	•	9		EX	TENDED TO	NOVEM	BER	16, 2015						
	Form	990-T	E	Exempt Or	ganization	Busin	ess	Income T	ax Ro	eturn) _	OMB No. 1545-0687		
	*			•	(and proxy ta	x under s	ectio	on 6033(e))						
			For calendar year 2014 or other tax year beginning, and ending									2014		
•	Depart	tment of the Treasury		•	out Form 990-T and i			_		•	<u> </u>			
		al Revenue Service	▶		umbers on this form a				ation is a	501(c) (3)		Open to Public Inspection for 01(c)(3) Organizations Only		
	A L	Check box if		Name of organization	on (L Check box i	if name chang	ed and	see instructions.)			(Empli	yer identification number byees' trust, see		
		address changed	4 1									ctions)		
		kempt under section	Print GULF COAST RENAISSANCE CORPORATION Number, street, and room or suite no. If a P.O. box, see instructions.									0-8181931 ted business activity codes		
	X]501(c)(3)	Type					ctions.				istructions)		
		408(e) 220(e)			AWAY ROAD,						1			
3	, <u> </u> =] 408A []530(a)			or province, country, a		ign po	STAI COOR			[[2 1 ·	110		
/	O Bo	529(a) ok value of all assets		531	110									
S) o _{ate}	end of vear	F Group exemption number (See instructions.) G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust									Other trust		
•	_4	scribe the organization						ATEMENT 1	401	(a) ii usi		Other must		
		Ve	s X No											
	I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If "Yes," enter the name and identifying number of the parent corporation. ►													
					LL, CONTR		,	Telepho	one numbe	er ▶ 2	228-896-3386			
		rt I Unrelate				<u></u>	T	(A) Income	_	Expenses		(C) Net		
		Gross receipts or sal					T							
		Less returns and allo			c Balance	▶ _1c								
	ر ڪي	Cost of goods sold (Schedule	e A, line 7)		2				,				
	ي اما	Gross profit. Subtrac				1 -								
	4a	Capital gain net incor												
					n Form 4797)			·····						
	o c	Capital loss deductio	n for trus	sts		4c								
į	<u> </u>				ns (attach statement)		+	<u>-197,943.</u>				-197,943.		
	≩ 6	Rent income (Sched	ule C) .			<u>6</u>	 `	·		A				
9	0118						-	Picoul		<u> </u>				
(₩ 8				olled organizations (Se	1	+-			क्ष				
					(17) organization (Sch		+	UCT 1 7	2016	 8 -				
0	10						1	001 1 1	ZUID.					
<u>9</u> 17							╁	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<u> </u>				
4	12 13		e (See instructions; attach schedule) 12 13 13 14 15 16 17 18 19 19 19 19 19 19 19 19 19									-197,943.		
-				131,3431										
>	Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)													
2	14	and the state of t												
^	15	Salaries and wages									14			
Ω	16	Repairs and mainte	nance .					- HOO	2		16			
4	17	Bad debts						#000	es:		17			
_	18	Interest (attach sch	edule)		itation rules			ng ngapanan ata	2016		18			
97	19	Taxes and licenses						OCI Ta			19			
'n	20	Charitable contribut	tions (Sec	e instructions for limi	itation rules) ewhere on return					9T	20			
V	21	Depreciation (attach	ı Form 45	562)			1	RECEINED EN	111100	.; 1				
7	22										22b			
_	23										23			
	24										24			
~	25	Excess exempt expenses (Schedule I)									25			
7	26 27										26 27			
$\hat{\mathbf{a}}$	27 28										28			
アンコントク	29											0.		
5	30	Unrelated business			29 30	-197,943.								
0	31			ncome before her opi n (limited to the amou		31								
	32				c deduction. Subtract						32	-197,943.		
	33				33 instructions for ex						33	1,000.		
	34				ie 33 from line 32. If li									
											34	-197,943.		
	42370				e eas instructions							Form 990-T (2014)		

9-5

Form 990-T (2	TOTAL COLIDI MARKET CONTOURNED TO OTO	1931		Page 2
	Tax Computation			
	organizations Taxable as Corporations. See instructions for tax computation.	-		
	controlled group members (sections 1561 and 1563) check here 🕨 📖 See instructions and:	1.1		
	nter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
•	1) \$ (2) \$ (3) \$	जन्मे । -		
	nter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	2) Additional 3% tax (not more than \$100,000)	* .		
c Ir	ncome tax on the amount on line 34	35c		0.
36 <u>T</u>	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			
	Tax rate schedule or Schedule D (Form 1041)	36		
37 P	Proxy tax. See instructions	37		
38 A	Aternative minimum tax	38		
39T	otal. Add lines 37 and 38 to line 35c or 36, whichever applies	39		0.
	Tax and Payments			
	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a] [
b 0	Other credits (see instructions)]]		
c G	General business credit. Attach Form 3800 40c	1		
d C	redit for prior year minimum tax (attach Form 8801 or 8827) 40d 40d	I will		
e T	otal credits. Add lines 40a through 40d	40e		
41 S	Subtract line 40e from line 39	41		0.
42 0	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	42		
43 T	otal tax. Add lines 41 and 42	43		0.
44 a P	ayments: A 2013 overpayment credited to 2014	2		
b 2	014 estimated tax payments]		
	ax deposited with Form 8868] {		
d Fo	oreign organizations: Tax paid or withheld at source (see instructions) 44d],		
e B	ackup withholding (see instructions) 44e], ,		
f C	redit for small employer health insurance premiums (Attach Form 8941)]		
g 0	ther credits and payments: Form 2439	[-1,]		
	Form 4136 Other Total > 44g	12		
45 T	otal payments. Add lines 44a through 44g	45		
46 E	stimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖 📌	46		
	ax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47		0.
48 0	verpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48		0.
49 E	nter the amount of line 48 you want: Credited to 2015 estimated tax	49		
Part V	Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any	r time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial acc	count (bank,	Yes	No
	ities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and	d Financial		
Accou	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	·		X
2 During If YES,	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? see instructions for other forms the organization may have to file.	•••		X
	the amount of tax-exempt interest received or accrued during the tax year ▶\$			
	le A - Cost of Goods Sold. Enter method of inventory valuation N/A			
1 Invent	tory at beginning of year 1 6 Inventory at end of year	6		
2 Purch	ases 2 7 Cost of goods sold. Subtract line 6	* _ *		
3 Cost o	of labor	7		
4a Additio	nal section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to		Yes	No
b Other	costs (attach schedule) 4b property produced or acquired for resale) apply to			
5 Total.	Add lines 1 through 4b 5 the organization?			L
0'	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	viedge and belief, it i	is true,	
Sign	1 22 1 A 10 C	ay the IRS discuss th	us return v	with
Here		e preparer shown bel	`	_
	Signature of officer Date Title	structions)? XY	'es	No
	Print/Type preparer's name Preparer's signature Date Check if	f PTIN		
Paid	JOHN D. PRENTISS, JOHN D. PRENTISS, self-employed			
Prepare	er CPA CPA 08/25/15	P00367		
Use On	IV Firm's name ▶ PILTZ, WILLIAMS, LAROSA & CO. Firm's EIN ▶	<u>64-076</u>	<u> 5713</u>	<u>7</u>
	P.O. BOX 231			_
	Firm's address ► BILOXI, MS 39533 Phone no. (228)374-		
423711 01-13	3-15	Form 9	990-T ((2014)

Form 990-T (2014) GULF CO Schedule C - Rent Inco	OAST me (Fr	RENAIS	SSANC Prope	E CO	RPORATI i Personal	ON_ Propert	y Lease	20-818 ed With Real Pr	819 ope	71 Page 3 Prty) (see instructions)	
1. Description of property											
_(1)											
(2)			-							· · · · · · · · · · · · · · · · · · ·	
(3)											
			•				· - · · · ·				
_(4)								· · · · · · · · · · · · · · · · · · ·			
	2.							2/a) Deductions direc	dhu aan	nnected with the income in	
(a) From personal property (if the personal property (and the personal prop	age of	of rent for po	nd personal proper ersonal property ex t is based on profit	ceeds 50% c	entage or if	columns 2(a)	and 2((b) (attach schedule)			
(1)								_			
(2)											
(3)		•						,			
(4)						·		,		*	
Total		0.	Total								
							0.	/h) Takat da duaktana			
(c) Total income. Add totals of columere and on page 1, Part I, line 6, co	olumn (A)	·					0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)		0.	
Schedule E - Unrelated	Debt-l	<u>Financed</u>	Incom	1C (see i	instructions)						
								3. Deductions directly o	onnect	ted with or allocable	
					2. Gross inc	come from	<u> </u>	to debt-fina	inced p		
1. Description of a	debt-finance	ed property			or allocable to debt- financed property		(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									\dashv		
							-				
(2)					_		_				
(3)	-										
(4)											
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average of or debt-fina			e adjusted basis allocable to anced property th schedule)		6. Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			**			%					
(2)					 	%		· · · · · · · · · · · · · · · ·	-+		
									-+		
(3)	-										
(4)					<u> </u>	%	<u> </u>			·····	
								nter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B)	
Totals						ì		(0.	0.	
Takal dividanda wasalisad dadasala	ne includ	ed in column	R			···· ··· ···				0.	
Schedule F - Interest, A	nnuitie	s Royal	lies ar	nd Ren	ts From C	ontrolle	d Orgai	nizations (see in	ctruc	tions)	
Officuate 1 - Interest, A	·····	is, moyar	uco, ai					nzations (see in	Struc	tions	
				Exemp	t Controlled C	rganizatio	ns				
Name of controlled organizatio	Name of controlled organization Employer nt		ntification er	Net un (loss) (s	3. related income Tot pa		4. of specified ents made	5. Part of column 4 that is included in the controlling organization's gross incom-		ig connected with income	
(1)			· ·	 		†		1		<u> </u>	
(1)		 		 		 				 	
(2)		 		<u> </u>		1				ļ	
(3)						ļ					
(4)		<u> </u>		į		<u> </u>					
Nonexempt Controlled Organiza	ations										
7. Taxable Income 8. Net unrelated incom (see instructions					tal of specified pay made	ments	in the cont	Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10	
(1)				 			····	· · · · · · · · · · · · · · · · · · ·			
(1)				 							
(2)											
(3)										<u> </u>	
(4)											
				·	-		Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A)	Ent	Add columns 6 and 11 er here and on page 1, Part i, line 8, column (B)	
Totals .								0.		_0.	
	 -		•		•	. 💌		0.1		Form 990-T (2014)	
423721 01-13-15										101111 330-1 (2014)	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

(55555									
1. Desc	ription of income		2. Amount of income	mount of income 3. Deductions directly connected (attach schedule) 4. Set-asides (attach schedule)			5. Total deductions and set-asides (col 3 plus col 4)		
(1)								(33) 3 100	
(2)				······································	 _			 	
								 	
(3)								 	
(4)								<u> </u>	
				inter here and on page 1, Part 1, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B)	
Totals			. I	0.			-	0.	
Schedule I - Exploited (see instru		y Income	, Other		ng Inco	me		1	
			T	4. Net income (loss)		<u> </u>	T -		
1. Description of exploited activity	Cross unrelated business income from trade or business	3. Expe directly cor with prod of unrel business l	nnected uction ated	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	from act is not u	s income ivity that nrelated s income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
	<u> </u>		<u>}</u>	unough /				- 	
(1)		<u> </u>							
(2)									
(3)		T		<u> </u>					
(4)		<u> </u>						·	
<u> </u>	Enter here and on	Enter here	and on	-			·	Enter here and	
	page 1, Part I, line 10, col (A).	page 1, i line 10, c	Parti,	-			on page 1, Part II, line 26.		
Totals	<u> </u>	.l	0.					0.	
Schedule J - Advertision	ng Income (see	instructions)						
Part I Income From I				olidated Basis					
				Τ					
1. Name of periodical	2. Gross advertising income		Direct ising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols, 5 through 7		rculation 6	- Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					·				
(2)				-					
(2)				-					
(3)									
(4)					}				
Totals (carry to Part II, line (5))	•	0.	0.					0.	
Part II Income From I columns 2 through	Periodicals Re _l 7 on a line-by-line b	p orted on pasis.)	a Sepa	rate Basis (For e	each perio	dical listed in F	Part II, fill in		
				4. Advertising gain				7. Excess readership	
1. Name of periodical	2. Gross advertising income	advertising		or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Cii	rculation 6	Readership costs	costs (column 6 minus column 5, but not more than column 4)	
(1)				 	 				
(2)				 	+			·	
(2)					 			·	
(3)									
(4)				1	1				
Totals from Part ! .	>	0.	0.					0.	
Enter here and on page 1, Part I, line 11, col. (A). line 11, col. (1)					•		Enter here and on page 1, Part II, line 27		
Totals, Part II (lines 1-5)	>	0.	0.	<u></u>				0.	
Schedule K - Compens	sation of Office	ers, Direct	ors, and	d Trustees (see	instructio	ns)			
1. N	ame		3. Percent of 4. Co				nsation attributable slated business		
(4)			 						
(1)		<u> </u>		· ·	9/				
_(2)						o			
(3)					%	6			
(4)				%					
Total. Enter here and on page 1, P.	art II line 14		·						
Total Enter note and on page 1, F.	աւոյան Թ	· · · · ·						0.	
423731 01-13-15								Form 990-T (2014)	