC	RELATED		529		No		Yes		0.010 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LOTUS VILLAGE LP  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 85-1576664	REAL ESTATE DEVELOPMENT	LA	LOTUS VILLAGE GP LLC	RELATED		17		No		Yes		0.010 %
LOTUS VILLAGE GP LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 85-1555219	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP LLC	RELATED				No		Yes		50.000 %

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
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	-20	113,662	99.000 %	Yes	
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	-538		100.000 %	Yes	
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	-474		79.000 %	Yes	
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	-416		79.000 %	Yes	
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	-593	841,100	100.000 %	Yes	
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	-590	13,250	100.000 %	Yes	
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	-585		100.000 %	Yes	
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	-6,600	176,750	100.000 %	Yes	
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	-853	6,520	99.000 %	Yes	
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	-597		100.000 %	Yes	
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	-6,101		100.000 %	Yes	
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	-578		100.000 %	Yes	
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			100.000 %	Yes	
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	-659		100.000 %	Yes	
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	-785		100.000 %	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership		(i) Section 512 (b)(13) controlled entity?	
									Yes	No
MLK-OCH CONDOMINIUM ASSOCIATION 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-4819492	CONDO ASSOCIATION/MANAGEMENT	LA	N/A	C						No
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	-170		100.000 %	Yes		
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	-371		51.000 %	Yes		
GCHP-VIRGINIA MEADOWS GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 83-3460236	REAL ESTATE DEVELOPMENT	AL	GULF COAST HOUSING PARTNERSHIP LLC	C		1,533,214	100.000 %	Yes		
NORTH PARK HOUSING GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 47-3375863	REAL ESTATE DEVELOPMENT	MS	GULF COAST HOUSING PARTNERSHIP INC	C		51	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
AG 2018 LLC	D	3,674,581	ACTUAL CASH VALUE
BEAU SEJOUR APARTMENTS LP	A	35,411	ACTUAL CASH VALUE
BEAU SEJOUR APARTMENTS LP	L	74,384	ACTUAL CASH VALUE
GCHP-CYPRESS GARDENS LP	C	1,758,219	ACTUAL CASH VALUE
GCHP-CYPRESS GARDENS LP	D	2,358,175	ACTUAL CASH VALUE
GCHP-CYPRESS GARDENS LP	L	412,371	ACTUAL CASH VALUE
GABRIEL VILLA APARTMENTS LP	A	17,940	ACTUAL CASH VALUE
GABRIEL VILLA APARTMENTS LP	D	447,372	ACTUAL CASH VALUE
GCHP-CLAIBORNE LLC	A	109,015	ACTUAL CASH VALUE
GCHP-CLAIBORNE LLC	D	1,037,054	ACTUAL CASH VALUE
GCHP ELYSIAN II LLC	A	63,726	ACTUAL CASH VALUE
GCHP ELYSIAN II LLC	D	2,282,655	ACTUAL CASH VALUE
GCHP ELYSIAN III LLC	A	96,259	ACTUAL CASH VALUE
GCHP ELYSIAN III LLC	D	3,296,662	ACTUAL CASH VALUE
GCHP ELYSIAN III LLC	L	867,622	ACTUAL CASH VALUE
GCHP-ESPLANADE LLC	D	1,448,422	ACTUAL CASH VALUE
GCHP-HAMMOND LLC	A	15,250	ACTUAL CASH VALUE
GCHP-HAMMOND LLC	D	1,324,776	ACTUAL CASH VALUE
GCHP-JEFFERSON DAVIS LLC	D	500,000	ACTUAL CASH VALUE
GCHP-JEFFERSON DAVIS LLC	L	53,896	ACTUAL CASH VALUE
GCHP-LA CHDO INC	D	1,427,330	ACTUAL CASH VALUE
GCHP-LA CHDO INC	S	97,815	ACTUAL CASH VALUE
GCHP MID CITY LLC	L	60,208	ACTUAL CASH VALUE
GCHP MLK LLC	L	53,260	ACTUAL CASH VALUE
GCHP-PROGRESS PARK	A	19,975	ACTUAL CASH VALUE

**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
GCHP-PROGRESS PARK	D	5,993,250	ACTUAL CASH VALUE
GCHP-PROGRESS PARK	L	301,135	ACTUAL CASH VALUE
LES MAISONS DE BAYOU LAFOURCHE	A	3,803	ACTUAL CASH VALUE
LES MAISONS DE BAYOU LAFOURCHE	D	2,117,683	ACTUAL CASH VALUE
LES MAISONS DE BAYOU LAFOURCHE	L	894,999	ACTUAL CASH VALUE
LOTUS VILLAGE LP	D	169,800	ACTUAL CASH VALUE
MCCALEB SUPPORTIVE HOUSING LLC	A	6,112	ACTUAL CASH VALUE
MCKEE CITY LIVING	A	14,642	ACTUAL CASH VALUE
MCKEE CITY LIVING	D	10,975,871	ACTUAL CASH VALUE
MCKEE CITY LIVING	L	1,518,040	ACTUAL CASH VALUE
NORTHPARK HOUSING LP	D	8,555,769	ACTUAL CASH VALUE
NORTHPARK HOUSING LP	L	695,100	ACTUAL CASH VALUE
RAYMOND ROAD PARTNERS LP	D	1,320,127	ACTUAL CASH VALUE
VILLAGE AT THE BEVERLY LLC	A	17,303	ACTUAL CASH VALUE
VILLAGE AT THE BEVERLY LLC	D	177,029	ACTUAL CASH VALUE
VIRGINIA MEADOWS	A	9,130	ACTUAL CASH VALUE
VIRGINIA MEADOWS	D	4,698,824	ACTUAL CASH VALUE
VIRGINIA MEADOWS	L	1,326,203	ACTUAL CASH VALUE
WEST MILLSAPS LLC	A	73,765	ACTUAL CASH VALUE
WEST MILLSAPS LLC	D	367,796	ACTUAL CASH VALUE