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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.

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

h Open to Public Inspection

OMB No 1545-0047

<u>A</u> 1	For th	ne 2016 calendar year, or tax year beginning $$ $$ APR $$ $$ 20 $$ $$ $$ $$ $$ $$ $$ and $$ $$ $$	ending J	UN 30, 2016)
В	Check i	C Name of organization		D Employer identif	ication number
	Addi	gs GSS - A.P.TUREAUD, INC.			
F	Nam	6		81-2	417744
X]initia	Number and street (or P 0, box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Final	353 BARONNE STREET			-606-1848
	term			G Gross receipts \$	9,658.
	Amer	nded NITH ODITIANS TA 70112		H(a) is this a group r	eturn
X	Appl	F Name and address of principal officer:THOMAS		for subordinate	s? Yes X No
	pend	332 AUDUBON STREET, NEW ORLEANS, LA 70)118	H(b) Are all subordinates	included? Yes No
1.1	ax-ex	cempt status: 501(c)(3) _X 501(c)(2) ◀ (insert no.) 4947(a)(1) o	r 527	If "No," attach a	a list. (see instructions)
		ite: ► N/A		H(c) Group exemption	on number 🕨
		f organization: X Corporation Trust Association Other ▶	L Year	of formation: 2016	M State of legal domicile: LA
Pa	et i			·	,
9	1			E OF THIS C	
ä		IS TO RECEIVE AND MAINTAIN PROPERTY EXCLU	SIVEL	Y FOR CHARI	TABLE,
Activities & Governance	2	Check this box if the organization discontinued its operations or dispositions.	ed of more	than 25% of its net a	ssets.
30	3	Number of voting members of the governing body (Part VI, line 1a)		3	2 2
8	4	Number of independent voting members of the governing body (Part VI) 116 1b) Total number of individuals employed in calendar year 2016 (Part VI) in 281	AD T D	2017 18 4	
ties	5	Total for instruction of instruction of the control	שוו וור	2017 3	0 5
:≩:	6	Total number of volunteers (estimate if necessary)		6	
Ą	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0.
	D	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		FIIOI I Cal	0.
70	9	Program service revenue (Part VIII, line 2g)	<u> </u>		0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ļ		<14,603.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			<14,603.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-		0.
ý.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.
kpe			0.		
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			0.
	19	Revenue less expenses. Subtract line 18 from line 12			<14,603.
ssets or salances			Beg	inning of Current Year	End of Year
SSet	20	Total assets (Part X, line 16)			1,264,281.
245	21	Total liabilities (Part X, line 26)			1,278,884.
20 m	22	Net assets or fund balances. Subtract line 21 from line 20			<14,603.
Pa		Signature Block alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	into and to the heat of m	v knowledge and heliof it is
	-	silies of perjury, i declare that i trave examined this return, including accompanying schedules. ct, and complete. Declaration of preparer (other than officer) is based on all information of whice			y kilowieuge allo bellet, it is
<u>奶</u> 室	COITE	t, and compact. Declaration to anything transfer that once) is based on an information of which	cii piopaioi	ilas ally knowledge.	
Sign		Signature of officer		Date	
Hero		THOMAS, FISCHER			
		Typs-or print name and title			
~ 		Print/Type proparer's name Pregarer's signature	1	ate Check	PTIN
Pald		Sith for SEPHEN LOM	16-	2 /27/17 self-employ	ed 100846698
Prep	arer	Firm's name		Firm's EIN	
Use	Only	Firm's address			
				Phone no.	
May	the I	RS discuss this return with the preparer shown above? (see instructions)			Yes No

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		-2417744	Page 2
Pa	Statement of Program Service Accomplishments		لتتت
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: THE MISSION OF THIS CORPORATION IS TO HOLD PROPERTY EXCLUSION CHARITABLE AND EDUCATIONAL PURPOSES EITHER DIRECTLY OR BY CONTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGAN UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported.	total expenses, a	and
4a	(Code) (Expenses \$) (Revenue \$))
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$		
	/ paramagamas are		
4c	(Code) (Expenses \$) (Revenue \$))
	Other pregram conjuga (Departhe in Schodule C.)		
4d	Other program services (Describe in Schedule O.) (Expenses \$ Including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶	Form 9 !	90 (2016)

			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	1	L	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
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		X
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? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
۵	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		~
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		X
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		X
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		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C				X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d		11d		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
'	the organization's separate or consolidated infancial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	• • • • • • • • • • • • • • • • • • • •		
	Schedule D, Parts XI and XII	12a		X
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		<u>X</u>
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	A STATE OF THE STA	17	l	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		Form	990 (2016

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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 17 If "Yes," complete Schedule I, Parts I and II	21		X
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		Х
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? If "Yes," complete			İ
	Schedule J	23		Х
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	1 1		}
	Schedule K. If "No", go to line 25a	24a		Х
Ь		24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
Ĭ	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
200		25a		
k	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	238		
IJ	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? If "Yes," complete Schedule L, Part I	OSL		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
20			}	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	- 1	X
27	· · · · · · · · · · · · · · · · · · ·	20		
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		}	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		X
00	of any of these persons? If "Yes," complete Schedule L, Part III	21		
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):	000	1	Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			X
^^	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
2 9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		- 1	v
7 -4	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	X
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00	1	Х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22	Ì	X
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			X
. ~-	Part V, line 1	34	}	$\frac{\Lambda}{X}$
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	251	1	
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
7	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37	- 1	Х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
.	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	х	
	140-0-17 1 0-17 0-00 more die regenee to complete defleatie o	Form		2016
		. 51111	(A	-010)

rar	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable)		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable)		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
	(gambling) winnings to prize winners?	1c	X	<u> </u>
2a	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)		1
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	}		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1	Į	1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	48		X
	If "Yes," enter the name of the foreign country: ▶			
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	ва		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1		1
	to file Form 8282?	7c		X
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		L
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			l
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	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?	9b		
0	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
1	Section 501(c)(12) organizations. Enter:			1
	Gross income from members or shareholders	-{		1
	Gross income from other sources (Do not net amounts due or paid to other sources against			ĺ
	amounts due or received from them.)	-	1	l
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ
	Is the organization licensed to issue qualified health plans in more than one state?	13a		······
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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	1 1		ŀ
	Enter the amount of reserves on hand	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "You " hos it filed a Form 730 to report these payments? If "No " provide an explanation in Schedule O	14a		
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(0040)

Form 990 (2016)

GSS - A.P. TUREAUD, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 2			
	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 2			,
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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	X	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	and the second s	12a	Х	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ì		
а	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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		- 1	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed LA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	e	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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: ►			
	353 BARONNE ST, METAIRIE, LA 70112			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organizate (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Po			Position			Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an				is bot	th an	compensation	compensation	amount of
	week		cer ar	nd a d	Irecto	or/trus	itee)	from	from related	other
	(list any	SC SC		}			1	the	organizations	compensation
	hours for	8				P.		organization	(W-2/1099-MISC)	from the
	related	88	E SE	1		8	ł	(W-2/1099-MISC)		organization
	organizations	교	20		e e	8 8	}		1	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		[organizations
	line)	Ē	Ĕ	δ	\$	Ŧ 8	윤			
(1) THOMAS FISCHER	1.00					ł	1			}
MEMBER/DIRECTOR		X	<u> </u>	_	<u> </u>	<u> </u>	<u> </u>			
(2) MAHLON SANFORD	1.00]
MEMBER/DIRECTOR		X		L.,						
						1			}	
									<u> </u>	
		}								1
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				i		لـــا				Form 990 (201

F 40	* ** Section A. Officers, Directors, Trus		blo	/ees			ighe	st C					
	, (A)	(B)	(C) Position						(D)	(E)		(F)	
	Name and title	Average			check	more	than		Reportable	Reportable	1	Estima	
		hours per week					is bot or/trus			compensation from related	,	amou	
		(list any	Þ		Π	T	Π		the	organization		ompen	
		hours for	P P				B		organization	(W-2/1099-MIS		from	
		related	8	LS BE	ł		E S	l	(W-2/1099-MISC)			organiz	ation
		organizations	1 E	ag	-	100	8 8	ł				and re	
		below (ine)	individual trustee or director	Institutional trustee	E G	Key employee	Highest compens employee	E			٥	rganız	ations
			౼౼	트	₽.	3	Ξ 8	17	 				
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									}		1		
16	Sub-total	L	L		<u> </u>	<u> </u>			 				
	Total from continuation sheets to Part VI	I Section A								 			
	Total (add lines 1b and 1c)	i, section A						>	<u></u>				
2	Total number of individuals (including but n	ot limited to th	OSA	ligte	nd al	hove	a) wh	10 1	eceived more than \$100	000 of reportable	 e		
_	compensation from the organization	O	-	,,,,,,,	, .	••••	-,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		
												Ye	s No
3	Did the organization list any former officer,	director, or tru	ste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4	For any individual listed on line 1a, is the su	m of reportabl	e cc	omp	ensa	ation	anc	d oth	her compensation from	the organization			
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	Jf	for such individual		4		X
5	Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services	}		1
	rendered to the organization? If "Yes," com	plete Schedule	9 <i>J f</i>	or su	ıch ,	pers	on			 	5		X
	tion B. Independent Contractors			 -						*			
1	Complete this table for your five highest continuous the organization. Report compensation for the organization for the organization and the organization for the organization for the organization.	-									pensatio	ii irom	
	(A)	ille calelloar y	sar e	Bridi	iig v	VICIT (OI W	COM	(B)	rear.		(C)	
	Name and business	address	NC	ONE	2			- [Description of s	ervices	Com	o, pensat	ion
									 				
								-					
								4					
								\dashv					
	· · · · · · · · · · · · · · · · · · ·							+					
				_				_					
2	Total number of independent contractors (ii	ncluding but n	ot lir	nite	d to	thos	se lis	ted	above) who received m	ore than			
	\$100,000 of compensation from the organiz	zation 🕨											
											For	m 990	(2016)

632009 11-11-16

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

<14,603.> <14,603.>

Sect	tion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			,	
	and domestic governments. See Part IV, line 21				``
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22		<u> </u>		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			, ,	
	individuals. See Part IV, lines 15 and 16			<u></u>	{
4	Benefits paid to or for members		ļ		<u> </u>
5	Compensation of current officers, directors,				
_	trustees, and key employees		ļ	 	<u> </u>
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		 	 	
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		 		
10 11	Payroll taxes			 	
a	Fees for services (non-employees): Management				
b	Local			 	
c	Accounting		 		
d	Lobbying			 	
A	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ü	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology . [
15	Royalties	·	 	 	
16	Occupancy				
17	Travel				· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		 		
19	Conferences, conventions, and meetings		ļ		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	······································			
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		·			
þ					
C					
ď				 	
	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24e	0.	0.	0.	0.
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)			<u> </u>	5 000 (004.0)

Form 990 (2016)
Part X Balance Sheet

سنسند		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
- 1	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
Ì	4	Accounts receivable, net		4	9,658.
1	5	Loans and other receivables from current and former officers, directors,			
- }		trustees, key employees, and highest compensated employees. Complete			
- 1		Part II of Schedule L		5	
- 1	6	Loans and other receivables from other disqualified persons (as defined u	nder		
- 1		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib	}		
ł		employers and sponsoring organizations of section 501(c)(9) voluntary			
9		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	·	7	
8	8	Inventories for sale or use		8	
İ	9	Prepaid expenses and deferred charges		9	
1	10a		*		······································
1		basis. Complete Part VI of Schedule D 10a 1,254,8	195		
}	h	Less: accumulated depreciation 10b 2	72.	10c	1,254,623.
	11	lavantanata publish traded assurting		11	
1	12	Investments - publicly traded securities		12	
1	13	Investments - program-related. See Part IV, line 11		13	
				14	
- 1	14	Intangible assets		15	
	15	Other assets. See Part IV, line 11	··	18	1,264,281.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	 	17	1,204,201.
- 1	17	Accounts payable and accrued expenses .		18	
- 1	18	Grants payable	•	-+	
}	19	Deferred revenue		19	
1	20	Tax-exempt bond liabilities	•	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustee	1		
		key employees, highest compensated employees, and disqualified person	s.		
Liabilities		Complete Part II of Schedule L	 	22	
_ [23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
1	25	Other liabilities (including federal income tax, payables to related third	_		
		parties, and other liabilities not included on lines 17-24). Complete Part X c	of	1 1	1 270 004
1		Schedule D		25	1,278,884.
	26	Total liabilities. Add lines 17 through 25		26	1,278,884.
1			and		
88		complete lines 27 through 29, and lines 33 and 34.	Ì		
and a	27	Unrestricted net assets		27	
8	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	····
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶	X)		
0		and complete lines 30 through 34.			-
ets	30	Capital stock or trust principal, or current funds		30	0.
Asi	31	Paid-in or capital surplus, or land, building, or equipment fund		31	0.
<u>ā</u>	32	Retained earnings, endowment, accumulated income, or other funds		32	<14,603.
-	33	Total net assets or fund balances	·· ·	33	<14,603.
	34	Total liabilities and net assets/fund balances	L	34	1,264,281.

	990 (2016) GSS - A.P.TUREAUD, INC.	81-24	17744	Pa	ge 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		-		<u>لال</u>
	-		-1	1 6	0.2
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,0	03.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1 6	03.
3	Revenue less expenses. Subtract line 2 from line 1	3		4,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_		
	column (B))	10	<u> <1</u>	4,6	03.
Pa	T XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	,		Yes	No
1 2a	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	O.	2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	l on a	2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
·	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			{
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь	- 1	ł

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• •	sparate instructions), their				
	501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of org		D MUDELUD 7110		\ E	mployer identification number
TREE TO	GSS - A	.P.TUREAUD, INC.	der eachier FO4/e	Vario a section EQ	81-2417744
Part I-A	Complete if the or	ganization is exempt un	der section build	or is a section 52	r organization.
4 0				D - 4 11/	
	•	zation's direct and indirect politi	icai campaign activities		> \$ 0.
	al campaign activity expendi		•	•	\$ <u>0.</u>
3 Volunte	eer hours for political campa	ign activities	• • •	• • • • • • • • • • • • • • • • • • • •	
Part I-B	Complete if the ord	ganization is exempt un	der section 501(c)(3).	
		incurred by the organization un			>\$
		incurred by organization manage			>\$
	·	on 4955 tax, did it file Form 4720	-		Yes No
4a Was a	correction made?		••		Yes No
	describe in Part IV.				
Part I-C	Complete if the org	ganization is exempt un	der section 501(c), except section 5	
1 Enter to	ne amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities	> \$0.
2 Enter t	he amount of the filing organ	ization's funds contributed to o	ther organizations for s	section 527	_
exemp	t function activities				>\$ <u>0.</u>
3 Total e	xempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-PO	L,	
line 17					▶\$
	filing organization file Form				Yes No
	•	nployer identification number (E	•	-	- ·
•	•	tion listed, enter the amount pa			
		omptly and directly delivered to additional space is needed, pro			parate segregated tuno or a
poiitica					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's	
				funds. If none, enter	
					delivered to a separate
				}	political organization. If none, enter -0
					
		 	_		
		1		1	1

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

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Schedule C (Form 990 or 990-EZ) 2016	GSS - A.P.I	UREAUD, INC	C.	81-	2417744 Page 2
Part II-A Complete if the org	anization is exe	mpt under section	on 501(c)(3) and file	d Form 5768 (e	election under
expenses, and share	e of excess lobbying	expenditures).	in Part IV each affiliated (group member's nar	me, address, EIN,
B Check ► ☐ if the filing organizat	ion checked box A a	nd "limited control" pr	ovisions apply.	(a) Filing	(h) Affiliated arous
	s on Lobbying Expe litures" means amou	nditures Ints paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	ence a legislative bo	dy (direct lobbying)	[
c Total lobbying expenditures (add lir	nes 1a and 1b)		. [
d Other exempt purpose expenditure	s				
e Total exempt purpose expenditures	s (add lines 1c and 1c	d) .			
f Lobbying nontaxable amount. Ente	r the amount from th	e following table in bo	th columns.		
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e	».		
Over \$500,000 but not over \$1,000	,000 \$100,00	00 plus 15% of the ex	cess over \$500,000.	v	
Over \$1,000,000 but not over \$1,50	00,000 \$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,00	00 plus 5% of the exc	ess over \$1,500,000.		1
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (ent	ter 25% of line 1f)			<u></u>	
h Subtract line 1g from line 1a. If zero	=		· }		
i Subtract line 1f from line 1c. If zero	· ·	• •	-		
j If there is an amount other than zer		line 1i. did the organiz	zation file Form 4720		
reporting section 4911 tax for this y				<u>.</u>	Yes No
(Some organizations th	at made a section 5	eraging Period Unde 01(h) election do not ate instructions for l	have to complete all o	f the five columns	below.
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount		`			
(150% of line 2a, column(e))				······································	
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 GSS - A.P. TUREAUD, INC. 81-241774 [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(e)	(t	o)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or			·····	
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?			!	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
đ	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?		_		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i		,		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
ь	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			· ·	
	III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t	he prior year	? 3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members		1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
_	expenses for which the section 527(f) tax was paid).				
9	Current year		2a		
, h	Carryover from last year		2b		
•	Total	•	2c		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	229			
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	political	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5		
Par					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list): Part II-	A lines 1 a	nd 2 (see	
instru	ctions); and Part II·B, line 1. Also, complete this part for any additional information. T I-A, LINE 1:	,,			
N/A					
., •	·				
				· ·······	

SCHEDULE D

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 81-2417744 GSS - A.P.TUREAUD, INC. 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

7	lotal number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)	L				
4	Aggregate value at end of year	<u> </u>		 		
5	Did the organization inform all donors and donor advisors in	writing that the as:	sets held in donor advi	ised funds		
	are the organization's property, subject to the organization's	s exclusive legal co	ntrol?		. Tyes	O No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing f	hat grant funds can b	e used only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, o	r for any other purpose	e conferring		
	impermissible private benefit?				Yes	No_
Pa	rt II Conservation Easements. Complete if the org	rganization answere	ed "Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organizat	tion (check all that	apply).			
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of a his	torically important	land area	
	Protection of natural habitat		Preservation of a cei	rtified historic struc	ture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation (ontribution in the form	of a conservation	easement on t	he last
	day of the tax year.			Heli	at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
c	Number of conservation easements on a certified historic str	ructure included in	(a)	2c		
d	Number of conservation easements included in (c) acquired			ture		
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re-	eleased, extinguish	ed, or terminated by th	e organization dur	ing the tax	
	year ►		·			
4	Number of states where property subject to conservation ea	asement is located	>			
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements it				Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	•	ons, and enforcing cor	servation easeme	nts during the y	year .
	>		•			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations,	and enforcing conserv	ation easements d	uring the year	
	▶ \$		•			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requi	rements of section 170	O(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIII, describe how the organization reports conservati	tion easements in it	s revenue and expens	e statement, and t	alance sheet, a	and
	include, if applicable, the text of the footnote to the organization					
	conservation easements.					
Pa	† ∰ Organizations Maintaining Collections o	of Art, Historica	al Treasures, or C	Other Similar A	ssets.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	3.			
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to rep	ort in its revenue state	ment and balance	sheet works of	art,
	historical treasures, or other similar assets held for public exh	hibition, education	or research in further	ance of public serv	ice, provide, ın	Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.				
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report i	n its revenue statemen	nt and balance she	et works of art,	histoncal
	treasures, or other similar assets held for public exhibition, ed					
	relating to these items:					

Revenue included on	Form 990, P	art VIII, line 1
	Revenue included on	Revenue included on Form 990, P

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part Viii, line 1

1	b_	Asse [*]	ts in	cluded	in Form	990, Part X	

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Schedule D (Form 990) 2016

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Sche	edule D (Form 990) 2016 GSS - A	.P.TUREAUD	, IN	ic.				81-24	17744	Page 2
Pa	rt III Organizations Maintaining C	Collections of Ar	rt, His	torical Tr	easures,	or Othe	r Simil	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	following the	at are a si	gnificant	use of its	collection i	items
,	(check all that apply):									
a	Public exhibition	đ		Loan or exc	hange progr	ams				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how t	hey further t	he organizat	ion's exe	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	ner similar	assets		_	
	to be sold to raise funds rather than to be m	aintained as part of t	he orga	anization's c	ollection?				Yes	No No
Pa	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" on	Form 991), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contribution	ns or other a	ssets not	included			
			-			•••		. \square	Yes	No No
ь	If "Yes," explain the arrangement in Part XIII									
		,	•						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year	•					1e			
f	Ending balance				,		11			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabil	ity? .	. 🗀	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planati	on has been	provided on	Part XIII				
Pa	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 1	0.			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance				<u> </u>					
b	Contributions									
C	Net investment earnings, gains, and losses	Ĺ								
d	Grants or scholarships									
e	Other expenditures for facilities					}				
	and programs				ļ					
f	Administrative expenses									
g	End of year balance	L			<u> </u>				L	
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ▶	%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	esion of the organiza	ation th	at are held a	nd administe	ered for th	ne organiz	ation	<u></u>	
	by:									es No
	(i) unrelated organizations	••				•	•		3a(i)	
	(ii) related organizations							•	3a(ii)	
Ь	If "Yes" on line 3a(ii), are the related organiza							•	36	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Par	t VI Land, Buildings, and Equipm		الدرجا		E 00/	. n v				
	Complete if the organization answered									
	Description of property	(a) Cost or ot			or other		cumulate	ed	(d) Book v	/alue
	land	basis (investm	i o iii)		(other)	Geb	reciation		1,000	000
7a	Land	•			4,895.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	72.		,623.
Þ	Buildings	•		23	7,033.			12.	234	,023.
C 	Leasehold improvements	 		 						
	Equipment	 		 		ļ				
	Other Add lines 1a through 1e. (Column (d) must e	aual Form 000 Part	Y colu	no (P) line 1	10c)			•	1,254	.623
	reas into a la mitordia se fonintitu (n) ming(6	year villi 330, Fall	, , <i>, , , , , , , , , , , , , , , , , </i>	<u>ו פוווי, נטרייי</u> י	VU./				-,	

Schedule D (Form 990) 2016

632053 08-29-16

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

1,278,884.

Schedule D (Form 990) 2016

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

GSS - A.P.TUREAUD, INC.	81-2417744
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
RELIGIOUS, OR EDUCATIONAL PURPOSES EITHER DIRECTLY OR BY C	ONTRIBUTIONS
TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UND	ER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE	
FORM 990, PART VI, SECTION A, LINE 6:	
THIS CORPORATION IS ORGANIZED ON A MEMBERSHIP BASIS. MEMB	ERSHIP SHALL
TERMINATE WHEN A PERSON CEASES TO BE A DIRECTOR OF THE CO	RPORATION.EACH
MEMBER SHALL BE ENTITLED TO ONE VOTE. THE MEMBERS, BY MAJ	ORITY VOTE,
APPOINT ADDITIONAL MEMBERS TO SERVE AS MEMBERS.	
FORM 990, PART VI, SECTION A, LINE 7A:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
THIS CORPORATION IS ORGANIZED ON A MEMBERSHIP BASIS. MEMB	ERSHIP SHALL
TERMINATE WHEN A PERSON CEASES TO BE A DIRECTOR OF THE CO	RPORATION.EACH
MEMBER SHALL BE ENTITLED TO ONE VOTE. THE MEMBERS, BY MAJO	ORITY VOTE,
APPOINT ADDITIONAL MEMBERS TO SERVE AS MEMBERS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
EACH MEMBER RECEIVED A HARD COPY OF FORM 990 PRIOR TO FIL	ING AND APPROVED
THE FILING OF THIS RETURN.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE CORPORATION MAKES IT'S GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICIES AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	C UPON REQUEST

FORM 990. PAGE 6, PART VI, LINE 12C

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Schedule R (Form 990) 2016 (g) Section 512(b)(13) controlled entity? Employer identification number 81-2417744 Open to Public Inspection Yes No OMB No 1545-0047 20:16 Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. £ Direct controlling entity End-of-year assets e status (if section Public charity 501(c)(3)) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Total income Related Organizations and Unrelated Partnerships Exempt Code g section T Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) ► Attach to Form 990. Primary activity Primary activity A.P. TUREAUD, INC. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity GSS Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Perri

Page 2

Schedule R (Form 990) 2016 GSS - A.P. TUREAUD, INC.

part it 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.

organizations treated as a parmership during the tax year.	urnersnip dunng the ta	x year.									
(e)	ē	<u> </u>	9	9		ω	(6)	ε	6	6	8
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Okspir A	Code 20 of 5	General or managing lie partner?	Percentag ownershi
									1		
Part IV Identification of Related Organizations Taxable as a Corporation or organizations treated as a corporation or trust during the tax year.	ganizations Taxable a	as a Corpord of the tax y		omplete if the	organization a	nswered "Yes"	on Form 990,	Part IV, line 3	Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	d one or mo	ore related
(a) Name, address, and EIN of related organization	NIE CK	Pnm	(b) Pnmary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, or trust)		(f) Share of total income	(9) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
632162 09-06-16				22					Sched	lule R (For	Schedule R (Form 990) 2016

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.	with one or more re	ated organizations listed	n Parts II:W?	Yes	S,
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity	:			1a	×
b Gift, grant, or capital contribution to related organization(s)	:		: : : : : : : : : : : : : : : : : : : :	1b	×
c Giff, grant, or capital contribution from related organization(s)	:		:	10	×
•	:	;		19	×
				*	-
	:			+	
6 Divinguals from solating organization (s)				*	×
ו האומפוומצ ווסווו נפומיפת סנקפווולפינטיונא)		: : : : : : : : : : : : : : : : : : : :		+	4 >
g Sale of assets to related organization(s)	:			19	×
h Purchase of assets from related organization(s)	: : : : : : : : : : : : : : : : : : : :	: : :		£	×
i Exchange of assets with related organization(s)	:	:		Έ	×
j Lease of facilities, equipment, or other assets to related organization(s)		: : : : : : : : : : : : : : : : : : : :		ij	×
(a) more of familities and the second and the second secon				ـــــــــــــــــــــــــــــــــــــ	×
Defermence of continuous at manufacturing a functional collection for collections	(0)000000000000000000000000000000000000		: : : : : : : : : : : : : : : : : : : :	4 7	*
Performance of services of membership of fundraising solicitations for related	organization(s) .	: :		=	< >
renormance of services of membership of fundiashing solicitations by refered	<u> </u>				()
	(s)uc			=	د
 Sharing of paid employees with related organization(s) 	:	: : : : : : : : : : : : : : : : : : : :		10	×
					>
	:			2 ;	*
ק הפוווסטואפווופון בשנים טין ופומופט טון שוובמווטון אין וטו פערפוואפא		: : : : : : : : : : : : : : : : : : : :		5	4
r Other transfer of cash or property to related organization(s)				-	×
Other transfer of cash or property from related organization(s)				2	×
If the answer to any of the above is "Yes," see the instructions for information	ho must complete th	is line, including covered	on who must complete this line, including covered relationships and transaction thresholds.		}
1-1	3		47		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	plyed	
(1) THE GOOD SHEPHERD NATIVITY SCHOOL	D	1,278,884.	ACTUAL LOAN PROCEEDS TO	PURCHASE	ASE
(2)					
(g)			,		
(4)					
(5)					
(6)					
632163 09-06-16	23		Schedule R (Form 990) 2016	3 (Form 99	90) 2016

Part Vit 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.

S	Primary activity by Legal dominical moons (either or foreign) suchions \$16-5 4 variety (either or foreign) accountly) suchions \$16-5 4 variety (either or foreign) accountly) suchions \$16-5 4 variety (either or foreign) accountly) suchions \$16-5 4 variety (either or foreign) accountly) suchions \$16-5 4 variety (either or foreign) accountly) suchions \$16-5 4 variety (either or foreign) accountly) suchions \$16-5 4 variety (either or foreign) accountly) suchions \$16-5 4 variety (either or foreign) accountly) suchions \$16-5 4 variety (either or foreign) accountly) suchions \$16-5 4 variety (either or foreign) accountly accou	(a) (b) (c) (d)	(9)	(c)	(D)	(e)	€	(6)	ε	6	6	3
sections 512-514) Yes No income assets	sections 512-514) Yes No income assets	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated,	Are all SO1(c)(3)		Share of end-of-year	Depropor- tonate	Code V-UBI	General o managing	Percentage
	Sehedue R (Form Boo) 2016			country)	sections 512-514)	Yes No		assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
	Schredule R (Form 960) 2016										_	
	Schrodus R Form 990) 2016											
	Schedule R (Form 980) 2019											
	Schedue R (Form 900) 2016					-			-		L	
	Schrödie R (Form 890) 2016											
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	Schedule R (Porm 990) 2016											
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	Schedule R (Form 990) 2016											
	Schedule R (Form 990) 2016											
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	Schedule R (Form 980) 2016								-		-	
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