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EXTENDED TO NOVEMBER 15, 2016

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)

Open to Public

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

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

OMB No 1545-0047 Inspection

<u> </u>	FOR THE	e 2015 Calendar year, or tax year beginning and	enaing	_					
В	Check if applicable	C Name of organization		D Employer identific	ation number				
Г	Addre	GP, INC.							
	Name chang	Doing business as		55-60	22042				
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Final return/	1024 CLENWOOD DARK DOAD		(304)425-8128					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 7,165,643.					
	Ameno return	PRINCETON, WV 24739		H(a) Is this a group re					
	Application	F Name and address of principal officer. JIM BAKER		for subordinates'	Yes X No				
	pendir	1924 GLENWOOD PARK RD, PRINCETON, WV	24739	H(b) Are all subordinates in	cluded? Yes No				
	Tax-exe	empt status: X 501(c)(3)	or 527	If "No," attach a i	ist. (see instructions)				
		te: N/A		H(c) Group exemption	number ►				
		organization; X Corporation	L Year	of formation: 1967 M	State of legal domicile: WV				
P	art I	Summary							
ģ	1			<u>VAS ORGANIZEI</u>					
Activities & Governance	1	PROVIDE A CHRISTIAN HEALTHCARE AND RETIR							
er.	2	Check this box $lackbrack oxed X$ if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as					
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	12				
ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0				
es	1	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	144				
Ξ̈́	6	Total number of volunteers (estimate if necessary)		6	0				
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
			<u> </u>	Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	128,136.	50.				
	9	Program service revenue (Part VIII, line 2g)		7,576,903.	151,426.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		40,230.	2,514,401.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		44,501.	0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,789,770.	2,665,877.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.	0.				
,,	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Partix, column (A), lines 5-10)		5,218,450.	666,686.				
Expenses	16a	Professional fundraising fees (Part IX column (A), line 11e)		0.	<u> </u>				
្តដ	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	2 542 200	620 001				
	1 17	Other expenses (Part IX, column (A), Ing 11101, 131-24-016	-	3,713,308.	630,901.				
5		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line (25))		8,931,758.	1,297,587.				
	19	Revenue less expenses. Subtract line 18 from the 18 A UT		<1,141,988.					
Net Assets or	20	Table (David and	Be	eginning of Current Year	End of Year				
SSE	20	Total assets (Part X, line 16)	<u> </u>	8,095,860.	3,250,617.				
<u>=</u>	21	Total liabilities (Part X, line 26)	-	6,251,430.	37,897. 3,212,720.				
급	ert II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		1,844,430.	3,414,140.				
		Ilties of perjury, I declare that I have examined this return, including accompanying schedule	no and states	nente, and to the heat of m	u knowledge and helief it is				
		thes or perjury, recently that i have examined this return, including accompanying scheduling, and complete. Declaration of preparer (othe r than officer his based on all information of w			y kilowiedye and belief, it is				
uuc	5, 001160	it, and complete begaration of preparer (other than officer vis based on an information of w	ilicii prepare	i ilas ally kilowieuge.					
ei.		Signature of officer		Date //	141/1				
Sig He		JAM BAKER, CHAIRPERSON		// /	14/16				
пе		Type or print name and title							
		Print/Type preparer's name	Т	Date Check	X PTIN				
Pai	d	DOMENIC E. PELLILLO, CPA Nomera 2.	en	If self-employ	500653030				
	parer	Firm's name BROWN, EDWARDS & COMPANY, L.L.P		Firm's EIN	54-0504608				
	Only	Firm's address P.O. BOX 1697	THITISLIN						
	,	BLUEFIELD, WV 24701		Phone no 30	4.325.8157				
Ma	v the B	RS discuss this return with the preparer shown above? (see instructions)		1. 110110 110.50	X Yes No				
		8-15 LHA For Paperwork Reduction Act Notice, see the separate instruct	ions.		Form 990 (2015)				

Form	1990 (2015) GP , INC . 55	-6022042 Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission.	
	GP, INC. WAS ORGANIZED TO PROVIDE A CHRISTIAN HEALTHCARE A	ND
	RETIREMENT FACILITY FOR THE CARE, COMFORT AND SECURITY OF	THE ELDERLY.
_		
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X Yes No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to the organization of the	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	e total expenses, and
	revenue, if any, for each program service reported	0.651.660
4a	(Code) (Expenses \$348,332. including grants of \$) (Revenue \$	2,651,660.
	HEALTHCARE AND RETIREMENT SERVICES	DADY TMO \
	ON FEBRUARY 1, 2015, GP, INC. (FORMERLY KNOWN AS GLENWOOD	
	SOLD SUBSTANTIALLY ALL OF THE ASSETS AND OPERATIONS OF THE	ENT TO THE
		ERATIONS OF
	GP, INC. GENERALLY CONSIST OF WINDING UP THE AFFAIRS OF TH	
	CORPORATION.	<u></u>
	CORPORATION:	
		
4b	(Code) (Expenses \$)
4c	(Code) (Expenses \$)
		
	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	240, 220	
		Form 990 (2015)

Is the organization described in section 501(p)(3) or 4947(a)(1) (other than a private foundation)? If 'ves', complete Schedule A Schedule B, Schedule of Contributions? Is the organization required to complete Schedule B, Schedule of Contributions? Is the organization engage in digect or indirect political campagin activities on behalf of or in opposition to candidates for public officer If 'Pes', complete Schedule C, Part II Section 501(kg) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year If If 'Yes', complete Schedule C, Part II Section 501(kg), 507(c)(s),		t IV Checklist of Required Schedules	042	P;	age 3
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 I'Yes, "complete Schedule or Complete Schedule B, Schedule of Contribution? 2 Is the organization region in direct or indered probled a dampsing activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II 3 X 3 X 3 Eschion 501(c)(3) organization. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization as action 501(n)(4), 501(n)(5), or 501(n)(6) organization that receives membership dius, assessments, or similar amounts as defined in Revenue Procedure 95.197 If "Yes," complete Schedule C, Part II 5 Is the organization manitaria any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in extrustree If "Yes," complete Schedule C, Part II 5 Is the organization manitarian collections of works of any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts not funds or accounts for which donors have the right to provide advise on the distribution or investment in distribution of accounts for which donors have the right to provide advise on the distribution or investment in the schedule D, Part II 6 It dis organization manitarian collections of works of any similar funds or accounts for which donors have the right to provide advise or the complete Schedule D, Part II 7 I X 8 In the organization manitarian collections of works of any similar funds or accounts for which donors have the right to provide advise or the current of the section of the complete Schedule D, Part VIII 8 If the organization manitarian collections of works of any similarian funds assessed if "Yes," complete Schedule D, Part VIII 9 If the organization manitarian organization and statements of the	, 4,	The onecomist of frequired ochedules	 -		
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2 Is the organization required to complete Schedule B. Schedule of Contributors? 3 Did the organization engage in direct or midrect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect dump the tax year? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect dump the tax year? If "Yes," complete Schedule C, Part II Section 501(c)(3) organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II or the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II organization maintain collections of works of art, instoncal treasures, or other similar assets? If "Yes," complete Schedule D, Part II organization maintain collections of works of art, instoncal treasures, or other similar assets? If "Yes," complete Schedule D, Part II organization and areas, or historic structures II "Yes," complete Schedule D, Part II organization directly or through a related organization, hold assets in temporarily restricted endowments, or quasi-endowments? If "Yes," complete Schedule D, Part II organization, directly or through a related organization, hold assets in temporarily restricted endowments, particles, applied Schedule D, Part II organization, directly or through a related organization, hold assets in temporarily restricted endowments, particles, applied Schedule D, Part II organization, experted in Part X, line 167 If "Yes," complete Schedule D, Part II organization, assets reported in Part X, line 167 If "Yes," complete Schedule D, Part II organization, assets reported in P	•			Y	ĺ
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Schedule D, Part III 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 V Did the organization directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII c Did the organization option an amount for investments or their securities in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization option amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part VIII b Did the organization in the Interval of the Interval of the Interval of the Interval of In		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13			12a		X
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 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 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 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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	þ	Was the organization included in consolidated, independent audited financial statements for the tax year?		1	}
Did the organization maintain an office, employees, or agents outside of the United States? 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 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 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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	
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or more? If "Yes," complete Schedule F, Parts I and IV 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 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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ł	
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1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		11/	 	+^
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	· · · · · · · · · · · · · · · · · · ·	10		Y
	10	·	10	1	+**
complete Schedule G, Part III	,,,		19		x

Form 990 (2015) GP, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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 1? 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		-	ĺ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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			
	Schedule J .	23		X
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		X
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	ŀ		
	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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	Ì		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		ŀ	ł
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	}	,	ł
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	}	1	
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		1	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1	ł	}
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1	}	ł
	instructions for applicable filing thresholds, conditions, and exceptions):		1	,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	} _	X
b		28b	↓	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		1	1
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-	1	}
	contributions? If "Yes," complete Schedule M	30	 	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1	1	+
	If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	}	}	
	Schedule N, Part II	32	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	 	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1	ł	1
	Part V, line 1	34	X	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	+	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	1
	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	
	If "Yes," complete Schedule R, Part V, line 2	36	↓	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	}		1
	Note, All Form 990 filers are required to complete Schedule O	38	X	
		For	n 99() (2015

					V	<u> </u>
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	12	55		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	<u></u> 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r				i	
	(gambling) winnings to prize winners?	орона	Jie garning	1ċ	X	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	! !		-10		
	filed for the calendar year ending with or within the year covered by this return	2a	144	- 1		
	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction		ĺ	20		<u> </u>
	Did the organization have unrelated business gross income of \$1,000 or more during the year?)		3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		ity ovor a	JU		
	financial account in a foreign country (such as a bank account, securities account, or other financial			40		x
	If "Yes," enter the name of the foreign country:	accour	101	4a		-
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoup	te (ERAD)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	(CCOUII	is (FDAN).	Ea		v
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transit	otion?		<u>5a</u> 5b		X
		CHOTT		5c		^
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	no ora	anization policit	<u>5</u> C		
d	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t any contributions that were not tax deductible as charitable contributions?	ie orga	arnzation soncit	6-		x
	If "Yes," did the organization include with every solicitation an express statement that such contributions?	tione o	r cuffo	6a		_^ <u>^</u>
U	were not tax deductible?	lions o	rgins	66		1
,	Organizations that may receive deductible contributions under section 170(c).			6b		
`_		rvucoc r	rouded to the payor?	7-		x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set if "Yes." did the organization potity the depay of the yellow of the goods or converse provided?	I VICES F	novided to the payor:	7a	 	<u></u> ^^
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	.ac roa	urad	<u>7</u> b		-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v to file Form 8282?	as ieq	ulled	7-		x
		1		7c	 -	├ -^-
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	l	-]	Į ÷
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		J(?	7e	 	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit confusion of the organization received a contribution of qualified intellectual preparation did the organization file.		200 as required?	7f	 	┼╌
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g	 	┼─
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are interior and the description of cars, boats, airplanes, or other vehicles, did the organizations are interior and the description of cars, boats, airplanes, or other vehicles, did the organizations are interior and the description of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, and the organization of cars,			7h	├──	+-
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	а бу ш	е		•	}
,	sponsoring organization have excess business holdings at any time during the year?			8	├ ~	+-
9	Sponsoring organizations maintaining donor advised funds.			0-	[1
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		+-
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	 	+
)	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12	1 10-	1		i	1
a L	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b		1		•
b 1	•	LIUD	L <u></u>	1	1	
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	1445	1			
a		11a		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1	•	ł		
۰.	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		400	{	1
		,	ĺ	12a	 	+
D }	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	1	1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			120	 	+
а	Is the organization licensed to issue qualified health plans in more than one state?	•		13a	+-	+
Į.	Note. See the instructions for additional information the organization must report on Schedule O.			1		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1.00	T.	1		
_	organization is licensed to issue qualified health plans	13b	 	1		
	Enter the amount of reserves on hand	13c		445	┼	X
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	 	+-^

	990 (2015) GP, INC.			5-602			age 6
Гаг	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Co	-			ra "No" re	espon	se
	Check if Schedule O contains a response or note to any line in this Part VI						\mathbf{x}
Sect	tion A. Governing Body and Management						
	· · · · · · · · · · · · · · · · · · ·			<u> </u>		Yes	No
- 1a	Enter the number of voting members of the governing body at the end of the tax year	1a			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.	l	}				İ
b	Enter the number of voting members included in line 1a, above, who are independent	_1b	<u> </u>		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any oth	er			
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supe	vision			
	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 w	as filed?	'	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			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 a	ppoint	t one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders,	or			
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by t	he follow	ıng:		×	-
а	The governing body?				8a	X	
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 re	ached	at the			Ì	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9	L	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenu	ie Code	.)			T
					40	Yes	
	Did the organization have local chapters, branches, or affiliates?			•	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	cnapte	rs, amilia	ites,	10b		1
	and branches to ensure their operations are consistent with the organization's exempt purposes?						
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ay bei	ore mind	, the lonn	⁷ 11a	 	X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				100	х	
12a		ea to co	nflicte2		12a 12b	X	†
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				120	122	+
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ' in Schedule O how this was done	103, C	Jescribe		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 appro	val hv	ındener	dent	1-1-	1	+
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	-	пасрег	GOIL]	
•	The organization's CEO, Executive Director, or top management official				15a	x	
	Other officers or key employees of the organization				15b		\vdash
IJ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				100	† 	1
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	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	iate its	particin	ation	- <u></u>		1
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					1	
	exempt status with respect to such arrangements?				16b	1	
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990)-T (Se	ction 50	1(c)(3)s o	nly) avaıla	ble	
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (expla	ın ın S	chedule	<i>O</i>)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	conflict	of inter	est policy	, and fina	ncial	
	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 la	ooks	and reco	ords 🕨 _			
	GP, INC 304-425-8128						
	1924 GLENWOOD PARK ROAD, PRINCETON, WV 24739					_	

•	•								
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Part VII	Compensation	of Off	icers,	Directors,	Trustees,	Key Employees,	Highest Compensa	ated	

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

Employees, and Independent Contractors

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

- 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.

(A) Name and Title	(B) Average hours per week	Average hours per week Position (do not check more to box, unless person is officer and a director					one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JUDY AKERS	1.00								_	_
BOARD MEMBER		X			<u></u> _	<u> </u>	L	0.	0.	0.
(2) GARY CUNNINGHAM	1.00		1			1				_
BOARD MEMBER		X	<u> </u>			<u> </u>		0.	0.	0.
(3) MORRIS CLYBURN	1.00		 			l				
BOARD MEMBER		X	<u> </u>		<u> </u>	ــــــ	<u> </u>	0.	0.	0.
(4) JUDY RAINES	1.00		}				}			
VICE-CHAIRPERSON		X		X	<u> </u>	↓ —	}	0.	0.	0.
(5) KENNETH R. CROWE	1.00		1	ļ						_
BOARD MEMBER	1 00	X	<u> </u>	├—	_	┦—	├-	0.	0.	0.
(6) REV. DR. FELICA WILLIAMS	1.00	-			1		[,
BOARD MEMBER	1 00	X	├—	├	 	-	├	0.	0.	0.
(7) REV. JOE ROBINETTE	1.00	X						0.	0.	0.
BOARD MEMBER	1.00	^	1—	 	├	+	┼─	 	·	0.
(8) REV. DR. JOE KENASTON	1.00	x	ŀ		ļ	}	}	0.	0.	0.
BOARD MEMBER (9) REV. DALLAS FORREN	1.00	- 22	\vdash	\vdash		+	╁	ļ	<u> </u>	
BOARD MEMBER	1.00	\mathbf{x}	•	1			1	0.	0.	0.
(10) JIM BAKER	1.00		\vdash	\vdash	T	1	†		<u> </u>	
CHAIRPERSON		X	}	X		1	}	0.	0.	0.
(11) TYANN EVANS	1.00	Ť	Т		\top		T			
SECRETARY/TREASURER		\mathbf{x}		X			1	0.	0.	0.
(12) CATHY COMBS	1.00	Т	П	Г	\Box		T	1		
BOARD MEMBER		X	<u> </u>	<u>L</u>				0.	0.	0.
(13) ANGELA PETERSON	50.00					T				
INTERIM ADMINISTRATOR			_	X	L	\perp		21,845.	0.	0.
(14) SHARON L WHITTEKER	50.00				ł					
CHIEF FINANCIAL OFFICER		$\frac{1}{2}$	\vdash	X	-	+-	-	9,963	0.	0.
		$\frac{1}{2}$	\vdash	\vdash	+	+-	+		 	
		_	-	\vdash	+	+	-		-	
		7		}				<u> </u>		
		_	_				_			Form 990 (2014

Part VII Section A. Officers, Directors, Trus		ploy	ees,	and	d Hi	ghes	it C	ompensated Employee	es (continued)			
(A)	(B))) Dans	-			(D)	(E)		(F)	
Name and title	Average hours per		not c		more	than o		Reportable	Reportable	1	timate	
	week					s boti r/trus		compensation from	compensation from related	ı	ount o	וכ
	(list any	ector						the	organizations	compensation		tion
	hours for	Individual trustee or director	92		'	ated		organization	(W-2/1099-MISC)	3		
	related organizations	rustee	institutional trustee		 8	npens		(W-2/1099-MISC)		1 -	anızatı d relat	
	below	dual to	rtrona	_	nploy	st con	a				inizati	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Form					
										}		
	ļ			_	_					↓		
	<u> </u>			ł	}				•	ł		
	 	├			 	├		<u> </u>	<u> </u>	 		
	<u> </u>	┨		ļ		1			•	1		
		├	-	-	├╌	├─	-		<u> </u>	 		
		1	1	[[ĺ				
	†		\vdash		 	\top	_				-	
							<u> </u>					
				Γ	Ţ			1]		
	<u> </u>	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>				↓		
		-	1	1	1		1					
	 	<u> </u>	<u> </u>	├-	├~	 		 		 		
		┨			1		1					
	+	-	 -	+-	├─	\vdash	-			+		
		1			1					İ		
1b Sub-total							<u> </u>	31,808.	0			0.
c Total from continuation sheets to Part \	/II, Section A							0.	0			0.
d Total (add lines 1b and 1c)							▶	31,808.	0			0.
2 Total number of individuals (including but	not limited to t	hose	list	ed a	bov	e) w	ho r	eceived more than \$10	0,000 of reportable			
compensation from the organization											T	0 0
											Yes	No
3 Did the organization list any former officer			e, k	ey e	mple	oyee	, or	nignest compensated e	employee on			x
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s			omr	one	atio	n an	d ot	her compensation from	the organization	3_	+-	<u> </u>
and related organizations greater than \$15	•							•	the organization	4		x
5 Did any person listed on line 1a receive or									ridual for services	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	†	<u></u> -
rendered to the organization? If "Yes," coi	=					-				5	<u> </u>	x
Section B. Independent Contractors							_					
 Complete this table for your five highest c 	ompensated in	idep	end	ent (cont	tract	ors	that received more thar	\$100,000 of compe	nsation	from	
the organization. Report compensation fo	r the calendar	year	end	ling	with	or v	vithi		year.			
(A) Name and busines	e addrose							(B) Description of	saniicas	Compe	C)	าก
ODYSSEY REHABILITATION	s address							Description of	361 11003			
415 BENEDUM DRIVE, BRIDG	יים אים	wv	• •	63	3 በ			 THERAPY		3:	9 (76.
BROWN, EDWARDS & COMPANY		VV V		<u>U</u> J	<u> </u>			THE T			<u>, , , , , , , , , , , , , , , , , , , </u>	, , <u>, , , , , , , , , , , , , , , , , </u>
1815 JEFFERSON STREET, B		D,	W	V	24	70	1	ACCOUNTING/A	AGENT	15	58,9	27.
PHARMERICA CORPORATION												
1901 CAMPUS PLACE, LOUIS	SVILLE,	ΚY	4	02	99			PHARMACY		1()1,5	<u>558.</u>
]	\			
												
2 Total number of independent contractors	(including but	not !	limit		o the	066	ieto	d above) who received	more than			
\$100,000 of compensation from the organ	-	1101		 (1	J (110	3	1316	a above, will received	more triali			·
										Forn	990	(2015)
532008												,

Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) Revenue excluded from tax under Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 10 d Related organizations 1đ e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 2 a DISCONTINUED OPERATIONS 623000 151,426, 151,426 f All other program service revenue g Total, Add lines 2a-2f 151,426 Investment income (including dividends, interest, and other similar amounts) 14,167 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 7,000,000 b Less. cost or other basis and sales expenses 4,499,766 c Gain or (loss) 2,500,234 d Net gain or (loss) 2.500 234 2,500,234 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 2_665_877 2,651,660

Form 990 (2015) GP, INC. Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All other	r organizations must coi	mplete column (A)	
	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1			
	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	31,808.		31,808.	
6	Compensation not included above, to disqualified		ĺ		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	551,558.	481,723.	69,835.	
8	Pension plan accruals and contributions (include	Ŧ			
	section 401(k) and 403(b) employer contributions)	<1,588.>			
9	Other employee benefits	81,913.	77,817.	4,096.	
10	Payroll taxes	2,995.	2,845.	150.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	6,500.		6,500.	
	Accounting	<699.>		<699.	<u>></u>
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	29,924.	29,924.		
12	Advertising and promotion	1,451.	461.	990.	
13	Office expenses	66,334.	<1,672.	> 68,006.	
14	Information technology	16,874.		16,874.	
15	Royalties				
16	Occupancy	49,004.	49,004.		
17	Travel	295.	21.	274.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	ļ			
19	Conferences, conventions, and meetings	492.	328.	164.	
20	Interest	<7,667.	> <7,667.	>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	51,189.	51,189.		
23	Insurance	2,031.	2,031.		
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.)				
а	BAD DEBTS	749,792.		749,792.	
b	OTHER EXPENSES	7,455.	5,990.	1,465.	
С	TAXES, LICENSES & FEES	<62,587.	> <62,587.	>	
d	DISCONTINUED OPERATIONS	<279,487.		>	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,297,587.	348,332.	949,255.	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)				1

Par	tΧ	Balance Sheet		
		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	724,396. 1	1,587,773.
	2	Savings and temporary cash investments	97,599. 2	772,893.
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	2,220,460. 4	393,307.
	5	Loans and other receivables from current and former officers, directors,		
		trustees, key employees, and highest compensated employees. Complete	1 1	
		Part II of Schedule L	5	
	6	Loans and other receivables from other disqualified persons (as defined under		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
		employers and sponsoring organizations of section 501(c)(9) voluntary		
Ş		employees' beneficiary organizations (see instr) Complete Part II of Sch L	6	
Assets	7	Notes and loans receivable, net	7	
Ř	8	Inventories for sale or use	79,458.8	
	9	Prepaid expenses and deferred charges	9,510. 9	12,483.
	10a	Land, buildings, and equipment cost or other		/ (
	ł	basis Complete Part VI of Schedule D 10a 0.		· ·
	ь	Less: accumulated depreciation 10b	4,463,129. 10c	
	11	Investments - publicly traded securities	11	
	12	Investments - other securities. See Part IV, line 11	12	
	13	Investments - program-related. See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets. See Part IV, line 11	501,308. 15	484,161.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,095,860. 16	3,250,617.
	17	Accounts payable and accrued expenses	2,469,197. 17	30,035.
	18	Grants payable	18	
	19	Deferred revenue	234,468. 19	2,000.
	20	Tax-exempt bond liabilities	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
es	22	Loans and other payables to current and former officers, directors, trustees,		
ij		key employees, highest compensated employees, and disqualified persons.	, [×
Liabilities		Complete Part II of Schedule L	22	
_	23	Secured mortgages and notes payable to unrelated third parties	3,325,567. 23	
	24	Unsecured notes and loans payable to unrelated third parties	24	
	25	Other liabilities (including federal income tax, payables to related third		
	ļ	parties, and other liabilities not included on lines 17-24) Complete Part X of	222 100 -	E 060
	l	Schedule D	222,198. 25	5,862. 37,897.
	26_	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► X and	6,251,430. 26	31,031.
		(1)	1	
Š	0.7	complete lines 27 through 29, and lines 33 and 34.	1,142,451. 27	2,510,741.
a	27	Unrestricted net assets	4 = 4 = 4 =	174,740.
Ва	28	Temporarily restricted net assets	174,740. 28 527,239. 29	527,239.
Ĕ	29	Permanently restricted net assets	321,239. 29	321,239.
Œ		Organizations that do not follow SFAS 117 (ASC 958), check here	1	
Net Assets or Fund Balances	00	and complete lines 30 through 34.	1 20	
set	30	Capital stock or trust principal, or current funds	30	
i As	31	Paid-in or capital surplus, or land, building, or equipment fund	31	
Ne.	32	Retained earnings, endowment, accumulated income, or other funds	1,844,430. 33	3,212,720.
	33	Total net assets or fund balances Total liabilities and net assets/fund balances	8,095,860.34	3,250,617.
_	بدن	rotal nauminos and her assets/junio paidifices	0,000,000,00	Form 990 (2015)

orm	990 (2015) GP , INC .	55-602	2042	Pag	e 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,665		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,297		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,368		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,844	1,4 :	<u>30.</u>
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	3,21	2,7	20.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>j</u>
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			,	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,		İ	ļ
	consolidated basis, or both:				İ
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
·	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name	of t	the organization						Employer	identification number
		GP,	INC.					5!	5-6022042
Parl	t I	Reason for Public C	Charity Status (A	All organizations must co	mplete thi	s part.) Se	e instruction	s.	
The or	gan	ization is not a private found	ation because it is: (f	For lines 1 through 11, c	heck only	one box.)			
1 [\perp	A church, convention of chu	urches, or associatio	n of churches described	ın sectio	n 170(b)(1))(A)(i).		
2	\Box	A school described in secti	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	n 990 or 99	90-EZ))			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(iii) .		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	ın sectior	170(b)(1)(A	.)(iii). Enter t	he hospital's name,
		city, and state							
5		An organization operated for	or the benefit of a col	llege or university owned	d or operat	ed by a go	vernmental	unit describ	ed in
_		section 170(b)(1)(A)(iv). (C	omplete Part II.)						
6 L	ᆜ	A federal, state, or local gov	ernment or governm	nental unit described in s	section 17	'0(b)(1)(A)(v).		
7 L		An organization that normal	lly receives a substar	ntial part of its support f	rom a gov	ernmental	unit or from	the general	public described in
_		section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8 <u> </u>	ᆗ	A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Part	t II)				
9 L	X.	An organization that normal	lly receives: (1) more	than 33 1/3% of its sup	port from	contributio	ns, member	ship fees, ai	nd gross receipts from
		activities related to its exem							
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	red by the o	rganization	after June 30, 1975
	_	See section 509(a)(2). (Cor							
10	닉	An organization organized a	*	•	-				_
11 L	I	An organization organized a							
		more publicly supported or							heck the box in
		lines 11a through 11d that							
а	_	☐ Type I. A supporting orga							
		the supported organization			a majority	of the direc	ctors or trust	ees of the s	upporting
	Γ —	organization. You must o	•						
b	L_	☐ Type II. A supporting org	· ·				-		_
		control or management o			ame perso	ons that co	ntroi or man	age the sup	ροπεα
_	_	organization(s). You mus	•						مادرين ام
С	_	☐ Type III functionally inte	•					ally integrate	o with,
d	_	its supported organization		· ·	· ·	-	-	orted organi	zation(s)
u	_	Type III non-functionally that is not functionally int						_	
		requirement (see instruct	-		-		•	iu an alterni	V611655
_		Check this box if the orga		•	-			all Type III	
C	L	functionally integrated, or					rype i, typ	s II, Type III	
f	Enti	er the number of supported of	• •	many integrated support	ing Organi	zation.			
		vide the following information	-	ed organization(s)			•		
		(i) Name of supported	(ii) EIN	(iii) Type of organization		rganization	(v) Amount o	of monetary	(vi) Amount of
		organization		(described on lines 1-9	listed	in your document?	suppo	rt (see	other support (see
				above (see instructions))	Yes	No	ınstruc	tions)	instructions)
					1				
					 		ļ		

<u>Total</u>

Schedule A (Form 990 or 990-EZ) 2015 GP , INC. 55-60220 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support					· - · · · · · · · · · · · · · · · · · · 	
Caler	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and				İ		
	membership fees received. (Do not	-	-	[<u> </u>	-	
	include any "unusual grants ")						·-
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	<u> </u>					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	-					
•	by each person (other than a						
	governmental unit or publicly					[
	supported organization) included				1		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		<		. *		
6	Public support. Subtract line 5 from line 4	3				_	
	ction B. Total Support	<u> </u>	1				
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	(2) = 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1		
8	Gross income from interest,						
Ü	dividends, payments received on		1				
	securities loans, rents, royalties]					
	and income from similar sources						
_	Net income from unrelated business			-			
9							
	activities, whether or not the	ļ					
	business is regularly carried on	·	 	 			
10	Other income Do not include gain				i	1	
	or loss from the sale of capital						
	assets (Explain in Part VI.)		 				
11	Total support. Add lines 7 through 10		\			12	
12	Gross receipts from related activities			ما المائية من ما المائية المائية المائية	toy year as a sooti		-
13	First five years. If the Form 990 is for		's first, second, tr	iira, iourtri, or iiitri	lax year as a secti	011 30 1(0)(3)	▶□
50	organization, check this box and stoction C. Computation of Pub	p nere lic Support Pe	ercentage				
				column (fl)		14	%
	Public support percentage for 2015	•	-	, column (i))		15	<u> </u>
	Public support percentage from 201			on line 12, and line	o 14 io 33 1/3% or		
168	33 1/3% support test - 2015. If the				e 14 is 33 1/3/0 Of	more, check triis b	▶ □
	stop here. The organization qualifies	as a publicly sup	ported organization	DII - line 10 er 16e, er	ad line 15 io 22 1/2	06 or more check t	this hox
t	33 1/3% support test - 2014. If the				10 11/16 15 15 55 175	70 Of Hiore, Check	▶ □
	and stop here. The organization qua	alifies as a publicly	supported organ	ization		and line 14 is 10%	or more
178	10% -facts-and-circumstances te	st - 2015. If the or	rganization did no	t check a box on it	ine 13, 16a, or 16b	, and line 14 is 10%	o or more,
	and if the organization meets the "fa					art viriow the orga	
	meets the "facts-and-circumstances	" test. The organiz	zation qualifies as	a publicly support	ted organization	45 1145	100/ -::
ı	10% -facts-and-circumstances te	st - 2014. If the or	rganization did no	t check a box on l	ine 13, 16a, 16b, 0	r 1/a, and line 15 ii	S 10% Of
	more, and if the organization meets						ıe
	organization meets the "facts-and-ci						\
<u>18</u>	Private foundation. If the organization	on did not check	a box on line 13,	16a, 16b, 17a, or 1			
					Sc	nedule A (Form 99	0 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 GP, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	elow, please comp	nete Part II)				
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and			` '	N=1	1	
	membership fees received. (Do not		-			ļ	-
	include any "unusual grants.")	132,167.	67,825.	46,952.	128,136.	50.	375,130.
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	8,541,446.	8,579,816,	8,427,585.	7,621,404.	2,651,660,	35,821,911.
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	8,673,613.	8,647,641.	8,474,537,	7,749,540,	2,651,710.	36,197,041,
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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						0.
(c Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6) ction B. Total Support						36 197 041.
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	8,673,613.	8,647,641.	8,474,537.	7,749,540.	2,651,710,	36,197,041.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,603.	10,813.	5,990.	40,242.	14,167.	80,815.
ŀ	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	9,603.	10,813.	5,990.	40,242.	14,167.	80,815.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	34,986.	50,672.	45,062.	44,501.		175,221.
	Total support. (Add lines 9, 10c, 11, and 12)	8,718,202.	8,709,126.	8,525,589.	7,834,283.	2,665,877.	36,453,077.
14	First five years. If the Form 990 is fo	r the organization's	s first, second, third	l, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	ation,
<u></u>	check this box and stop here	:- O					
	ction C. Computation of Publ					1	00 20
	Public support percentage for 2015 (•	olumn (f))		15	99.30 %
	Public support percentage from 2014 ction D. Computation of Inve					16	99.31 %
				. 10((6)			22 %
17	, ,			e 13, column (t))		17	.22 %
18			•	un line 14 and line	15 is mars the - 2	18	.18 %
	a 33 1/3% support tests - 2015. If the more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly	supported organiza	ation	$\triangleright X$
ł	5 33 1/3% support tests - 2014. If the						
20	line 18 is not more than 33 1/3%, che					-	▶⊨
<u> 20</u>	Private foundation. If the organization	on did not check a	DOX OR LINE 14, 198	ı, or 190, check ti	iis dox and see ins	tructions	▶∟

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A	۱A .۴	Suppo	rting (Organ	nizations
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- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) 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.
- c 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in 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).
- **b** 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?
- c 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 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

г		Yes	No
1	-	-	
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	3a		
-	3b		
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Sched	dule A (Form 990 or 990-EZ) 2015 GP , INC. t (V Supporting Organizations (continued)	<u>5-602204</u>	2 Pa	ige 5
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			İ
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
	Did the organization operate for the benefit of any supported organization other than the supported	Ţ		ļ
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			}
	supervised, or controlled the supporting organization.			<u> </u>
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		[
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	,		İ
<u></u>	the supported organization(s).	11	<u> </u>	I
Seci	tion D. All Type III Supporting Organizations			Γ
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1	ļ	į
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	`	٠	
	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). By reason of the relationship described in (2), did the organization's supported organizations have a	2	 	-
	significant voice in the organization's investment policies and in directing the use of the organization's	*		,
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	,		
	supported organizations played in this regard.	3	***	,
Sect	tion E. Type III Functionally-Integrated Supporting Organizations		Ļ	
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee Instru	ections):		
a	The organization satisfied the Activities Test. Complete line 2 below	0.001.07.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions	:).	
	Activities Test. Answer (a) and (b) below.	(5555	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.00	1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			İ
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ļ	l	ļ
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		i
	reasons for the organization's position that its supported organization(s) would have engaged in these	\		
	activities but for the organization's involvement.	2b	<u> </u>	L
3	Parent of Supported Organizations. Answer (a) and (b) below.		[
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	}	}	1
	trustees of each of the supported organizations? Provide details in Part VI.	3 <u>a</u>	_	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		<u> </u>
- 	09-23-15 Schadula A	(Earm 990 or 99	00 E7	30044

	dule A (Form 990 or 990-EZ) 2015 GP , INC .			55-6022042 Page 6
Pai		g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		<u> </u>
<u>3</u> _	Other gross income (see instructions)	3		
4_	Add lines 1 through 3	4		
<u>_5</u> _	Depreciation and depletion	5		
6	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)	6		
<u> 7</u> _	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			<u> </u>
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		, ,	*
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6_	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		<u> </u>
2_	Enter 85% of line 1	2	\$	
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3	*	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	llv-integrat	ted Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Sche	edule A (Form 990 or 990-EZ) 2015 GP , INC .		5	5-6022042 Page 7
	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
<u>Sect</u>	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
<u> </u>	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	is	
4	Amounts paid to acquire exempt-use assets		- 	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which to	the organization is responsive	 }	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2015 from Section C, line 6			†
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:		, , , , , , , , , , , , , , , , , , ,	
a				, , , , , , , , , , , , , , , , , , ,
b				
c				
<u>d</u>	From 2013		· · · · · · · · · · · · · · · · · · ·	
e	From 2014		*	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i_	_			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f		· · · · · · · · · · · · · · · · · · ·	
4	Distributions for 2015 from Section D,			
	line 7: \$			[
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.		 	
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount	,		
	greater than zero, see instructions)	4		
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	}		
	instructions).	j <u> </u>		
7	Excess distributions carryover to 2016. Add lines 3			
-	and 4c,			
8	Breakdown of line 7.			
 a	The second of this fi		<u> </u>	
b b				
	Excess from 2013			
	Excess from 2014	 	 	
	Excess from 2015			
	<u></u>	ı .		i e

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-EZ) 2015 GP ,	INC.	55-6022042 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3d line 1, Part IV, Section D, lines 2 an	Provide the explanations required by Part II, line 10; Part II, line 17a or c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V art V, Section E, lines 2, 5, and 6. Also complete this part for any addition	17b; Part III, line 12, and 2, Part IV, Section C, , Section B, line 1e; Part V,
-			
			
			
-			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public

OMB No 1545-0047

Inspection

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form \$90, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of grants from (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at and of year 5 Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charactele purposes and note for the benefit of the donor or donor advisor, or for any other purpose conferning maximum and the purposes and note for the benefit of the donor or donor advisor, or for any other purpose conferning maximum and the purposes and note for the benefit of the donor or donor advisor, or for any other purpose conferning maximum and the purpose	Name	of the organization GP, INC.		Employer identification number 55-6022042
organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year	Par	Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	
Total number at end of year	<u></u>			of Production Complete in the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of and 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 in grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization in 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 imperimentable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimentable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimentable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimentable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimentable purposes conferring imperimentation or for any other purpose conferring imperimentation or for advisor and in the organization of a conservation or assemble that of the organization of conservation or assemble that of the organization of a donor advisor in the organization of a conservation of a conservation organization and any of the fact at the fact of the Tax Year and of the fact and a conservation of a conservation easements or a certified histonic structure included in (a) Number of conservation easements in an acertified histonic structure included in (a) Number of conservation easements in schilded in (c) acquired after 8/17/06, and not on a histonic structure listed in the Nationia Registration easements in schilded in (c) acquired after 8/17/06, and not on a histonic structure listed in the Nationia Registration easements in schilded in (c) acquired after 8/17/06, and not on a histonic structure is additionable and section and		organization answered 100 cm of officers, in		(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 bit the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all 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 conforming for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conforming properly, subject to the organization of any other purpose conforming properly for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conforming properly for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conforming properly and the properly of the organization of the donor or donor advisor, or for any other purpose conforming properly and the properly of the organization of the organization of the period of the properly of the organization of check all that apply). Part II Conservation easements held by the organization (check all that apply). Preservation of a natural habitat Preservation of any other purpose continued and preservation of a conservation easement on the last day of the tax year. I reliable times 2x through 2 of the organization held a qualified conservation contribution in the form of a conservation easement in a total under the preservation of a conservation easement in 2a Total number of conservation easements and cartified historic structure included in (a) Number of conservation easements modufied, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modufied, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modufied, transferred, released, extinguished, or terminated by the organization during the year	4	Total number at and of year	(4) 25:10: 21:10:5	(2)
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 ▶ \$ B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)) g In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing co	nservation easements during the year
 ▶ \$ B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)) g In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$		>		
Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part 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 S = SEVENUE INCLUDED SECTION SEC	7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conser	vation easements during the year
and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part VIII, line 1 (iii) Assets included on Form 990, Part VIII, line 1 Assets included on Form 990, Part VIII, line 1 Assets included on Form 990, Part VIII, line 1		▶ \$		
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part X \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 17	70(h)(4)(B)(ı)
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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		and section 170(h)(4)(B)(ii)?		Yes No
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1	9	In Part XIII, describe how the organization reports conserva	tion easements in its revenue and expen-	se statement, and balance sheet, and
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1		include, if applicable, the text of the footnote to the organiz	ation's financial statements that describe	es the organization's accounting for
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the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1		• • •	•	
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relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1				
(ii) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1			,	3
(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		-		▶ \$
 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: Revenue included on Form 990, Part VIII, line 1 				\$
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	2		reasures, or other similar assets for finance	
a Revenue included on Form 990, Part VIII, line 1	-	•		Jan, 1 p
	2			▶ \$
			•	

Sche	dule D (Form 990) 2015 GP, INC			 =						Page 2
	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that are	a sign	ııficant ı	use of its o	collection	ıtems
	(check all that apply).									
а	Public exhibition	d			nange programs					
b	Scholarly research	е	• [](Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	•		-				ose in Part	XIII.	
5	During the year, did the organization solicit or		•			mılar a	ssets	_	7	<u> </u>
Do	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered "Yes	s" on Fe	orm 990), Part IV, I	line 9, or	
							-1::-11			
та	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	s or other assets	s not in	cinaea	_	٦٧	
	on Form 990, Part X?	- 4		. 6.1.				<u> </u>	J Yes	∟_ No
а	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing t	able.					A	
	Damaga halaga								Amount	
	Beginning balance						1c			
	Additions during the year						1d			
_							1e			
f Co	•	orm 000 Bort V line	01 for		ratadial associat	labiliti	1f	<u> </u>	Yes	☐ No
	Did the organization include an amount on Fo						<i>,</i>		1 162	
	rt V Endowment Funds. Complete if									<u> </u>
	Lita Villotte i aliasi complete ii		T	rior year	(c) Two years ba			years back	(a) Four	years back
4	Pograping of year helpped	(a) Current year	(0) -	noi yeai	(C) TWO years be	ach (C) IIIICC	years back	(e) i oui	years back
1a	Beginning of year balance Contributions		 		 					
b			 							
C	Net investment earnings, gains, and losses Grants or scholarships		 		 				 	
a	Other expenditures for facilities		 -		 				 -	
е			1			Ì			1	
	and programs Administrative expenses		 		 	_				
' -	· •		 		 				 	
9	End of year balance Provide the estimated percentage of the current.	ront year and holan		a column (all hold as:			-	L	
2	Board designated or quasi-endowment	rent year end balan	%	y, column (a)) Held as.					
a b	Permanent endowment	%	— ⁷⁶							
	Temporarily restricted endowment	^ %								
·	The percentages on lines 2a, 2b, and 2c sho									
33	Are there endowment funds not in the posse		zation the	at are held s	and administered	for the	organi	zation		
Ja	by	ssour or the organiz	zation tin	at ale field t	and administered	2 101 411	o organi	241011	Γ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organizations	ations listed as requ	ured on S	Schedule Ra	?			•	3b	
4	Describe in Part XIII the intended uses of the	•			•					
_	rt VI Land, Buildings, and Equipm									
L	Complete if the organization answere		90, Part I	V, line 11a.	See Form 990, P	art X, fi	ne 10			
	Description of property	(a) Cost or basis (invest	other	(b) Cos	t or other (other)	(c) Acc	cumulat	į.	(d) Book	< value
	Land									
b	-									
c	Leasehold improvements									
d	_					-				
	Other									
	il. Add lines 1a through 1e (Column (d) must e	gual Form 990. Par	t X. colu	mn (B), line	10c)					0.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	in Form 990 Part IV lino	.11h See Form 900 Part Y line:	12
(a) Description of security or category (including name of security)	(b) Book value		st or end-of-year market value
) Financial derivatives		 	<u></u>
Closely-held equity interests	 		
) Other			
(A)			
(B)			
(C)	 		
(D)	"	 	
(E)			
(F) (G)		 	
(H)		 	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered "Yes" of	on Form 000, Port IV, line	11a Soo Form 000 Part V line	12
(a) Description of investment	(b) Book value		st or end-of-year market value
(1)		 	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		 	
(8)		 	
(9)		 	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		. L	
Complete if the organization answered "Yes" of the organization and the organization an	on Form 990 Part IV line	a 11d See Form 990 Part X line	15
	Description	7 174. 333 1 341. 333 1 4.1. X 11.1.3	(b) Book value
(1) OTHER INVESTMENTS	-		484,161
(2)			
_(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		194 161
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	175)		▶ 484,161
Complete if the organization answered "Yes"	on Form 990. Part IV line	a 11e or 11f See Form 990 Part	X line 25
(a) Description of liability	Siri oilli ood, i aic iv, iiik	(b) Book value	<u> </u>
(1) Federal income taxes			
(2) PATIENT FUNDS		5,862.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	L I	E 0.C0	
<u>otal. (Column (b) must equal Form 990, Part X, col. (B) line</u> Liability for uncertain tax positions. In Part XIII, provide		5,862.	

Schedule D	(Form 990) 2015 GP , INC .		55-6022042 Page 4
Part XI	Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1 Total r	evenue, gains, and other support per audited financial statements		1
	nts included on line 1 but not on Form 990, Part VIII, line 12.		
	realized gains (losses) on investments	2a	
	ed services and use of facilities	2b	7 }
	eries of prior year grants	2c	
	(Describe in Part XIII)	2d	-
	nes 2a through 2d		
	act line 2e from line 1		3
	nts included on Form 990, Part VIII, line 12, but not on line 1:		
	ment expenses not included on Form 990, Part VIII, line 7b	4a	
	(Describe in Part XIII.)		
	•	4b	-
	nes 4a and 4b		4c
Part XII	evenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem	onte With Expenses no	S Poture
rait All		•	neturii.
4 7	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
	expenses and losses per audited financial statements		1-1
	nts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
	ed services and use of facilities	2a	_
b Prior y	rear adjustments	2b	
	losses	2c	_ '
d Other	(Describe in Part XIII)	2d	_
e Add lii	nes 2a through 2d		_2e
3 Subtra	act line 2e from line 1		3
4 Amou	nts included on Form 990, Part IX, line 25, but not on line 1.		1′
a Invest	ment expenses not included on Form 990, Part VIII, line 7b	_4a	_}
b Other	(Describe in Part XIII.)	4b	
c Add I	nes 4a and 4b		4c
_5 Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part XIII	Supplemental Information.		
Provide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b, Part V, lin	e 4, Part X, line 2, Part XI,
lines 2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional information.	
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SCHE (Form 9	SCHEDULE N (Form 990 or 990-EZ)	Liquidation, Termination, Dissolution, or Significant Disposition of Assets	dation, Termination, Dissolution, or Significant Disposition or	ution, or Signi	ificant Dispo	osition of Assets	OMB No 1545-0047
		Attach certified copie	Our preterning of gameanon answered lesson formes so, rad tiv, mies of Attach certified copies of any articles of dissolution, resolutions, or plans.	rtion, resolutions, or pla	as i or se, or rollis ns.	30-E.Z., IIII & 50.	CI 07
Departmer Internal Re	Department of the Treasury Internal Revenue Service	► Attach to Form 990 or 990-EZ. Information about Schedule N	► Attach to Form 990 or 990-EZ. ► Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www./rs.gov/form990.	-EZ) and its instruction	s is at www.lrs.gov/fo	m990.	Open to Public Inspection
Name of	Name of the organization						Employer identification number
		GP, INC.				55-6	55-6022042
Part	Liquidation, Terr space is needed.	ermination, or Dissolution. Complete t d.	is part if the organization ai	nswered "Yes" on Form 9	990, Part IV, line 31, o	Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36 Part I can be duplicated if additional space is needed.	plicated if additional
-	(a) Description of asset(s) distributed or transaction expenses paid	of asset(s) (b) Date of ransaction distribution is paid	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
į							
						-	
						-	
					!		
						-	
2 Dic	d or will any officer	Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?	ne organization ganization?				Yes No
	ecome an employe scome a direct or ir sceive, or become (Become an employee of, or independent contractor for, a successor or transferee organization? Become a direct or indirect owner of a successor or transferee organization? Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	iccessor or transferee organee organee organization?	iization? ie organization's liquidation	on, termination, or dis	solution?	2c 2c 2d
е П	the organization an	If the organization answered "Yes" to any of the questions on lines za through zd, provide the name of the person involved and explain in Part III.	n lines za through zd, provid	de tne name of tne perso	n involved and explail	n Far III.	

Schedule N (Form 990 or 990-EZ) (2015)

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Page 2 ž recipient(s) (if tax-exempt) or type of entity (g) IRC section of Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Yes 4 49 ß 6a 9 Sa 8 b If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0. (f) Name and address of recipient LLC PRINCETON CENTER, A if the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III c If "Yes," on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If "No" on line 6b, explain in Part III 55-6022042 4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? (e) EIN of recipient 47-2273313 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III (d) Method of determining FMV for asset(s) distributed or transaction expenses ETERMINED BY Become an employee of, or independent contractor for, a successor or transferee organization? BOARD 5 Did the organization discharge or pay all of its liabilities in accordance with state laws? (c) Fair market value of asset(s) distributed or amount of transaction 7 000 000. Form 990-EZ, line 36. Part II can be duplicated if additional space is needed. expenses 6a Did the organization have any tax-exempt bonds outstanding during the year? Become a direct or indirect owner of a successor or transferee organization? Did or will any officer, director, trustee, or key employee of the organization. Become a director or trustee of a successor or transferee organization? Liquidation, Termination, or Dissolution (continued) distribution (b) Date of 12/01/15 b If "Yes," did the organization provide such notice? Schedule N (Form 990 or 990-EZ) (2015) GP, (a) Description of asset(s) distributed or transaction expenses paid SUBSTANTIALLY ALL ASSETS Part ۵ ပ σ æ N

Schedule N (Form 990 or 990-EZ) (2015)

532152 08-21-15

SEE PART III

Schedule N (Form 990 or 990-EZ) (2015)GP , INC.	55-6022042 Page 3
Schedule N (Form 990 or 990-EZ) (2015) GP , INC . Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Par Also complete this part to provide any additional information	t II, line 2e.
Also complete this part to provide any additional information	
PART II, LINE 2E:	
SHARON L WHITTEKER	
	
DADM TT I THE OB.	
PART II, LINE 2E:	
CHIEF FINANCIAL OFFICER	
CHILD TIMENCIAL OFFICER	
	
	
	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

532211 09-02-15

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.

OMB No 1545-0047

Employer identification number

Schedule O (Form 990 or 990-EZ) (2015)

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

Open to Public Inspection

GP, INC.	55-6022042
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
COMFORT AND SECURITY OF THE ELDERLY.	
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:	
ON FEBRUARY 1, 2015, GP, INC. (FORMERLY KNOWN AS GLENWOOD	PARK, INC.)
SOLD SUBSTANTIALLY ALL OF THE ASSETS AND OPERATIONS OF THE	E HEALTHCARE
AND RETIREMENT FACILITY TO PRINCETON CENTER, LLC. SUBSEQU	UENT TO THE
SALE, THE CORPORATION CHANGED ITS NAME TO GP, INC. THE O	PERATIONS OF
GP, INC. GENERALLY CONSIST OF WINDING UP THE AFFAIRS OF THE	HE
CORPORATION.	
FORM 990, PART VI, SECTION B, LINE 11:	
PROCESS, IF ANY, THE ORGANIZATION USES TO REVIEW THE FORM	990:
JIM BAKER, CHAIRPERSON OF THE BOARD OF TRUSTEES, REVIEWS	THE FORM 990 PRIOR
TO SIGNING AND FILING THE FORM. THIS FORM WAS PREPARED B.	ASED ON THE
INFORMATION THAT WAS AVAILABLE AT THE TIME, AND MAY HAVE	TO BE AMENDED.
FORM 990, PART VI, SECTION B, LINE 12C:	
HOW THE ORGANIZATION REGULARLY MONITORS AND CONSISTENTLY	ENFORCES
COMPLIANCE WITH THE WRITTEN CONFLICT OF INTEREST POLICY:	
OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES ARE RE	QUIRED TO SIGN A
CONFLICT OF INTEREST STATEMENT ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'	S CEO, EXECUTIVE
DIRECTOR, TOP MANAGEMENT OFFICIAL, OFFICERS, OR KEY EMPLO	YEES:

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

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization GP, INC.	Employer identification number 55-6022042
THE COMPENSATION FOR THE ORGANIZATION'S CEO AND OFFICERS	IS DETERMINED
BASED ON ANNUAL WAGE AND/OR MERIT INCREASES THAT ARE INCI	UDED IN THE ANNUAL
OPERATING BUDGET PRESENTED TO THE BOARD OF TRUSTEES FOR A	APPROVAL. IN
ADDITION, PERIODICALLY THE BOARD OF TRUSTEES ENGAGES INDI	EPENDENT
ACCOUNTANTS TO PERFORM A COMPENSATION STUDY FOR THE ORGAN	VIZATION'S CEO.
FORM 990, PART VI, SECTION C, LINE 19:	
HOW THE ORGANZIATION MAKES ITS GOVERNING DOCUMENTS, CONFI	LICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	<u> </u>
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	REST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON RE	QUEST.

(g) Section 512(b)(13) controlled Employer identification number 55-6022042 Open to Public Inspection OMB No 1545-0047 2015 entity? Direct controlling Yes 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. $\boldsymbol{arepsilon}$ 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 ਉ Exempt Code section 501(c)(3) Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) <u>်</u> WEST VIRGINIA ▶ Attach to Form 990. TO ACT AS THE RECIPIENT OF BENEFIT OF GLENWOOD PARK CONTRIBUTIONS FOR THE Primary activity Primary activity Name, address, and EIN (if applicable) INC. GWP FOUNDATION, INC. - 55-0841768 Name, address, and EIN of related organization of disregarded entity GP, 1924 GLENWOOD PARK ROAD 24739 Name of the organization Department of the Treasury Internal Revenue Service PRINCETON, WV SCHEDULE R (Form 990) Part I Part

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Schedule R (Form 990) 2015

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55-6022042

Page 2

INC. GP, Schedule R (Form 990) 2015

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. Part III

3	General or Percentage managing ownership partner?	:		s related	Section 512(b)(13) controlled entity?			-		990) 201
9	General or managing partner? Yes No		 	e or more	(h) Percentage ownership					R (Form
	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	-		oecause it had on	(g) Share of Percend-of-year owr					Schedule R (Form 990) 2019
ε	Olsproportionate allocations? Yes No			art IV, line 34 k	<u> </u>					
(6)	Share of end-of-year assets			т 990, Р.	(f) Share of total income					
				"Yes" on For	(e) Type of entity (C corp, S corp, or trust)					
	Share of total income			n answered						
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)			ne organizatio	(d) Direct controlling entity					
	Predomii (related excluded fi			mplete if th	(c) Legal domicile (state or foreign country)					31
(p)	Direct controlling entity			vation or Trust Co	(b) Primary activity					
<u></u>	Legal domicile (state or foreign country)			as a Corpo	Prim					
(2)	Primary activity			janizations Taxable poration or trust during	Z c					
(e)	Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	(a) Name, address, and EIN of related organization					512182 NG-08-15
				g		1				5

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	2
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?	ns with one or more r	elated organizations listec	In Parts II-IV?		1
	£			- Ta	× :
b Gift, grant, or capital contribution to related organization(s)				10	× :
 Gift, grant, or capital contribution from related organization(s) 				10	×
 d Loans or loan guarantees to or for related organization(s) 				19	×
e Loans or loan guarantees by related organization(s)				te ×	
f Dividends from related prognization(s)				*	>
Original normalistic organization (s)			-	+	4 :
				19	×
h Purchase of assets from related organization(s)				4	×
i Exchange of assets with related organization(s)				ij	×
j Lease of facilities, equipment, or other assets to related organization(s)				i=	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
I Performance of services or membership or fundraising solicitations for related orga	related organization(s)			7	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n	×
 Sharing of paid employees with related organization(s) 				10	×
					į
 P Reimbursement paid to related organization(s) for expenses 				1 _D	×
 Reimbursement paid by related organization(s) for expenses 				19	×
r Other transfer of cash or property to related organization(s)				-	×
s Other transfer of cash or property from related organization(s)				15	×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds		1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved	
(1) GWP FOUNDATION, INC.	٤	132,265.	NOTE		
(3)					
4			-		1
S					}
32163 09-08-15	32		Schedule F	Schedule R (Form 990) 2015	2015

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Schedule R (Form 990) 2015 GP, INC.

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)

יוופן אפס ואו מישיבת הוא השיים היא היא היא היא היא היא היא היא היא היא		[7]	5	3	9	5	3	(3)	8	(F)
(a) Name, address, and EIN	(b) Primary activity	(c)	Predominant income particle (related, unrelated,	Are all partners sec 501(c)(3)	Share of total	Share of end-of-vear	Dispropor- tonate	Dispropor- Code V-UBI General or Percentage tona annount in box 20 managing ownership	General c	Percentage ownership
Of GIRILY		country)	excluded from tax under sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2015 GP , INC . Part VII Supplemental Information	55-6022042 Page 5
Provide additional information Provide additional information for responses to questions on Schedule R (see in	etructions)
Provide additional information for responses to questions on Schedule in (see in	Structions)
	
	
	
	
	