DLN: 93493045023262 OMB No. 1545-0047

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 $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

2020

Open to Public Inspection

\ Fr	r the	2020 c	alendar year, or tax year beginning 01-01-2020 ,and ending 1	2-31-3	2020			
			C Name of organization		1010	D Employer i	dentifi	ication number
	ress ch	plicable: hange	GULF COAST HOUSING PARTNERSHIP INC					
	ne cha	-				20-421659	5	
□ Init	ial retu	ırn	Doing business as					
		terminated/				E Telephone n	umher	
	ended		Number and street (or P.O. box if mail is not delivered to street address) Roo 1626 ORETHA CASTLE HALEY BLVD NO	m/suite				
⊔ App	olication	n pending				(504) 525-	2505	
			City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS, LA 70113					
			<u>'</u>			G Gross receip	ts \$ 24	1,140,776
			F Name and address of principal officer: KATHLEEN F LABORDE	1	H(a) Is this	a group returi	n for	
			1626 ORETHA CASTLE HALEY BLVD NO A			dinates?		□Yes 🗹 No
			NEW ORLEANS, LA 70113	''	H(b) Are al includ	l subordinates ed?		☐ Yes ☐No
Tax	-exem	pt status:	☑ 501(c)(3) ☐ 501(c)() ◄ (insert no.) ☐ 4947(a)(1) or ☐ 52	27		," attach a list.	(see	instructions)
W	ebsite	e:► WW	/W.GCHP.NET	ı	H(c) Group	exemption nu	mber	>
(Form	n of ora	anization:	Corporation ☐ Trust ☐ Association ☐ Other ►	L	Year of forma	tion: 2006 M	State	of legal domicile: DE
		,	'					
Pa	rt I	Sum	mary					
			scribe the organization's mission or most significant activities:					
			MISSION OF GULF COAST HOUSING PARTNERSHIP (GCHP) TO REVITA MENT. WORKING IN PARTNERSHIP WITH PUBLIC, NONPROFIT, AND PR					
e (Q	UALITY (COMMUNITIES WHICH ARE SOCIALLY AND ECONOMICALLY INTEGRATE	ED, AFF	ORDABLE, A	AND SUSTAINA	BLE.	VIDICANT, HIGH-
	_				•			
=	_							
GOVERNANCE	_							
			is box \blacktriangleright if the organization discontinued its operations or disposed	of mor	e than 25%	of its net asse		12
8			of voting members of the governing body (Part VI, line 1a)				3	12
ACUMUES			of independent voting members of the governing body (Part VI, line 1b	-		•	4	12
Ä			nber of individuals employed in calendar year 2020 (Part V, line 2a) .			•	5	93
AC	6 ⊺	Total nun	nber of volunteers (estimate if necessary)			•	6	15
	7 a ⊺	Total unr	elated business revenue from Part VIII, column (C), line 12				7a	0
	bΝ	Net unrel	ated business taxable income from Form 990-T, line 39				7b	0
					Prie	or Year		Current Year
Q.	8 (Contribut	ions and grants (Part VIII, line 1h)			13,658,340		13,809,070
àu.	9 F	Program	service revenue (Part VIII, line 2g)			5,370,920		10,346,152
Ravenue	10 I	investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)			507,430		16,166
<u> </u>	11 (Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			268,252		-30,612
	12 7	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)		19,804,942		24,140,776
			nd similar amounts paid (Part IX, column (A), lines 1–3)	<u>, </u>		1,740,901		30,000
			paid to or for members (Part IX, column (A), line 4)			0		0
			other compensation, employee benefits (Part IX, column (A), lines 5–1	0)		2,987,007		3,420,947
Sec			anal fundraising fees (Part IX, column (A), line 11e)	.0)		2,307,007		3,420,547
8								
Expenses			raising expenses (Part IX, column (D), line 25) ▶122,071	-		1 110 060		4 022 220
_		•	penses (Part IX, column (A), lines 11a–11d, 11f–24e)			4,449,863		4,922,339
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			9,177,771		8,373,286
/8	19 F	Revenue	less expenses. Subtract line 18 from line 12			10,627,171		15,767,490
S 6					Beginning	of Current Year		End of Year
net Assets or Fund Balances	20 7	Total acc	ets (Part X, line 16)			87,982,557		108,507,074
AB.			ilities (Part X, line 26)			34,612,040	_	34,710,745
E E			•	•			-	
			s or fund balances. Subtract line 21 from line 20			53,370,517		73,796,329
	rt II nenal		ature Block erjury, I declare that I have examined this return, including accompan	vina sc	hedules and	statements a	nd to	the hest of my
			f, it is true, correct, and complete. Declaration of preparer (other than					
iny ki	nowled	dge.						
		*****	*		202	2-02-12		
Sign		Signati	ure of officer		Date			
lere		L KATUU	FEN ELABORDE PRECIDENTA CEO					
			EEN F LABORDE PRESIDENT & CEO r print name and title					
			rint/Type preparer's name Preparer's signature	Date	<u>, </u>	☐ PTIN		
)_:-			rieparei 5 name rieparei 5 signature	Date	Che	ck ∐ if P00!	. 543368	3
Paic		. -	irm's name ► POSTLETHWAITE & NETTERVILLE APAC			employed n's EIN ► 72-120	12445	_
	oare	·	TOSTELITIVATE WILLIENVILLE AFAC			, 5 cm F /2-120		
Jse	Onl	у 🕝	irm's address ▶ ONE GALLERIA BLVD SUITE 2100		Pho	ne no. (504) 837	-5990	
			METAIRIE, LA 70001					
15	20 100	dice::-:					√ √	es 🗌 No
ıay ti			this return with the preparer shown above? (see instructions)				Y	es 🗆 NO

orm	990 (2020)				Page 2
Pa	rt III Staten	nent of Program Service Acc	omplishments		
	Check if	Schedule O contains a response or	note to any line in this Part III .		🗹
1	Briefly describe	the organization's mission:			
DEVE	LOPMENT. WORK	F GULF COAST HOUSING PARTNER: KING IN PARTNERSHIP WITH PUBLI H ARE SOCIALLY AND ECONOMICAL	C, NONPROFIT, AND PRIVATE ENT	ITIES, GCHP WILL CREATE VIBRA	
2	Did the organiz	ation undertake any significant prog	gram services during the year whic	h were not listed on	
	the prior Form 9	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describ	be these new services on Schedule (Э.		
3	Did the organiz	ation cease conducting, or make sig	inificant changes in how it conduct	s, any program	
	services? . If "Yes," describ	be these changes on Schedule O.			☐ Yes 🗹 No
4	Section 501(c)(ganization's program service accom (3) and 501(c)(4) organizations are revenue, if any, for each program s	required to report the amount of g		
4a	(Code: See Additional Da		.742,169 including grants of \$	30,000) (Revenue \$	10,315,540)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program (Expenses \$	services (Describe in Schedule O.) including g	rants of \$) (Revenue \$)
4e	Total program	n service expenses ▶	6.742.169		

18

19

20a

20b

21

Yes

Form **990** (2020)

Nο

Nο

No

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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

18

19

Form	990 (2020)			Page 4
Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or 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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		<u> </u>
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 53	\longrightarrow	Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Yes	

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

orm '	990 (2020)			Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to	lines
Sec	ction A. Governing Body and Management			
			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>: Code</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
S-	· · · · · · · · · · · · · · · · · · ·	16b		
	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
	MS , AL , GA 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.			
	Own website Another's website Upon request Other (explain in Schedule O)			
	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			

SENIOR VP FOR DEVELOPMENT

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

- 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 relate	ed orga	nizati	ons.						,,000	
 List all of the organization's former director organization, more than \$10,000 of reportable co 											
See instructions for the order in which to list the	persons above.										
Check this box if neither the organization no	r any related o	rganizal	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee.		
(A) Name and title	(B) Average hours per week (list any hours for related	pers and	an on on is	e bo both	t cho ox, u h an or/tr	inless office ustee	er)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
(1) TOM BLEDSOE	0.50										
DIRECTOR	0.50	Х						0	0	0	
(2) MICHELLE WHETTEN	0.50										
DIRECTOR		Х						0	0	0	
(3) REVEREND WILLIE GABLE JR	0.50 0.50										
		Х						0	0	0	
DIRECTOR	0.75 0.50										
(4) JULIE A GOULD		Х						0	0	0	
DIRECTOR	0.50										
(5) TROY VILLA	0.50	x						0	0	0	
DIRECTOR	0.50	, ,							,		
(6) JOHN WEILER	0.50								0	0	
DIRECTOR	0.50	Х						0	0	0	
(7) FRAN WAGSTAFF	0.50										
DIRECTOR	0.50	Х						0	0	0	
(8) NANCY RASE	0.50										
DIRECTOR		Х						0	0	0	
	0.50 0.50										
(9) HELEN WERBY		Х						0	0	0	
DIRECTOR	0.50 0.50										
(10) JOHN HORHN DIRECTOR	0.50	×						0	0	0	
(11) MTUMISHI ST JULIEN	2.00	.,									
CHAIR	2.00	Х		X				0	0	0	
(12) SEAN BRUNO	1.00										
TREASURER	1.00	Х		X				0	0	0	
(13) KATHLEEN LABORDE	40.00										
PRESIDENT & CEO	0.75			Х				291,789	0	15,927	
(14) GRETCHEN EDINBURGH CHIEF COMPLIANCE OFFICER/SECRETARY	40.00 0.75			x				127,383	0	1,936	
(15) RICHARD CAMPBELL	40.00										
СГО	0.75			X				118,883	0	2,480	
(16) REBECCA DONALDSON CFO (THRU 1/2020)/CONSULTANT	40.00			х				60,565	0	1,157	
(17) TOM CHAMPION SENIOR VP FOR DEVELOPMENT	40.00				х			193,569	0	15,108	

Form 990 (2020)												Page 8
Part VII Section A. Officers, Directors	i i	ey Em	ploy			d Hiç	jhes		Employees (cont	inued)	
(A) Name and title	(B) Average hours per week (list any hours for related	than o	one b	ox, u an off tor/t	ot che unles fficer truste		son a	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensatio from related organization (W-2/1099)	on d is	Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)		relai organiz	ted
(18) YVETTE COLA	40.00				х			177,977		0		2,591
CHIEF OPERATING OFFICER (19) KEVIN KREJCI	40.00		<u> </u>	\vdash	\vdash	<u> </u>	\vdash	·		-		
CHIEF CAPITAL OFFICER	40.00				!	Х		116,160		0		13,607
(20) MARY ELIZABETH EVANS	40.00					Х		109,216		0		4,749
PROJECT MANAGER	···	····	<u> </u>	₩'	↓ _'	<u> </u>	\sqcup	,-		\dashv		.,
		ļ	<u> </u>	<u> </u>	<u> </u> -	<u> </u>	igspace			_		
		ļ!	<u> </u>	<u> </u>	_'	<u>—</u> '	igsqcup			_		
		<u> </u>	<u> </u>		<u></u>	<u> </u>	igsqcup					
			<u> </u>		⊥_'	└	<u> </u>					
	ĺ'			_'	_	l'	_!					
							\Box					
1b Sub-Total			-	-	•	<u>-</u>	Щ			T		
c Total from continuation sheets to Part V					>	-		1 105 542		0		F7 555
d Total (add lines 1b and 1c) Total number of individuals (including but					4 (0)			1,195,542		<u> </u>		57,555
2 Total number of individuals (including but of reportable compensation from the orga		those is	ileu a	3DOV	€) vv	no rec	Ceive	ed more than \$100	,000			
											Yes	No
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for	•		key e	empl •	loyer	e, or h	nighe • •	est compensated er	nployee on	3		No
4 For any individual listed on line 1a, is the organization and related organizations graindividual									he 	4	Yes	
5 Did any person listed on line 1a receive o									dual for	-	103	
services rendered to the organization?If '	Yes," complete	Schedu	ile J f	or s	uch	persor	n .			5		No
Section B. Independent Contractors		1 - 2 - 2				- 44-		·	100 000 of com		11	
Complete this table for your five highest of from the organization. Report compensation.										npen	sation —	
Name and b	(A) business address							Descript	(B) tion of services		(C Comper	
CCWIV ARCHITECTURE LLC								ARCHITECTURE				517,740
3420 CONSTANCE ST NEW ORLEANS, LA 70115												
BRUNINI ATTORNEYS AT LAW					—			LEGAL				133,516
190 EAST CAPITAL SUITE 100												
JACKSON, MS 39201 MAP DESIGN GROUP								DESIGN				131,217
10988 N HARRELLS FERRY ROAD SUITE												
BATON ROUGE, LA 70816 COHEN CARNAGGIO REYNOLDS							—	ARCHITECTURE	<u> </u>			102,193
2920 FIRST AVENUE SOUTH									_			•
BIRMINGHAM, AL 35233 POSTLETHWAITE & NETTERVILLE								AUDIT & TAY				101 565
1 GALLERIA BLVD SUITE 2100								AUDIT & TAX				101,565
METAIRIE, LA 70001 2 Total number of independent contractors (in		Limita	1 +0 +		lict		-:/2)	···ba rassiyad mare	- +b #100 00	o of		
2 Total number of independent contractors (if compensation from the organization ▶ 5	icluaing but not	: Ilfiliced	i to u	nose	: IISu	30 and)ve)	Who received inore	tnan \$100,00	UOI		
4											Form QQ	0 /2020\

orm 9 Part		Statement	of E	Pevenue						Page 9
Part	VIII				respo	onse or note to anv	line in this Part VIII			🗆
		3133111		<u> </u>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s	1a	Federated campaig	gns	1	.a			revenue		1 312 311
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		. 1	b					
9 E	С	Fundraising events	5.	1	.с					
ifts,	d	Related organization	ons	_ 1	d					
Contributions, Gifts and Other Similar	_	Government grants (.е	2,333,678				
ons Sil	f	All other contributions and similar amounts i	s, gift not ir	ا اممامینامی	lf .	11,475,392				
buti	а	above Noncash contributions	s incl		·• 	11,473,332				
를 잘	9	lines 1a - 1f:\$			g					
	h	Total. Add lines 1a	a-1f			· · · •	13,809,070			
						Business Code				
	2a	DEVELOPMENT FEES				531190	6,327,261	6,327,261		
⊒E E	 	RENTAL INCOME-PRO	DERT	TY OPS			1,611,256	1,611,256		
Program Service Revenue	ן ו	NEWIAL INCOME THE) LICI	11 013		531190				
⊕ 32	c	MANAGEMENT FEES				531390	1,542,594	1,542,594		
ž ž	ہ ا	INTEREST INCOME-P	RO1E	CTS			693,466	693,466		
ين ح	u	INVERCEST INCOME T	KOJE	C13		531390	·	·		
grar	e	RENTAL INCOME-SUE	BLEAS	SE		531190	155,261	155,261		
Æ							16,314	16,314		
	f	All other program	serv	ice revenue.			10,314	10,314		
	⊢	Total. Add lines 2				10,346,152	_		1	_
		Investment income similar amounts).			nds, i •	nterest, and other	16,166			16,166
	ı	Income from invest			npt bo	ond proceeds	•			
	5	Royalties				>	>			
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental					7			
		expenses	6b				4			
	c	Rental income or (loss)	6с							
	٠	Net rental income	or ((loss)						
				(i) Securit	ies	(ii) Other	_			
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less: cost or	7b							
		other basis and sales expenses								
	c	Gain or (loss)	7c							
		Net gain or (loss)	Ч.							
a)	8 a	Gross income from fu				,				
Other Revenue		contributions reported	d on l							
eve		See Part IV, line 18	•		8a					
ä	ı	Less: direct expen			8b					
the	٩	: Net income or (los	s) fr	om fundraisii	ng ev	ents 📂	7			
	9a	Gross income from								
		See Part IV, line 19	٠		9a					
	l	Less: direct expen			9b					
	ď	: Net income or (los	s) fr	om gaming a	ctivit	ies >	1			
	10	Gross sales of inve	entor	y, less						
		returns and allowa			10a					
		Less: cost of good			10b					
	_	Net income or (los Miscellaneo	_		nvent	Business Code				
	11	•aK-1 INCOME/(LOS		evenue		53139	0 -30,612	-30,612		
		, (20	,							
	Ŀ									
		All other revenue								
	l	Total. Add lines 1				>	20.612			
	12	: Total revenue. S	ee ir	structions .			-30,612			_
		-					24,140,776	10,315,540	1	0 16,166

Form 990 (2020)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns	All other organization	ns must complete colu	mn (A)
Check if Schedule O contains a response or note to an		_		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	30,000	30,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,009,365	620,522	354,338	34,505
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,691,117	1,074,883	556,462	59,772
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	32,351	20,571	10,636	1,144
9 Other employee benefits	294,793	187,618	96,742	10,433
10 Payroll taxes	393,321	250,388	129,009	13,924
11 Fees for services (non-employees):		·	•	· · · · · · · · · · · · · · · · · · ·
a Management				
b Legal	31,682		31,682	
c Accounting	93,228		93,228	
_	33,220		33,220	
d Lobbying				
e Professional fundraising services. See Part IV, line 17			_	
f Investment management fees	162 620	105.070	55.240	2 202
g 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
12 Advertising and promotion	9,362		9,362	
13 Office expenses	102,206	51,103	51,103	
14 Information technology	53,500		53,500	
15 Royalties				
16 Occupancy	67,902	57,586	10,316	
17 Travel	70,260	53,821	16,439	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	11,705		11,705	
20 Interest	875,464	875,464		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	964,562	941,231	23,331	
23 Insurance	70,767	64,822	5,945	
24 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.)				
a PROJECT OPERATING EXPEN	1,714,078	1,714,078		
b DEVELOPMENT PARTNER FEE	442,348	442,348		
c PROPERTY MANAGEMENT FEE	158,490	158,490		
d PROJECT PRE-DEVELOPMENT	65,965	65,965		
e All other expenses	27,200	27,200		
25 Total functional expenses. Add lines 1 through 24e	8,373,286	6,742,169	1,509,046	122,071
26 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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2020)

1

2 3

11

12

13

Page **11**

8,049,954

10,600,393

5,180,000

26,856,749

12,929,691

16,570,650

108,507,074

3,432,681

2.140.194

73,796,329

108,507,074

Form 990 (2020)

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

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 .

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Cash-non-interest-bearing	1,405,964	1	
Savings and temporary cash investments	7,150,805	2	
Pledges and grants receivable, net	2,537,422	3	

Beginning of year

27,677,660

12,485,798

53,370,517

87,982,557

32

33

10c

11

12

13

844.940 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 24.292.738 Notes and loans receivable, net 7

10a

10b

795,369 27.257.480 Assets 8 Inventories for sale or use . . Prepaid expenses and deferred charges . 249,243 9 266,788

35,422,398

8,565,649

14 14 Intangible assets . 11,337,987 15 15 Other assets. See Part IV, line 11 . . . 87,982,557 16 16 Total assets. Add lines 1 through 15 (must equal line 33) . 17 Accounts payable and accrued expenses . 3,128,989 17 18 18 Grants payable . 19 1.773.476 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 22 16,416,739 Secured mortgages and notes payable to unrelated third parties . . . 23 13,292,836 24 Unsecured notes and loans payable to unrelated third parties . 0 25 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 34.612.040 Total liabilities. Add lines 17 through 25 . . 26 Organizations that follow FASB ASC 958, check here <a> \square and complete lines 27, 28, 32, and 33. 53,370,517 Net assets without donor restrictions 27

Liabilities 16,693,492 23 24 12,109,783 334,595 25 34.710.745 26 Fund Balances 27 64,543,829 28 28 9,252,500 Net assets with donor restrictions . Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*} complete lines 29 through 33. ō 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building or equipment fund . . . 30 31 31 Retained earnings, endowment, accumulated income, or other funds 32

33

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? Yes 2c

3a

3b

Yes

Yes Form 990 (2020)

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

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 20-4216595

Name: GULF COAST HOUSING PARTNERSHIP INC.

Form 990 (2020)

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 GULE COAST REGION.

efil	e GR	APHIC pri	nt - DO NOT PROCESS	As Filed Data -	DLN: 9	DLN: 93493045023262		
SCI	HED	ULE A	Dublic	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99		Complete if the	organization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 90-EZ.	r a section	2020
		f the Treasury	► Go to <u>www.i</u>	<u>rs.gov/Form990</u> for i	nstructions and	d the latest info	ormation.	Open to Public Inspection
Nam	e of th	he organiza HOUSING PAR					Employer identific	ation number
							20-4216595	
	rt I		for Public Charity Sta a private foundation becaus				See instructions.	
1	n garnz		onvention of churches, or a	•	•	• •	(A)(i)	
2		·	scribed in section 170(b)					
3			or a cooperative hospital se		,	, ,		
4		·	esearch organization opera	_			•	nter the hospital's
•	Ш	name, city,		ated in conjunction with	a nospital descr	ibed iii sectioii .	170(D)(1)(A)(III). E	nter the hospitars
5			ation operated for the bene (iv). (Complete Part II.)	fit of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170
6			tate, or local government	-				
7	✓		ation that normally received (O(b)(1)(A)(vi). (Comple		s support from a	governmental u	ınit or from the gener	al public described in
8			ty trust described in sectio	· ·	(Complete Part I	I.)		
9			ural research organization or ant college of agriculture.					ege or university or a
10		from activit	ation that normally received ties related to its exempt full income and unrelated bus See section 509(a)(2).	ınctións—subject to cer iness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
11		An organiza	ation organized and operat	ed exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operat ly supported organizations through 12d that describe	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization open n(s) the power to regularly Part IV, Sections A and I	erated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization sunt of the supporting organiplete Part IV, Sections A	pervised or controlled i zation vested in the sar			-	_
С		Type III f	unctionally integrated. A organization(s) (see instruc	supporting organizatio				ated with, its
d		Type III n	on-functionally integrat integrated. The organizati i). You must complete Pa	ed. A supporting organion generally must satis	ization operated fy a distribution	in connection wi	th its supported organ	
е		Check this	box if the organization rece or Type III non-functional	eived a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizations		-		<u> </u>	
g			ing information about the	T'				
	(i) N	Name of support of the second		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			<u> </u>					
Tota			tion Act Notice, see the	T	Cat. No. 1128!	<u> </u>	Coloradori A / T	 90 or 990-EZ) 2020

Schedule A (Form 990 or 990-FZ) 2020

Р	Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	quality under	the tests listed	pelow, please co	omplete Part II.)	
Se	ection A. Public Support						1
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	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						
3	Gross receipts from activities that are						
•	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
	ection B. Total Support		1	1	Γ	Π	1
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on	I					
	securities loans, rents, royalties and	I					
	income from similar sources.						
b	Unrelated business taxable income	I					
	(less section 511 taxes) from businesses acquired after June 30,	I					
	1975.	I					
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,	I					
	whether or not the business is	I					
12	regularly carried on.		-				1
12	Other income. Do not include gain or loss from the sale of capital assets	1					
	(Explain in Part VI.)	1					
13							
	11, and 12.).		<u> </u>	1.6 11 6601 1		F04()(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	-			•	. , , ,	· —
	check this box and stop here					<u></u>	<u> ▶ ⊔ </u>
	ection C. Computation of Public S			(6)			
15	Public support percentage for 2020 (lin					15	
16	Public support percentage from 2019 S					16	
	ection D. Computation of Investi				.,		
17	Investment income percentage for 202	•	.,		• •	17	
18	Investment income percentage from 2	019 Schedule A,	Part III, line 17 .			18	
19a	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more thar	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and s	stop here. The o	rganization qualifi	es as a publicly su	ipported organiza	tion	. ▶□
	33 1/3% support tests—2019. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	. ▶ □
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	▶□

Page 4

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

7

8

10a

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

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		

	III Section 303(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.			

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	If tes, explain in Part v1 what controls the organization put in place to ensure such use.	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c	
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? 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		

C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(b) purposes?		
	plain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		e organization accepted a gift or contribution from any of the following persons?			
а		on who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the hing body of a supported organization?	11a		
b	A fami	ily member of a person described in 11a above?	11b		
		o controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
_	VI.	B. Type I Supporting Organizations			
	ection	b. Type I Supporting Organizations		Yes	No
1	appoir descrit activit remov	e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly be or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or be directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1		
2	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? 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.				
_					
5	ection	C. Type II Supporting Organizations		Yes	No
1	Were:	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		163	110
-	each d	of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection	D. All Type III Supporting Organizations			
				Yes	No
1	tax ye Form 9	e organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ar, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 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?		1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).					
_			2		
3	voice i	ison of the relationship described in line 2 above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at all times the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection	E. Type III Functionally-Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons):		
	a 🗌	The organization satisfied the Activities Test. Complete line 2 below.			
	b 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c 🗌	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activit	ies Test. Answer lines 2a and 2b below.		Yes	No
	suppor o rgan respor	bstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported lizations and explain how these activities directly furthered their exempt purposes, how the organization was sive to those supported organizations, and how the organization determined that these activities constituted	2-		
		entially all of its activities. e activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the	2a		
	organi <i>organi</i>	zation's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the zation's position that its supported organization(s) would have engaged in these activities but for the organization's ement.	2b		
3		of Supported Organizations. Answer lines 3a and 3b below.	20		
	a Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of pported organizations? If "Yes" or "No" provide details in Part VI .	3a		
		e organization exercise a substantial degree of direction over the policies, programs and activities of each of its red organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>	3b		
			30		

Schedule A (Form 990 or 990-EZ) 2020 Page 6 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. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors

(explain in detail in Part VI): 2

Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 7 Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

5

7

Enter greater of line 2 or line 3 4

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

1 2 3

3

4

5

6

7

8

4

5

6

Schedule A (Form 990 or 990-F7) 2020

Current Year

1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
		ı	

Other distributions (describe in Fait VI). See histraction	13		0	
7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions				
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				

7 Total annual distributions. Add lines 1 through 6.					
Distributions to attentive supported organizations to what details in Part VI). See instructions	8				
9 Distributable amount for 2020 from Section C, line 6	9 Distributable amount for 2020 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount			10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020	
1 Distributable amount for 2020 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.					
3 Excess distributions carryover, if any, to 2020:					
a From 2015					
b From 2016			·		
c From 2017					
d From 2018					
E 3010					

(see instructions)	Excess Distributions	Pre-2020	Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			

a 110111 20101 1 1 1 1 1 1		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		
 Carryover from 2015 not applied (see instructions) 		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
>		
Applied to underdistributions of prior years		
b Applied to 2020 distributable amount		
${f c}$ Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		

c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7 Excess distributions carryover to 2021. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2016		
b Excess from 2017		
c Excess from 2018		

Schedule A (Form 990 or 990-EZ) (2020)

d Excess from 2019. e Excess from 2020. Schedule A (Form 990 or 990-EZ) 2020 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D. lines 5, 6, and 8; and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test** 990 Schedule A, Supplemental Information Return Reference Explanation SCHEDULE A. PART II, LINE 10. INCOME FROM PARTNERSHIPS - 2016 AMOUNT: \$ -175,462, 2017 AMOUNT: \$ 50,869, 2018 AMOUNT: \$ EXPLANATION OF OTHER 27,894. 2019 AMOUNT: \$ 268,252. LA TAX CREDITS - 2016 AMOUNT: \$ 1,480,340. 2017 AMOUNT: \$

833,110. 2018 AMOUNT: \$ 47,296.

INCOME:

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

(Form 990)

Department of the Treasury

DLN: 93493045023262

OMB No. 1545-0047

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** GULF COAST HOUSING PARTNERSHIP INC 20-4216595 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Sche	edule D	(Form 990) 2020									Page 2
Par	t III	Organizations M	aintaining Col	lections of	Art, Hist	orical T	reası	ires, or	Other Simil	lar Assets	(continued)
3		the organization's acq (check all that apply):		n, and other r	ecords, che	ck any of	the fo	ollowing tha	at are a signif	icant use of it	ts collection
а		Public exhibition				d 🗌	Loan	or exchan	ige programs		
b		Scholarly research				e 🗌	Othe	r			
С		Preservation for future	e generations								
4	Provic Part X	de a description of the	organization's col	lections and e	explain how	they furt	her th	e organiza	tion's exempt	purpose in	
5		g the year, did the org s to be sold to raise fu				•				□ Y	es 🗌 No
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			on Form 9	90, Par	t IV, li	ine 9, or	reported an	amount on	Form 990, Part
1a		organization an agent led on Form 990, Part								· · □ Y	es 🗆 No
b	If "Ye	s," explain the arrange	ement in Part XIII	and complete	e the follow	ing table				Amount	<u> </u>
c		ning balance		•		-			1c	Amount	<u>. </u>
d		ons during the year .						🖯	1d		
е		butions during the yea							1e		
f		g balance							1f		
2a	Did th	- ne organization include	e an amount on Fo	rm 990. Part	X. line 21.	for escro	w or cu	ے Istodial acc	count liability?	🗆 v	es 🗆 No
b		s," explain the arrange								_	cs \square No
	rt V	Endowment Fun		. Check here	ii tiic expla	Tractor Tra	3 Deci	provided	iii i dit XIII I		
		Complete if the or									
1.	Paginni	ing of year balance		(a) Current	year (b) Prior ye	ar	(c) Two yea	ers back (d) Th	rree years back	(e) Four years back
	-	ing of year balance . outions									
		estment earnings, gair	ns and losses								
		or scholarships	•								
		expenditures for faciliti									
Ŭ		ograms									
f	Adminis	strative expenses .									
g	End of	year balance									
2	Provid	de the estimated perce	entage of the curre	ent year end b	palance (lin	e 1g, colu	ımn (a)) held as:			
а	Board	designated or quasi-e									
b	Perma	anent endowment ►									
c	Term	endowment >	*********************								
		ercentages on lines 2a		•							
3а		nere endowment funds ization by:	not in the posses	sion of the or	ganization	that are h	neld ar	ıd administ	ered for the		Yes No
	-	related organizations								3	Ba(i)
	(ii) R	elated organizations								3	a(ii)
b		s" on 3a(ii), are the re	-		•					[3b
4		ibe in Part XIII the inte			s endowme	nt funds.					
Pa	rt VI	Land, Buildings, Complete if the or			on Form (100 Daw	F T\/ 18	ine 11a 9	Saa Form 00	ı∩ Dar+∨ II	no 10
	Descri	ption of property	(a) Cost or oth (investme	ner basis ((b) Cost or o				nulated deprecia		(d) Book value
1-	اعمط					n =	68 671				7 560 671
	Land					· ·	68,671 56,675	-	7 02	9,066	2,568,671
		gs				31,5	30,073		7,92	5,000	24,027,009
	Fauinm	old improvements						-			

897,052

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

260,469

26,856,749

636,583

	Complete if the organization answered "Yes" on Form 990, (a) Description of security or category	Part IV, li		, Part X, line 12.
	(including name of security)	Book value		of-year market value
(1) Financial				
(2) Closely-l (3)Other	neld equity interests			
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.	•		
	Complete if the organization answered 'Yes' on Form 990,	Part IV, li		
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	JILDINGS AND CAPITALIZED COSTS HELD FOR DEVELOPMENT OR SA	ALE	12,929,691	C
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column	n (b) must equal Form 990, Part X, col.(B) line 13.)	-	12,929,691	
				Sect V. Born 4.F.
	(a) Description	art IV, III	ie IIu. See Foilii 990, i	(b) Book value
	T RECEIVABLE S RECEIVABLE			2,072,436 398,792
(3)INVESTM	ENTS IN PARTNERSHIPS/CORPORATIONS			2,115,492
(4)FINANCIN	NG FEES S & OTHER ASSETS			122,827 21,431
	ER FEE RECEIVABLE			8,085,370
	M RELATED PARY (GCHP-LA CHDO, INC.)			1,427,330
	M RELATED PARY (GCHP-TEXAS, INC.) JCTION IN PROCESS			1,325 2,325,647
(10)				
•				▶ 16,570,650
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F	Part IV, lir	ne 11e or 11f.See Forr	m 990, Part X, line 25.
1.	(a) Description of liability			(b) Book value
(1) Federal i				224 505
(2) SECURIT (2)	1 DELO2[12			334,595
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footnot	ta to the c		▶ 334,595
	or uncertain tax positions. In Part XIII, provide the text of the footnot c positions under FIN 48 (ASC 740). Check here if the text of the foot			

Schedule D (Form 990) 2020

Page 4

1	Total revenue, gains, and other su	upport per audited financial statements .		1	
2	Amounts included on line 1 but no	t on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on ir	ivestments	2a		
b	Donated services and use of facilit	ries	2b		
c	Recoveries of prior year grants .		2c		
d	Other (Describe in Part XIII.) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, P.	art VIII, line 12, but not on line 1:			
а	Investment expenses not included	on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII.) .		4b		
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c	. (This must equal Form 990, Part I, line 1	12.)	5	
Par		oenses per Audited Financial Stat		er Return.	
	•	zation answered 'Yes' on Form 990, F			
1	'	dited financial statements		1	
2	Amounts included on line 1 but no	, ,	1 1		
а	Donated services and use of facilit	ies	2a		
b	Prior year adjustments		2b		
С	Other losses		2c		
d	Other (Describe in Part XIII.) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.) .		4b		
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line	18.)	5	
Pai	t XIII Supplemental Info	rmation			
		art II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b. Also complete this part to prov			art X, line 2; Part
	Return Reference		Explanation		
See A	Additional Data Table				
			·		

chedule D (Form 990) 2020	Page 5
Part XIII Supplemental Info	rmation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2020

Additional Data

Software ID: Software Version:

EIN: 20-4216595

Name: GULF COAST HOUSING PARTNERSHIP INC

Supplemental Informat

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 DETERMI
NE 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 DET
ERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DIS
CLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -								N: 9349304502	3262
Note: To capture the full o	content of this d	ocument, please sel	lect landscape mode	e (11" x 8.5") whe	n printing.				
Schedule I		Grants and O	thar Accietanc	o to Organiz	ations		c	MB No. 1545-0047	,
(Form 990)			ther Assistanc		•			2020	
			and Individuals		-			2020	
	Со	mplete if the organiza	tion answered "Yes," o Attach to Form		, line 21 or 22.			Open to Public	
Department of the Treasury	the latest information	on.			Inspection				
Internal Revenue Service									
Name of the organization GULF COAST HOUSING PARTNER	SHID INC						Employer identific	ation number	
GULF COAST HOUSING PARTNER	COMP INC						20-4216595		
Part I General Inform	nation on Grants	and Assistance							
 Does the organization mainst the selection criterial used Describe in Part IV the organization Part III Grants and Other 	to award the grants ganization's procedur	or assistance? es for monitoring the use	e of grant funds in the Un	ited States.			990 Part IV line	✓ Yes	□ No
		can be duplicated if add		itsi complete ii tile oi	rgamzation answered Tes	011101111	550, Tare 17, mic	21, for any recipie	
(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)		Description of ish assistance	(h) Purpose of or assistance	grant
(1) COVENANT NEIGHHBORHOODS INC PO BOX 130858 HOUSTON, TX 77219	56-2528573	501(C)(3)	25,000					50% OF CAPITAL B2B FUND	_ ONE
2 Enter total number of sect	ion 501(c)(3) and go	overnment organizations	listed in the line 1 table .				. •		1
3 Enter total number of other		-					•		0
For Paperwork Reduction Act Noti				Cat. No. 50055				edule I (Form 990)	2020

(5)

(6)

(7)

Part IV

Schedule I (Form 990) 2020

(3)

(4)

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

Return Reference **Explanation**

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

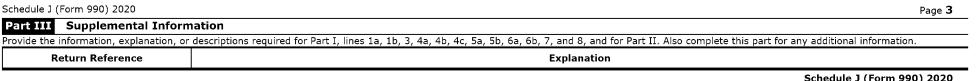
Page **2**

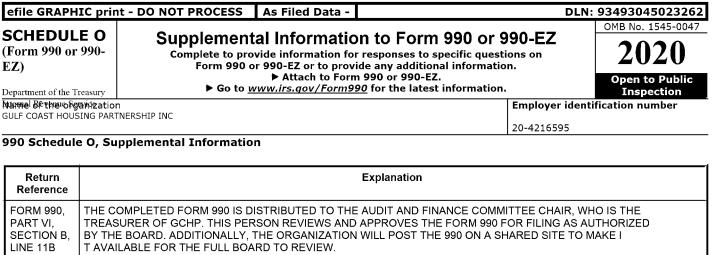
efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19304	5023	262
Schedule J (Form 990)		C	ompensati	ion Information	00	1B No.	1545-0	0047
		For certain Office ▶ Complete if the org	2020					
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest inform	nation.	pen t Tnsn	o Pul	
Nar	ne of the organiz				Employer identificat			
GUL	F COAST HOUSING	PARTNERSHIP INC			20-4216595			
Pa	rt I Questi	ons Regarding Compensa	ition		20 1210333			
	<u> </u>						Yes	No
1 a				f the following to or for a person listed y relevant information regarding thes				
	First-class	s or charter travel		Housing allowance or residence for p	personal use			
		companions		Payments for business use of person				
		nification and gross-up payment	_	Health or social club dues or initiatio				
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chauff	feur, chef)			
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		1b		
2				or allowing expenses incurred by all		2		
	directors, truste	es, officers, including the CEO/I	Executive Director	r, regarding the items checked on Lin	e 1a? . .			
3				ed to establish the compensation of th	е			
				not check any boxes for methods CEO/Executive Director, but explain ir	n Part III.			
		-		, , ,				
		ation committee		Written employment contract				
		ent compensation consultant of other organizations	☑	Compensation survey or study Approval by the board or compensat	ion committee			
	L Folili 990	or other organizations	•	Approval by the board of compensat	ion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fil	ling organization or a			
а	Receive a sever	ance payment or change-of-con	itrol payment? .			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonquali	ified retirement plan?		4b		No
С	c Participate in, or receive payment from, an equity-based compensation arrangement?							
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Part	111.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5	For persons lists	ed on Form 990, Part VII, Section	on A, line 1a, did t	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а	The organization	n?				5a		No
b						5b		No
	,	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section Ontingent on the net earnings o		the organization pay or accrue any				
а	=	n?				6a		No
b	, -					6b		No
_	· ·	6a or 6b, describe in Part III.						
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixed rt III		7		No
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de				N.c.
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in I	Regulations section	9		No_
For F		iction Act Notice, see the Ins			0053T Schedule J		9901	2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 900. But VII

instructions, on row (ii). I Note. The sum of column	Do no is (B)	ot list any individuals tha)(i)-(iii) for each listed in	t are not listed on Form 9 dividual must equal the to	90, Part VII. otal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D) and (E) amounts for tha	t individual.
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		column (B) reported as deferred on prior Form 990
1 KATHLEEN LABORDE PRESIDENT & CEO	(i)	290,997	0	792	4,299	11,628	307,716	0
	(ii)	0	0	0	0	0	0	0
2 TOM CHAMPION SENIOR VP FOR	(i)	193,293	0	276	2,878	12,230	208,677	0
DEVELOPMENT	(ii)	0	0	0	0	0	0	0
3 YVETTE COLA CHIEF OPERATING OFFICER	(i)	177,701	0	276	2,591	0	180,568	0
CHE OF ENATING OFFICER	(ii)	0	0	0	0	0	0	0
							Schedule	J (Form 990) 2020





990 Schedule O, Supplemental Information Return Explanation

Reference	
FORM 990,	ALL OFFICERS, DIRECTORS, AND COMMITTEE MEMBERS REVIEW AND SIGN THE CONFLICT OF INTEREST PO
PART VI,	LICY ANNUALLY. THE POLICY REQUIRES DISCLOSURE TO THE DIRECTORS AND COMMITTEE MEMBERS CONSI
SECTION B,	DERING A PROPOSED TRANSACTION ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST. THE BOARD OR C
LINE 12C	OMMITTEE ADDRESSING THE TRANSACTION WILL DECIDE IF A CONFLICT OF INTEREST EXISTS BY REVIEW
	ING ALL MATERIAL FACTS AND DISCUSSION WITH THE INTERESTED PERSON. THIS CAN INCLUDE A PRESE

ING ALL MATERIAL FACTS AND DISCUSSION WITH THE INTERESTED PERSON. THIS CAN INCLUDE A PRESE NTATION BY THE INTERESTED PERSON, DESIGNATING A THIRD PARTY TO INVESTIGATE OR BY A MAJORIT Y 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.

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, COMPENSATION PACKAGES FOR OFFICERS/KEY EMPLOYEES ARE DETERMINED BY THE PRESIDENT & CEO WIT H INPUT FROM THE BOARD OF DIRECTORS AND RESEARCH OF INDUSTRY STANDARDS. THE COMPENSATION P SECTION B, ACKAGE FOR THE PRESIDENT & CEO IS DETERMINED BY THE BOARD OF DIRECTORS.

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, ALL INFORMATION IS AVAILABLE TO THE PUBLIC BY PROVIDING A REQUEST TO THE PRESIDENT & CEO.

PART VI,
SECTION C,
LINE 19

Return Explanation Reference

FORM 990. INVESTMENT IN WHOLLY-OWNED SUBSIDIARY. FORMERLY A PARTNERSHIP 6.674.333.

PART XI. LINE 9:

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return

LINE 2C:

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

Explanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R** (Form 990)

As Filed Data -

Related Organizations and Unrelated Partnerships

▶ 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 for instructions and the latest information. OMB No. 1545-0047 **2020**

DLN: 93493045023262

Open to Public Inspection

Department of the Treasury		
Internal Revenue Service		
Name of the organization		
CHIE COACT HOLICING DARTNERCHT		

Employer identification number GULF COAST HOUSING PARTNERSHIP INC 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 act	ivity	Legal dom or foreigr	c) icile (state i country)	(d Total in) icome	(e) End-of-year	assets	(f Direct col enti) ntrolling ity	
Part II Identification of Related Tax-Exempt Organizati	ana Canal				111/aall aa F		0 David I	V line 24	h			
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.		ete ir trie orga	anization	answered	res on r	-orm 991	o, Part I	v, line 34	Decause	e it had one or	more	
(a) Name, address, and EIN of related organization	Primar	(b) y activity	Legal don or foreig	c) nicile (state n country)	(d) Exempt Code	e section	Public ch (if section	(e) arity status 1 501(c)(3))	Dir	(f) rect controlling entity	Section (13) cor enti	512(b
											Yes	No
(1)GCHP-LA CHDO INC 1626 ORETHA CASTLE HALEY BLVD SUITE	REAL ESTATE	DEVELOPMENT		LA	501(C)(3)		LINE 12A,	Ι		AST HOUSING RSHIP INC	Yes	
NEW ORLEANS, LA 70113 47-4119478												
(2)GCHP-TEXAS INC 1626 ORETHA CASTLE HALEY BLVD SUITE	REAL ESTATE	DEVELOPMENT		TX	501(C)(3)		LINE 12A,	I		AST HOUSING RSHIP INC	Yes	
NEW ORLEANS, LA 70113 35-2535369											<u> </u>	
For Panerwork Peduction Act Notice, see the Instructions for Form	900			+ No E012	EV				Cale	adula B /Form	0007.30	120

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)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		Disproprtionate allocations? 20		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	aging ner?	(k) Percentage ownership
					,			Yes	No		Yes	No	
-													
Part IV Identification of Related Organiz because it had one or more related						ization ans	wered "Ye	s" on F	orm 9	990, Part IV	, line	34	
See Additional Data Table (a) Name, address, and EIN of related organization	(b) Primary activity	Le dor (state o	c) egal nicile or foreign ntry)		entity (C co	(e) e of entity orp, S corp, r trust)	(f) Share of total income		(g) e of end- year assets	-of- Perce owne	ntage	(1)	(i) ction 512(b) 3) controlled entity? Yes No

Page **3**

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					
1 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?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Yes						
b Gift, grant, or capital contribution to related organization(s)		No					
c Gift, grant, or capital contribution from related organization(s)	Yes						
d Loans or loan guarantees to or for related organization(s)	Yes						
e Loans or loan guarantees by related organization(s)		No					

g Sale of assets to related organization(s)	е	Loans or loan guarantees by related organization(s)	1e	No
h Purchase of assets from related organization(s)	f	Dividends from related organization(s)	1 f	No
i Exchange of assets with related organization(s)	g	Sale of assets to related organization(s)	1 g	No
- Exchange of assets with related organization(s)	h	Purchase of assets from related organization(s)	1h	No
1; N	i	Exchange of assets with related organization(s)	1i	No
J Lease of facilities, equipment, or other assets to related organization(s)	j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No

9 July 01 455045	to related organization(5) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-9		
h Purchase of a	ssets from related organization(s)	1h		No
i Exchange of a	ssets with related organization(s)	1i		No
j Lease of facilit	ies, equipment, or other assets to related organization(s)	1j		No
k Lease of facili	ties, equipment, or other assets from related organization(s)	1k		No
l Performance o	f services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of	of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of fac	lities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of pa	id employees with related organization(s)	10	Yes	
p Reimburseme	nt paid to related organization(s) for expenses	1 p		No
q Reimburseme	nt paid by related organization(s) for expenses	1 q	Yes	
r Other transfer	of cash or property to related organization(s)	1r		No
s Other transfe	of cash or property from related organization(s)	1s	Yes	
2 If the answer See Additional Data	to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Table			
	(a) (b) (c) (d)			

I	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s	Yes	
2 See <i>A</i>	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. dditional Data Table			
	(a) (b) (c) (d) Name of related organization Transaction type (a-s) (b) (c) (d) Amount involved Method of determining am	ount in	volved	

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant income (related, unrelated, excluded from tax under sections 512-	Ar oı	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partneri	or g ?	(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2020

Schedule R (Form 990) 2020								
Part VII	Supplemental Information							
Provide additional information for responses to questions on Schedule R. (see instructions).								
Return Reference		Explanation						

Software ID: Software Version:

EIN: 20-4216595

Name: GULF COAST HOUSING PARTNERSHIP INC

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

Form 990, Schedule R, Part 1 - Identification of Disregarded i				[
(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-JERICHO 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	, .	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

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					
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					

(e) (b) Legal Domicile End-of-vear Name, address, and EIN (if applicable) of disregarded entity Primary Activity Total income Direct Controlling (State assets Entity or Foreign Country)

REAL ESTATE DEVELOPMENT	MS	0	-	GULF COAST HOUSING PARTNERSHIP INC

PARTNERSHIP INC.

83-4096813 VILLAGE AT THE BEVERLY III GP LLC REAL ESTATE GULF COAST HOUSING

DEVELOPMENT

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

1626 ORETHA CASTLE HALEY BLVD SUITE

NEW ORLEANS, LA 70113

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) General (f) Share of total Legal Predominant Disproprtionate Code V-UBI amount (b) (d) (a) or Share of end-of Domicile Direct Controlling Name, address, and EIN of Primary activity income(related, allocations? Percentage Managing (State income vear assets related organization Entity unrelated. Box 20 of Schedule ownership Partner? or K-1 excluded from Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No 20,995 165 DAUPHIN LP REAL ESTATE AL 165 DAUPHIN GP RELATED Νo Yes 1.000 % DEVELOPMENT 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 47-4320012 -21 624 1854 NORTH STREET LLC REAL ESTATE LA GCHP-1854 GP RELATED No Yes 0.010 % DEVELOPMENT LLC 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 27-3372327 BEAU SEJOUR APARTMENTS LP REAL ESTATE RELATED -61 3,449 LA GCHP BEAU Νo Yes 0.050 % DEVELOPMENT SEJOUR GP LLC 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 81-4041878 ELYSIAN MANAGER LLC REAL ESTATE GCHP-ELYSIAN RELATED 50.000 % LA No Yes DEVELOPMENT LLC & ELYSIAN 1626 ORETHA CASTLE HALEY DEVELOPMENT PARTNERS LLC BLVD SUITE NEW ORLEANS, LA 70113 61-1675876 3,405 GABRIEL VILLA APARTMENTS GCHP GABRIEL -145 REAL ESTATE LA RELATED Νo Yes 0.050 % DEVELOPMENT VILLA GP LLC 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 81-2799451 GCHP SACRED HEART LLC REAL ESTATE MS GCHP-SACRED RELATED 51.000 % No Yes DEVELOPMENT HEART MM LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 90-0950277 3,316 GCHP-CLAIBORNE LLC REAL ESTATE GCHP-RELATED -227 LA Νo Yes 0.080 % CLAIBORNE MM DEVELOPMENT 1626 ORETHA CASTLE HALEY LLC **BLVD SUITE** NEW ORLEANS, LA 70113 27-3428686 GCHP-ESPLANADE LLC -22 555 REAL ESTATE LA GCHP-RELATED No Yes 0.010 % DEVELOPMENT ESPLANADE GP 1626 ORETHA CASTLE HALEY LLC **BLVD SUITE** NEW ORLEANS, LA 70113 26-3074910 686 GCHP HAMMOND LLC REAL ESTATE LA GCHP-HAMMOND RELATED -24 Νo Yes 0.010 % DEVELOPMENT 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 26-2178212 553 GCHP-MID CITY RELATED -15 GCHP-MID CITY LLC REAL ESTATE LA Nο Yes 0.010 % DEVELOPMENT GP LLC 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 27-1383651 GCHP-MLK LLC REAL ESTATE KING RAMPART RELATED -37 1,149 0.010 % Νo Yes DEVELOPMENT LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-2951012 GCHP-ONE STOP LLC 79.632 3.182.924 REAL ESTATE GULF COAST RELATED 52.000 % LA Nο Yes HOUSING DEVELOPMENT PARTNERSHIP 1626 ORETHA CASTLE HALEY INC **BLVD SUITE** NEW ORLEANS, LA 70113 27-0358576 GCHP-JEFFERSON DAVIS LLC RELATED -1,704 REAL ESTATE GCHP-95,472 Νo Yes 1.010 % DEVELOPMENT JEFFERSON 1626 ORETHA CASTLE HALEY DAVIS GP **BLVD SUITE** NEW ORLEANS, LA 70113 46-5692244 MCCALEB SUPPORTIVE REAL ESTATE LA GCHP INC & DR RELATED -106.867 2,794,084 Νo Yes 50.000 % HOUSING LLC DEVELOPMENT MCCALEB **EDUCATIONAL** 1626 ORETHA CASTLE HALEY FUND **BLVD SUITE** NEW ORLEANS, LA 70113 26-1492300 NEL COURT LP REAL ESTATE GCHP NEL RELATED -11 317 Νo Yes 0.010 % LA DEVELOPMENT COURT GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113

20-1628761

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (j) (e) General (f) Share of total (i) Code V-UBI amount in Legal (g) Predominant Disproprtionate (b) (a) or Share of end-of-Direct Domicile Name, address, and EIN of Primary activity income(related, allocations? Percentage Controlling Managing Box 20 of Schedule (State income vear assets related organization unrelated, ownership Partner? Entity or excluded from Foreign (Form 1065) tax under Country) sections 512-514) Yes Yes No No 79,054 NORTH PARK HOUSING LP REAL ESTATE MS GCHP-RELATED Νo Yes 0.750 % DEVELOPMENT NORTHPARK GP 1626 ORETHA CASTLE HALEY LLC BLVD SUITE NEW ORLEANS, LA 70113 47-3375954 -33 571 OLD MORRISON PARTNERS LP REAL ESTATE LA OLD MORRISON **IRELATED** No Yes 0.010 % DEVELOPMENT GP LLC 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 26-0280060 STEVENSON APARTMENTS LP RELATED REAL ESTATE MS GCHP-99.630 % No Yes DEVELOPMENT STEVENSON GP 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 47-3366473 THE ELYSIAN LLC REAL ESTATE ELYSIAN RELATED -41 1,227 0.010 % LA No Yes DEVELOPMENT MANAGER LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-2497706 801 VILLAGE AT THE BEVERLY LLC REAL ESTATE MS VILLAGE AT THE RELATED -33 No Yes 0.010 % DEVELOPMENT BEVERLY GP LLC 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 80-0911817 REAL ESTATE WEST MILLSAPS RELATED 429 WEST-MILLSAPS LLC MS No Yes 0.010 % DEVELOPMENT 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 80-0712301 COUNTRY CLUB ESTATES LP REAL ESTATE ALCOUNTRY CLUB RELATED Yes Yes 99.000 % DEVELOPMENT IESTATES GP 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 82-2511216 COUNTRY CLUB ESTATES GP REAL ESTATE **GULF COAST** RELATED AL No Yes 50.000 % DEVELOPMENT HOUSING 1626 ORETHA CASTLE HALEY PARTNERSHIP **BLVD SUITE** INC NEW ORLEANS, LA 70113 38-4044901 RAYMOND ROAD PARTNERS LP REAL ESTATE MS GCHP RAYMOND RELATED -12 355 0.010 % No Yes DEVELOPMENT ROAD GP LLC 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 26-1542189 429.188 PEARL STREET SOUTHWEST GULF COAST RELATED REAL ESTATE MS No Yes 99.990 % DEVELOPMENT HOUSING LLC PARTNERSHIP 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 32-0572131 PEARL STREET SOUTHWEST REAL ESTATE **GULF COAST** RELATED 75.000 % MS No Yes MM LLC DEVELOPMENT HOUSING PARTNERSHIP 1626 ORETHA CASTLE HALEY INC **BLVD SUITE** NEW ORLEANS, LA 70113 36-4884920 RELATED 2,018,544 REAL ESTATE GULE COAST Yes 55,000 % AG 2018 LLC ΙA Nο DEVELOPMENT HOUSING 1626 ORETHA CASTLE HALEY PARTNERSHIP **BLVD SUITE** LLC NEW ORLEANS, LA 70113 38-4091106 REAL ESTATE 1626 OCH GP RELATED -51 11,891 0.500 % 1626 OCH LLC LA No DEVELOPMENT LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 82-3767751 191,703 1626 OCH GP LLC REAL ESTATE LA GULF COAST RELATED -49 No Yes 50.000 % DEVELOPMENT HOUSING 1626 ORETHA CASTLE HALEY PARTNERSHIP **BLVD SUITE** NEW ORLEANS, LA 70113 82-5140270 GCHP ELYSIAN II LLC REAL ESTATE GCHP-ELYSIAN RELATED -82 1,522 0.010 % Yes Yes DEVELOPMENT

1626 ORETHA CASTLE HALEY

NEW ORLEANS, LA 70113

BLVD SUITE

37-1779349

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (j) (e) General (i) Code V-UBI amount in Legal (g) Disproprtionate (b) (d) Predominant (a) or Share of total Share of end-Domicile Name, address, and EIN of Primary activity Direct Controlling income(related, allocations? Percentage Managing Box 20 of Schedule (State income of-vear assets related organization Entity unrelated. ownership Partner? or excluded from Foreign (Form 1065) tax under Country) sections 512-514) Yes Yes No No GCHP SACRED HEART MM LLC REAL ESTATE MS **GULF COAST** RELATED Νo Yes 51.000 % DEVELOPMENT HOUSING 1626 ORETHA CASTLE HALEY PARTNERSHIP INC BLVD SUITE NEW ORLEANS, LA 70113 80-0912357 796 GCHP-PROGRESS PARK LLC REAL ESTATE LA GCHP-PROGRESS RELATED -16 No Yes 0.010 % DEVELOPMENT PARK GP LLC 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 32-0572131 GCHP-CYPRESS GARDENS LP COUNTRY RIDGE RELATED 48,732 REAL ESTATE LA 1.000 % No Yes DEVELOPMENT ESTATES GP LLC 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 30-1200189 VIRGINIA MEADOWS LP REAL ESTATE GCHP-VIRGINIA RELATED 2 783 0.010 % No Yes DEVELOPMENT MEADOWS GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 83-3495857 MCKEE CITY 1,344 MCKEE CITY LIVING LP REAL ESTATE TX RELATED No Yes 0.010 % DEVELOPMENT LIVING GP LLC 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 84-3038015 REAL ESTATE LMDB LAFOURCHE RELATED 61,669 LES MAISONS DE BAYOU No Yes 1.000 % DEVELOPMENT LAFOURCHE 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 37-1950954 COUNTRY RIDGE ESTATES LP COUNTRY RIDGE RELATED REAL ESTATE ΑL No Yes 0.010 % DEVELOPMENT ESTATES GP LLC 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 84-3709352 REAL ESTATE GCHP-HAMMOND RELATED GCHP-PHOENIX SQUARE TWO 2,020 No Yes 1.000 % DEVELOPMENT GP TWO LLC 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 85-1357304 RICHLAND GARDENS LP GCHP-RICHLAND RELATED REAL ESTATE MS 13 No Yes 0.010 % DEVELOPMENT GP LLC 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 84-3614593 1300 OCH LLC REAL ESTATE LA 1300 OCH GP LLC RELATED 1,230 No Yes 1.000 % DEVELOPMENT 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 61-1938383 GCHP-ELYSIAN III GP LLC REAL ESTATE LA GULF COAST RELATED No Yes 79.000 % DEVELOPMENT HOUSING 1626 ORETHA CASTLE HALEY PARTNERSHIP INC **BLVD SUITE** NEW ORLEANS, LA 70113 38-4118002 H3C GP LLC RELATED 6,202 REAL ESTATE ΙA Yes 1.000 % H3C LLC Nο DEVELOPMENT 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 37-1950665 MCKEE CITY LIVING GP LLC REAL ESTATE ΤX COVENANT RELATED 49.000 % No No DEVELOPMENT NEIGHBORHOODS 1626 ORETHA CASTLE HALEY ITNC BLVD SUITE NEW ORLEANS, LA 70113 84-3017225 GCHP-MSDI LP REAL ESTATE MS GCHP-MSDI GP RELATED No Yes 0.100 % DEVELOPMENT 1626 ORETHA CASTLE HALEY **BLVD SUITE** NEW ORLEANS, LA 70113 86-2560833 GCHP-ELYSIAN III LLC REAL ESTATE GCHP-ELYSIAN III RELATED 529 No Yes 0.010 %

DEVELOPMENT

1626 ORETHA CASTLE HALEY

NEW ORLEANS, LA 70113

BLVD SUITE

84-1820269

(j) (c) (h) (e) General Legal Disproprtionate (k) (b) (a) Predominant Domicile Direct Controlling Share of total Share of end-Code V-UBI amount in | Managing | allocations? Percentage Name, address, and EIN of Primary activity income(related, income of-vear assets Box 20 of Schedule K-1 Partner? ownership related organization Entity unrelated, excluded from (Form 1065)

RELATED

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

LA

IGULF COAST

PARTNERSHIP

HOUSING

ILLC

		Foreign Country)		tax under sections	er S				(101111 1003)			
				512-514)			Yes	No		Yes	No	
LOTUS VILLAGE LP	REAL ESTATE DEVELOPMENT		LOTUS VILLAGE GP LLC	RELATED		17		No		Yes		0.010 %

No

Yes

50.000 %

LOTUS VILLAGE LP

1626 ORETHA CASTLE HALEY
BLVD SUITE
NEW ORLEANS, LA 70113
85-1576664

REAL ESTATE

DEVELOPMENT

LOTUS VILLAGE GP LLC

BLVD SUITE

85-1555219

1626 ORETHA CASTLE HALEY

NEW ORLEANS, LA 70113

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (h) (i) (a) (e) (f) (g) Direct controlling Name, address, and EIN of Primary activity Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign controlled or trust) assets country) entity? Yes No GCHP-1854 GP LLC REAL ESTATE -20 LA GULF COAST 113,662 99.000 % Yes 1626 ORETHA CASTLE HALEY BLVD SUITE DEVELOPMENT HOUSING NEW ORLEANS, LA 70113 PARTNERSHIP INC 90-0854421 GCHP BEAU SEJOUR GP LLC REAL ESTATE LA GULF COAST -538 100.000 % Yes 1626 ORETHA CASTLE HALEY BLVD SUITE DEVELOPMENT HOUSING PARTNERSHIP INC NEW ORLEANS, LA 70113 30-0953065 GCHP-CLAIBORNE MM LLC -474 REAL ESTATE LA GULF COAST 79.000 % Yes 1626 ORETHA CASTLE HALEY BLVD SUITE DEVELOPMENT HOUSING NEW ORLEANS, LA 70113 PARTNERSHIP INC 80-0815216 LA GCHP-ELYSIAN II GP LLC REAL ESTATE GULF COAST -416 79.000 % Yes 1626 ORETHA CASTLE HALEY BLVD SUITE DEVELOPMENT HOUSING NEW ORLEANS, LA 70113 PARTNERSHIP INC 36-4816109 GCHP-ELYSIAN LLC REAL ESTATE LA GULF COAST -593 841.100 100.000 % Yes 1626 ORETHA CASTLE HALEY BLVD SUITE DEVELOPMENT HOUSING NEW ORLEANS, LA 70113 PARTNERSHIP INC 27-3917386 GCHP-ESPLANADE GP LLC REAL ESTATE LA GULF COAST -590 13,250 100.000 % Yes 1626 ORETHA CASTLE HALEY BLVD SUITE DEVELOPMENT HOUSING NEW ORLEANS, LA 70113 PARTNERSHIP LLC 37-1756877 GCHP GABRIEL VILLA GP LLC REAL ESTATE LA GULF COAST -585 100.000 % Yes 1626 ORETHA CASTLE HALEY BLVD SUITE DEVELOPMENT HOUSING NEW ORLEANS, LA 70113 PARTNERSHIP INC 38-4006015 GCHP HAMMOND GP LLC REAL ESTATE LA GULF COAST -6,600 176,750 100.000 % Yes 1626 ORETHA CASTLE HALEY BLVD SUITE DEVELOPMENT HOUSING NEW ORLEANS, LA 70113 PARTNERSHIP INC 38-3995569 GCHP-MID CITY GP LLC REAL ESTATE LA **GULF COAST** -853 6,520 99.000 % Yes 1626 ORETHA CASTLE HALEY BLVD SUITE DEVELOPMENT HOUSING NEW ORLEANS, LA 70113 PARTNERSHIP INC 90-0883915 GCHP-MUSES LLC REAL ESTATE LA GULF COAST -597 100.000 % Yes 1626 ORETHA CASTLE HALEY BLVD SUITE DEVELOPMENT HOUSING NEW ORLEANS, LA 70113 PARTNERSHIP LLC 27-0331963 GCHP-NEL COURT GP LLC REAL ESTATE LA **GULF COAST** -6,101 100.000 % Yes 1626 ORETHA CASTLE HALEY BLVD SUITE DEVELOPMENT HOUSING NEW ORLEANS, LA 70113 PARTNERSHIP INC 30-0962089 GCHP OLD MORRISON GP LLC LA **GULF COAST** -578 100.000 % REAL ESTATE Yes 1626 ORETHA CASTLE HALEY BLVD SUITE DEVELOPMENT HOUSING PARTNERSHIP INC NEW ORLEANS, LA 70113

35-2581693

61-1714025

30-0958335

61-1737255

GCHP-POLYBAR OWNER LLC

GCHP-RAYMOND ROAD GP LLC

GCHP-JEFFERSON DAVIS GP LLC

NEW ORLEANS, LA 70113

NEW ORLEANS, LA 70113

NEW ORLEANS, LA 70113

1626 ORETHA CASTLE HALEY BLVD SUITE

1626 ORETHA CASTLE HALEY BLVD SUITE

1626 ORETHA CASTLE HALEY BLVD SUITE

REAL ESTATE

REAL ESTATE

DEVELOPMENT

REAL ESTATE

DEVELOPMENT

DEVELOPMENT

LA

MS

ΑL

GULF COAST

GULF COAST

GULF COAST

PARTNERSHIP INC

HOUSING

HOUSING PARTNERSHIP INC

PARTNERSHIP INC

HOUSING

100.000 %

100.000 %

100.000 %

-659

-785

Yes

Yes

Yes

(f) (h) (i) (a) (c) (d) (e) (g) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, (b)(13)entity income ownership vear controlled (state or foreign or trust) assets entity? country) Yes No MLK-OCH CONDOMINIUM ASSOCIATION CONDO LA IN/A Nο ASSOCIATION/MANAGEMENT 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-4819492 VILLAGE AT THE BEVERLY CDILC REAL ESTATE DEVELOPMENT MS IGULE COAST lc. -170 100 000 % Vac

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

REAL ESTATE DEVELOPMENT

REAL ESTATE DEVELOPMENT

35-2497095

83-3460236

47-3375863

GCHP-VIRGINIA MEADOWS GP LLC

NEW ORLEANS, LA 70113

NEW ORLEANS, LA 70113

NORTH PARK HOUSING GP LLC

1626 ORETHA CASTLE HALEY BLVD SUITE

1626 ORETHA CASTLE HALEY BLVD SUITE

1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 80-0912958			HOUSING PARTNERSHIP INC			200,000 //		
	REAL ESTATE DEVELOPMENT	MS	GULF COAST	c	-371	51.000 %	Yes	
1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113			HOUSING PARTNERSHIP INC		3,1	31.000 %	163	

IGULF COAST

IGULF COAST

HOUSING

PARTNERSHIP LLC

PARTNERSHIP INC

HOUSING

1,533,214

51

100.000 %

51.000 %

Yes

Yes

AL

MS

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Amount Involved Transaction type(a-s) Method of determining amount involved AG 2018 LLC D 3,674,581 **ACTUAL CASH VALUE** BEAU SEJOUR APARTMENTS LP Α ACTUAL CASH VALUE 35,411 BEAU SEJOUR APARTMENTS LP L 74,384 ACTUAL CASH VALUE GCHP-CYPRESS GARDENS LP С 1,758,219 ACTUAL CASH VALUE D ACTUAL CASH VALUE GCHP-CYPRESS GARDENS LP 2,358,175 GCHP-CYPRESS GARDENS LP 412,371 ACTUAL CASH VALUE GABRIEL VILLA APARTMENTS LP Α 17,940 ACTUAL CASH VALUE GABRIEL VILLA APARTMENTS LP D ACTUAL CASH VALUE 447,372 GCHP-CLAIBORNE LLC Α 109,015 ACTUAL CASH VALUE GCHP-CLAIBORNE LLC D **ACTUAL CASH VALUE** 1,037,054 GCHP ELYSIAN II LLC Α 63,726 ACTUAL CASH VALUE GCHP ELYSIAN II LLC D 2,282,655 **ACTUAL CASH VALUE** GCHP ELYSIAN III LLC ACTUAL CASH VALUE Α 96,259 D GCHP ELYSIAN III LLC 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 Α ACTUAL CASH VALUE 15,250 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 ACTUAL CASH VALUE 60,208 GCHP MLK LLC L 53,260 ACTUAL CASH VALUE

Α

19,975

ACTUAL CASH VALUE

GCHP-PROGRESS PARK

(b) (c) Name of related organization (d)
Method of determining amount involved Transaction Amount Involved type(a-s) GCHP-PROGRESS PARK D 5,993,250 ACTUAL CASH VALUE GCHP-PROGRESS PARK L 301,135 **ACTUAL CASH VALUE** LES MAISONS DE BAYOU LAFOURCHE 3,803 **ACTUAL CASH VALUE** Α LES MAISONS DE BAYOU LAFOURCHE D 2,117,683 ACTUAL CASH VALUE 894,999 LES MAISONS DE BAYOU LAFOURCHE L ACTUAL CASH VALUE

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

VIRGINIA MEADOWS

VIRGINIA MEADOWS

VIRGINIA MEADOWS

WEST MILLSAPS LLC

WEST MILLSAPS LLC

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LOTUS VILLAGE LP	D	169,800	ACTUAL CASH VALUE
MCCALEB SUPPORTIVE HOUSING LLC	А	6,112	ACTUAL CASH VALUE
MCKEE CITY LIVING	А	14,642	ACTUAL CASH VALUE
MCKEE CITY LIVING	D	10,975,871	ACTUAL CASH VALUE

MCKEE CITY LIVING	Α	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

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	А	17,303	ACTUAL CASH VALUE
VILLAGE AT THE BEVERLY LLC	D	177,029	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	А	17,303	ACTUAL CASH VALUE
VILLAGE AT THE BEVERLY LLC	D	177,029	ACTUAL CASH VALUE

9,130

4,698,824

1,326,203

73,765

367,796

Α

D

L

Α

D

ACTUAL CASH VALUE

ACTUAL CASH VALUE

ACTUAL CASH VALUE

ACTUAL CASH VALUE

ACTUAL CASH VALUE