

#### EXTENDED TO NOVEMBER 15, 2018

Form **990** 

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if Address Ichange GP, INC. Name change 55-6022042 Doing business as ]initial return Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1924 GLENWOOD PARK ROAD (304)425-81284,017. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended PRINCETON, WV 24739 H(a) Is this a group return Applica-F Name and address of principal officer JIM BAKER Yes X No for subordinates? pending 1924 GLENWOOD PARK RD, PRINCETON, H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 4947(a)(1) or 1 527 501(c) ( ) ◀ (insert no ) If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation L Year of formation: 1967 M State of legal domicile WV Part I Summary Briefly describe the organization's mission or most significant activities GP, INC. WAS ORGANIZED TO Governance PROVIDE A CHRISTIAN HEALTHCARE AND RETIREMENT FACILITY FOR THE CARE. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 12 Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 0 Total number of individuals employed in calendar year 2017 (Part V, lin 5 ō Total number of volunteers (estimate if necessary) 6 Ō. 7 a Total unrelated business revenue from Part VIII, column (C) 7a 0. b Net unrelated business taxable income from Form 990-T, line 7b **Current Year** SCANNED FEB 0. Ō. Contributions and grants (Part VIII, line 1h) 4,017. 7,724. Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e 724. 4.017. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Ō. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. Ō. 14 Benefits paid to or for members (Part IX, column (A), line 4) \$ 0.6 2019 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Ō. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 498,698. 245,134 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f 24e) 245,134. 498,698. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <237,410. <494,681.> Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 2,993,478. 2,601,547. 20 Total assets (Part X, line 16) 18,168. 120,918. 21 Total liabilities (Part X, line 26) 2,975,310. 2,480,629. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Deviation of preparer (other than officer) is based on all information of which preparer has any knowledge nature of officer Sign JIM BAKER, Claype or print name and title CHAIRPERSON Here Date Print/Type preparer's name 11/6/ Paid DOMENIC E. PELLILLO, CPA ôw ₽00673932 BROWN, EDWARDS COMPANY Firm's EIN Preparer 54-0504608 Firm's name Firm's address P.O. BOX 1697 Use Only BLUEFIELD, WV 24701 Phone no. 304.325.8157

LHA For Paperwork Reduction Act Notice, see the separate instructions

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No Form 990 (2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



(Expenses S

Total program service expenses

) (Revenue \$

Form 990 (2017)

including grants of S

498,698.

55-6022042 Page 3

# Form 990 (2017) GP , INC . Part'IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A ,	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8 -	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19	990	X (2247)
		Form	33U (	2U17)

# Form 990 (2017) GP , INC . Part IV Checklist of Required Schedules (continued)

			Yes	Na
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	res	No X
		20a		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<del></del> -		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	<del> </del>		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l '		v
26	Schedule L, Part I	25b		<u> </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 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	į :		
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20	-	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
20	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	20		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	•	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	1	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Earm	990 (	2017

r, ar	Check if Schedule O contains a response or note to any line in this Part V			
	Check in Controlled Controlled a respective of their teath of the teat	—т	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable 1a 5		res	NO
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		1
•	(gambling) winnings to prize winners?	1c	х	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0	l		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			l
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<b></b>
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?	7g 7h		<del> </del>
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del>'''</del>		
	sponsoring organization have excess business holdings at any time during the year?	8	Í	ĺ
_	Sponsoring organizations maintaining donor advised funds.	Ť		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	į		
11	Section 501(c)(12) organizations. Enter	}	İ	
	Gross income from members or shareholders	- 1		
	Gross income from other sources (Do not net amounts due or paid to other sources against			ĺ
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	ł		
		13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which the			ĺ
	organization is licensed to issue qualified health plans			ĺ
	Enter the amount of reserves on hand		[	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b		14b		
		Form	990	(2017)

55-6022042

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 12 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 0 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization s assets? 5 X X 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 X 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website W Upon request → Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records GP, INC. - 304-425-8128 1924 GLENWOOD PARK ROAD, PRINCETON, 24739

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

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

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

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

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

(A)	(B)	3) (C)				_		(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week		1		T	T	1	from the	from related	other
•	(list any hours for	Jirect				L		organization	organizations (W 2/1099-MISC)	compensation from the
	related	9 Or (	stee			sate		(W-2/1099 MISC)	(** 27 1033 141100)	organization
	organizations	Individual trustee or director	Institutional Irustee		a Ae	ad w		`		and related
	below	Idual	ute	ه ا	Key employee	est co	ية ا			organizations
	line)	N India	Instil	Officer	Key	Highest compensated employee	Former			
(1) JUDY AKERS	1.00	-				ļ	ļ			
BOARD MEMBER		X		$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$		<u> </u>	ļ	0.	0.	0.
(2) GARY CUNNINGHAM	1.00									_
BOARD MEMBER	1	Х		L_	_	<u> </u>	<u>L</u>	0.	0.	0.
(3) MORRIS CLYBURN	1.00			ļ		ĺ				_
BOARD MEMBER		Х					_	0.	0.	0.
(4) JUDY RAINES	1.00						ľ			_
VICE-CHAIRPERSON	1 00	Х		Х	<u> </u>	-	_	0.	0.	0.
(5) KENNETH R. CROWE	1.00	,,								0
BOARD MEMBER	1.00	Х	_			<u> </u>	<u> </u>	0.	0.	0.
(6) REV. DR. FELICA WILLIAMS	1.00	X				1		0.	0.	0
BOARD MEMBER (7) REV. JOE ROBINETTE	1.00	^	_	<u> </u>	┝	┢	_	0.	0.	0.
(7) REV. JOE ROBINETTE BOARD MEMBER	1.00	x				ļ		0.	0.	0.
(8) REV. DR. JOE KENASTON	1.00	<u> </u>	$\vdash$	-	⊢	┢		· · · · · · · · · · · · · · · · · · ·	· ·	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(9) REV. DALLAS FORREN	1.00	^	-	<u> </u>	├	⊢	$\vdash$	· · · · · · · · · · · · · · · · · · ·	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(10) JIM BAKER	1.00	<del>  ^</del>	-	├	-	$\vdash$	-		· ·	<u> </u>
CHAIRPERSON		x	ľ	x				0.	0.	0.
(11) TYANN EVANS	1.00	<del>                                     </del>		<del></del>	$\vdash$		<del>                                     </del>			-
SECRETARY/TREASURER		x		х				0.	0.	0.
(12) CATHY COMBS	1.00	<del>                                     </del>	_	Ħ	<u> </u>					
BOARD MEMBER		х						0.	0.	0.
	<u> </u>									
		1	ľ							
<del></del>	<u> </u>		_							
		İ								
						T				
		1			•					
			1							

Part VII Section A. Officers,	Directors, Irus	tees, Key Em (B)	ip10)	yees		<u>а н</u> С)	gne	st U	1	es (continuea) (E)			(F)	
Name and title		Average hours per	box	Position do not check more than one lox unless person is both an officer and a director/trustee)			than is bot	h an	( <b>D</b> ) Reportable compensation	Reportable compensatio	n	_	(F) stimate nount	
		week (list any hours for	<del></del>		nd a d				from the organization	from related organizations (W-2/1099 MIS	s		other pensarom th	
		related organizations	Individual trustee or director	Institutional trustee		оле	Highesi compensaled employee		(W·2/1099 MISC)				anızat d relat	
		below line)	Individua	Institutio	Officer	Key employee	Highest ( employe	Former				org	anızatı ———	ons ———
							_							
			-				L	_						
							_							
							_						<u>-</u> .	<del></del>
			L											
			L											
		-												
1b Sub-total c Total from continuation s	heets to Part VI	I, Section A						<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c  2 Total number of individuals		ot limited to th	nose	liste	ed al	bove	e) wł	no re	0. eceived more than \$100	),000 of reportabl	0. e			0.
compensation from the org	ganization >					<u> </u>							Yes	No
3 Did the organization list an line 1a? If "Yes," complete				e, ke	y en	nplo	yee,	, or I	highest compensated e	mployee on		3		х
4 For any individual listed on and related organizations g		•							•	the organization		4		х
5 Did any person listed on lin rendered to the organization	ne 1a receive or a	accrue compe	nsat	ion f	rom	any	unr			idual for services		5		х
Section B. Independent Contra	actors													
Complete this table for you     the organization Report co	•	•	•							•	pens			
Nan	(A) ne and business	address	N	ONE	2				(B) Description of s	ervices	C	ompe	C) nsatio	n
													_	
											-			
2 Total number of independe \$100,000 of compensation			ot li	mite	d to		se lis	sted	above) who received m	nore than				

Form	990	(2017) GP,					55-6022	2042 Page 9
Pa	rt VII	II Statement of Reve	nue					
		Check if Schedule O con	tains a response	e or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		1b					
ğ,	С		1c					
ar f	d		1d					
s, C	е		tions) 1e					
ē	f	All other contributions, gifts, gran						
Per l		similar amounts not included abo	1 1			}		
ĒĎ	g					Ì		
auc	-	Total. Add lines 1a 1f		<b>•</b>				
				Business Code	• • • •			
e e	2 a	DISCONTINUED OF	PERATION	623000	4,017.	4,017.		
ž.	b							
Ser	c							
Program Service Revenue	d							
P. B.	е							
4	f	All other program service reve	enue					1
	g			<b>•</b>	4,017.			
	3	Investment income (including	dividends, inter	rest, and			— ;	
		other similar amounts)		<b>•</b>				
	4	Income from investment of ta	x-exempt bond	proceeds 🕨				
	5	Royalties		<b></b>				
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<b>•</b>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)	L	1				
	d	J , ,		<b>•</b>				
enne	8 a	Gross income from fundraisin	•					
le le		including \$	of					
Other Rev		contributions reported on line	e 1c) See			ŀ		
ě		Part IV, line 18	a .					
₹		Less direct expenses	. t					
		Net income or (loss) from fund	_	<b>&gt;</b>				
	9 a	Gross income from gaming a						
		Part IV, line 19	a .			}		
		Less direct expenses		·				
		Net income or (loss) from gan			<del></del>			
	10 a	Gross sales of inventory, less						
		and allowances	a .					
		Less cost of goods sold	t .	·				
	<u>c</u>	Net income or (loss) from sale		B				-
	44 -	Miscellaneous Revenu		Business Code				
	11 a b							<del>                                     </del>
			<del></del>					<del> </del> -
	c d		<del></del>			<del>                                     </del>		<del>                                     </del>
		Total. Add lines 11a-11d						
	12	Total revenue See instructions.			4,017.	4,017.	0 .	0.

Form 990 (2017)	GP, INC.	
Part IX Statement	of Functional Expenses	

	Part IX   Statement of Functional Expenses									
Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)						
- Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)					
	8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations		<u> </u>	goriola experiess						
	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									
	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									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)									
7 8	Other salaries and wages Pension plan accruals and contributions (include									
0	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees)									
а	Management									
b	Legal									
С	Accounting									
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,									
40	column (A) amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion									
13 14	Office expenses Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization			·						
23	Insurance									
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)		:							
а	DISCONTINUED OPERATIONS	498,698.	498,698.							
b										
c					<del></del>					
d										
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	498,698.	498,698.	0.	0.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined	ļ								
	educational campaign and fundraising solicitation	}								
	Check here if following SOP 98-2 (ASC 958-720)				. <u> </u>					

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash - non-interest-bearing	1,392,070.	1	309,144.
	2	Savings and temporary cash investments	750,061.	2	1,754,083.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	394,851.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		ĺ	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	ŀ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	32,351.	9	37,830.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b		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	404 145	14	500 400
	15	Other assets See Part IV, line 11	424,145.	15	500,490.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,993,478.	16	2,601,547.
	17	Accounts payable and accrued expenses	12,306.	17	115,056.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<b>,</b> 0	22	Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,		21	
Liabilities	~~	key employees, highest compensated employees, and disqualified persons			
를		Complete Part II of Schedule L		22	
ڌ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	5,862.	25	5,862.
	26	Total liabilities. Add lines 17 through 25	18,168.	26	120,918.
		Organizations that follow SFAS 117 (ASC 958), check here			
S		complete lines 27 through 29, and lines 33 and 34.			
j.	27	Unrestricted net assets	2,273,331.	27	1,778,650.
Sala	28	Temporarily restricted net assets	174,740.	28	174,740.
ğ	29	Permanently restricted net assets	527,239.	29	527,239.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
455	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et )	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	2,975,310.	33	2,480,629.
	34	Total liabilities and net assets/fund balances	2,993,478.	34	2,601,547.
		<del>_</del> _			Form 990 (2017)

Forn	n 990 (2017) GP , INC.	55-602	2042	Pag	e 12
Pa	rt 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		1,01	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,69	
3	Revenue less expenses Subtract line 2 from line 1	3	< 494		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,975	5,31	LO.
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	2,480	, 62	<u> </u>
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			(	<u></u>
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	<del></del>		Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		- 1	
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 reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			İ	
ь	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
•	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	e audit,		- 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_	
0-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			1	
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			х
<b>L</b>	Act and OMB Circular A-133?		3a	-	
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b   Form 9	200 (2	2017
			Form S	7 <b>3</b> U (2	(170):

### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Total

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Inspection

Employer identification number

_		GP,	INC.					05-6022042		
Pa	art I	Reason for Public	Charity Status (	All organizations must c	omplete th	ns part ) S	ee instructions			
The	organ	ization is not a private found	dation because it is	(For lines 1 through 12, o	check only	one box )	)			
1		A church, convention of ch	nurches, or association	on of churches describe	d in section	on 170(b)(	1)(A)(ı)	$\sim \Lambda$		
2		A school described in sect						IYI		
3		A hospital or a cooperative		•			iı)			
4	$\Box$	A medical research organiz					•	r the hospital's name		
•		city, and state	,	mjoriotion maria noopita	. 00001100	o, ocotic	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r the hospital s hame,		
5		An organization operated f	or the honofit of a co	allogo or upworesty owns	d or opera	tod by a a	overnmental unit deser	had in		
5	ш	-		niege or university owne	a or opera	neu by a g	jovenimental unit descri	ibea in		
_		section 170(b)(1)(A)(iv). (0	•							
6	님	A federal, state, or local go								
7	لـــا	An organization that norma		antial part of its support	from a gov	remmenta	I unit or from the genera	il public described in		
		section 170(b)(1)(A)(vi). (C								
8	$\sqsubseteq$	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II )					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	(ix) operat	ed in conji	unction with a land gran	t college		
		or university or a non-land grant college of agriculture (see instructions) Enter the name, city, and state of the college or								
		university								
10	X	An organization that norma	ally receives (1) more	e than 33 1/3% of its sur	port from	contributi	ons, membership fees.	and gross receipts from		
		activities related to its exer			•		•	•		
		income and unrelated busi					, .	•		
		See section 509(a)(2). (Co		, hood doollon on haxy in	0111 0001110	Jooos doqt	and by the organization	ranter dance do, 1575		
11		An organization organized	•	evely to test for public es	afety See	caction 5	00(2)(4)			
12	$\overline{\Box}$		*	•	•					
12		An organization organized	· ·	-			•	• •		
		more publicly supported or	-					Check the box in		
	$\overline{}$	lines 12a through 12d that	- · · · · · · · · · · · · · · · · · · ·			•	•			
а	L	J Type I. A supporting orga				•				
		the supported organization			a majority	of the dire	ctors or trustees of the	supporting		
		organization You must o	complete Part IV, Se	ections A and B.						
b		J Type II. A supporting org	janization supervised	d or controlled in connec	tion with i	ts support	ed organization(s), by h	aving		
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the su	pported		
		organization(s) You mus	t complete Part IV,	Sections A and C						
c	L_	Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functionally integra	ted with,		
		its supported organizatio	n(s) (see instructions	s) You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organ	nization(s)		
		that is not functionally int		,						
		requirement (see instruct	-		•		·			
е		Check this box if the orga	•	•				1		
•		functionally integrated, or					a Type I, Type II, Type II	•		
	Ento	er the number of supported of	,,	many integrated support	ing organi.	ZatiOH		<u> </u>		
'		, ,	•	od araanization(a)				L		
9		ride the following information  Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
	٠,	organization	(11) 2.11	(described on lines 1 10	in your govern	ng document?	support (see instructions)			
_				above (see instructions))	Yes	No		Support (See Instructions)		
				•						
						ŀ				
		,								
						1				
	<del></del> -	<del></del>	<del> </del>			<u> </u>				
						l	<u> </u>	1		

P	Support Schedule for						
	(Complete only if you checke			-	on failed to qualify	under Part III If tr	ie organization
<u> </u>	fails to qualify under the test	s listed below, pież	ase complete Par	,		<del></del>	
	ction A. Public Support			( ) 22.5	1 , , , , , ,	1 () 22/2	107.1
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
•	· · · · · · · · · · · · · · · · · · ·			<del> </del>	<del>                                     </del>	/	
2	Tax revenues levied for the organ ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities			<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>
3	furnished by a governmental unit to						
	the organization without charge						
4				<del>                                     </del>	<del>1</del>	-	
5	The portion of total contributions		•	/			† · · · · · · · · · · · · · · · · · · ·
•	by each person (other than a						
	governmental unit or publicly				!		
	supported organization) included	İ					
	on line 1 that exceeds 2% of the		f I				
	amount shown on line 11,		•				
	column (f)		[ /				
6			<del></del>	<del> </del>			
	ction B. Total Support	,		<u>,                                      </u>		<u> </u>	
_	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	, ,			1	1 1	1,1
8	Gross income from interest,						
	dividends, payments received on	,	/				
	securities loans, rents, royalties,	/					
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the	/					
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	/					
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc (see instructi	ons)			12	
13	First five years. If the Form 990 is fo		s first, second, th	ırd, fourth, or fifth	tax year as a secti	on 501(c)(3)	
<u> </u>	organization, check this box/and stop						
_	ction C. Computation of Publ					T1	
	Public support percentage for 2017 (			column (t))		14	%
	Public support percentage from 2016				44 - 00 4/00/	[ 15 ]	%
162	33 1/3% support test - 2017. If the	•			14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies		-		d line 15 in 22 1/20	المعام معمد الم	
L	33 1/3% support test - 2016. If the				u line 15 is 33 1/3	% of more, check t	nis box
47.	and stop here. The organization qual		· · · · · ·		no 12 160 or 16b	and line 14 in 1000	
1/2	10% -facts-and-circumstances tes	_					
	and if the organization meets the "facts and circumstances"				•	ait viriow trie orga	
	meets the "facts-and-circumstances"	-	•		-	172 and less 15 :s	1094 or
	10%/-facts-and-circumstances tes	=					
	more, and if the organization meets the						<b>▶</b> □
12	ofganization meets the "facts-and-cire Private foundation. If the organization		=			-	
ヴ	, rote roundation. II the organization	did not driedk a	20x 01 jiile 10, 10	Ju, 100, 174, 01 17		redule A (Form 99	
,							

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						· · · · · · · · · · · · · · · · · · ·
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and			· · · ·		, , ,	•••
	membership fees received (Do not						
	include any "unusual grants ")	46,952.	128,136.	50.	0.	0.	175,138.
2	Gross receipts from admissions,						
	merchandise sold or services per-	ĺ					
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	8,427,585.	7,621,404.	2,651,660.	7,724.	4,017.	18,712,390.
3	Gross receipts from activities that		· · · · · · · · · · · · · · · · · · ·		•	,	, , , ,
_	are not an unrelated trade or bus						
	iness under section 513						
4	Tax revenues levied for the organ						
7	ization's benefit and either paid to	•					
	or expended on its behalf						
_	·				<del> </del>		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				7 704	4 017	
	Total. Add lines 1 through 5	8,474,537.	7,749,540.	2,651,710.	7,724.	4,017.	18,887,528.
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		i				
	amount on line 13 for the year						0.
(	: Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						18,887,528.
$\overline{}$	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	8,474,537.	7,749,540.	2,651,710.	7,724.	4,017.	18,887,528.
10a	Gross income from interest,		ĺ				
	dividends, payments received on securities loans, rents, royalties,	İ					
	and income from similar sources	5,990.	40,242.	14,167.	0.	0.	60,399.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		•				
	: Add lines 10a and 10b	5,990.	40,242.	14,167.			60,399.
11	Net income from unrelated business		•				<del></del>
	activities not included in line 10b,						
	whether or not the business is regularly carried on	ŀ					
12	Other income Do not include gain						
	or loss from the sale of capital	45,062.	44,501.				89,563.
13	assets (Explain in Part VI)  Total support. (Add lines 9 10c 11, and 12)	8,525,589.	7,834,283.	2,665,877.	7,724.	4,017.	19,037,490.
14	First five years. If the Form 990 is for	the organization s	ilist, secono, triro	i, iourin, or illin ta	x year as a section	n 50 r(c)(3) organiz	ation,
Sec	check this box and stop here	ic Support Per	rcentage	<del></del>			
_	Public support percentage for 2017 (I	· · · ·		aluma (fl)		45	99.21 %
			•	Marrier (1))		15	22 21
	Public support percentage from 2016					16	99.24 %
	ction D. Computation of Inves						.32 %
	Investment income percentage for 20		• •	e 13, column (t))		17	
	Investment income percentage from 2	-	•			18	.26 %
19a	33 1/3% support tests - 2017. If the	-				*	
	more than 33 1/3%, check this box ar		•		•		<b>▶</b> X
b	33 1/3% support tests - 2016 If the	organization did n	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The organ	ization qualifies as	s a publicly suppo	rted organization	▶ <u></u>
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	, or 19b, check the	is box and see ins	tructions	

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A

Sections A,	D, and E	If you	checke	d 12d of Part I, complete Sections A and D, and complete Part V)
and b if you	CHECKE	1 1200	i raiti,	complete Sections A and C II you checked 12c of Part I, complete

360	tion A. All Supporting Organizations			NI-
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
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	4c		
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)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		j	
	(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)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		ŀ	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	1	1	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		1	
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
D	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.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
ο-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
υa	Was the organization subject to the excess business holdings rules of section 4943 because of section	ļ		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non functionally integrated			
L	supporting organizations)? If "Yes," answer 10b below	10a		
D	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	4	- 1	

determine whether the organization had excess business holdings)

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI ) See instructions. A		
	other Type III non-functionally integrated supporting organizations must co			· 		
Sect	Section 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				
_3_	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	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				
7	Other expenses (see instructions)	7		<del>-</del> -		
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)					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
	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	<u> </u>			
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	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		i i		
2	Enter 85% of line 1	2	<del></del>			
3	Minimum 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	للتلل	ited Type III supporting org	anization (see		
	instructions)		),	V=		

Schedule A (Form 990 or 990-EZ) 2017

- ai		(a)(a) Supporting Orga	anizations (continued)						
	on D - Distributions			Current Year					
	Amounts paid to supported organizations to accomplish exe								
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported							
	organizations, in excess of income from activity	<del></del>							
<u> </u>		Administrative expenses paid to accomplish exempt purposes of supported organizations							
_4_	Amounts paid to acquire exempt-use assets	<u></u>							
_5_	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI) See instructions			<del></del>					
7	Total annual distributions. Add lines 1 through 6								
8	Distributions to attentive supported organizations to which the	he organization is responsive	e						
	(provide details in Part VI) See instructions								
9	Distributable amount for 2017 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·							
10	Line 8 amount divided by line 9 amount								
Secti	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017					
1	Distributable amount for 2017 from Section C, line 6			<del></del>					
2	Underdistributions, if any, for years prior to 2017 (reason-								
	able cause required explain in Part VI) See instructions								
3	Excess distributions carryover, if any, to 2017								
а									
	From 2013	· · · · -		·					
	From 2014								
	From 2015								
	From 2016								
	Total of lines 3a through e								
	Applied to underdistributions of prior years		<u> </u>	· · · · · · · · · · · · · · · · · · ·					
	Applied to 2017 distributable amount	<del></del>		<del></del>					
	Carryover from 2012 not applied (see instructions)								
÷	Remainder Subtract lines 3g, 3h, and 3i from 3f								
4	Distributions for 2017 from Section D,								
•	line 7 \$								
	Applied to underdistributions of prior years	<del></del>							
	Applied to 2017 distributable amount								
	Remainder Subtract lines 4a and 4b from 4								
5	Remaining underdistributions for years prior to 2017, if								
	any Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions	<del></del>							
6	Remaining underdistributions for 2017 Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI See instructions								
7	Excess distributions carryover to 2018. Add lines 3 <sub>j</sub> and 4c								
8	Breakdown of line 7								
а	Excess from 2013								
b	Excess from 2014								
	Excess from 2015	31.7.1.							
	Excess from 2016								
	Excess from 2017								
<u> </u>		<u> </u>	<u> </u>						

Schedule A	Form 990 or 990 EZ) 2017 GP , INC .	55-6022042 Page 8
Part.VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this (See instructions)	IV, Section B, lines 1 and 2, Part IV, Section C, , Part V, line 1, Part V, Section B, line 1e, Part V,
		·
		,
		——————————————————————————————————————
		·
	<del>-</del>	
	·	

### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

GP, INC.

Employer identification number 55-6022042

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		,
	_	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	inds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	only
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	, , , ,	Yes No
Pa		ganization answered "Yes" on Form 990, Part I	V, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historical	ly important land area
	Protection of natural habitat	Preservation of a certified to	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	tion easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the o	rganization's accounting for
<u> </u>	conservation easements	<del></del>	0 11 4
Pai	t III Organizations Maintaining Collections o		Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	·	
	historical treasures, or other similar assets held for public ext		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
ь	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	ervice, 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		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
ь	Assets included in Form 990, Part X		▶ €

Sche	dule D (Form 990) 2017 GP , INC	•				55-	-602204	12 Page <b>2</b>
Pai	t III   Organizations Maintaining C	Collections of A	rt, Historica	i Treasures,	, or Other	Similar A	ssets(con	tinued)
3	Using the organization's acquisition, access	ion, and other record	ds, check any c	of the following t	hat are a sig	nificant use o	of its collecti	on items
	(check all that apply)							
а	Public exhibition	C	∄ ∐ Loan d	r exchange prog	grams			
b	Scholarly research	e	e L Other_					
c	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explai	in how they fur	ther the organiza	ation's exem	pt purpose ir	n Part XIII	
5	During the year, did the organization solicit of	or receive donations	of art, historica	I treasures, or o	ther sımılar a	assets		
	to be sold to raise funds rather than to be m						Yes	No.
Pai	t IV Escrow and Custodial Arran		ete if the organ	ızatıon answered	d "Yes" on F	orm 990, Pa	rt IV, line 9,	or
	reported an amount on Form 990, Pa	rt X, line 21						
1a	Is the organization an agent, trustee, custod	lan or other intermed	diary for contrib	outions or other	assets not in	ncluded		
	on Form 990, Part X?						L Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table					<u></u>
							Amou	nt
	Beginning balance	1				1c		
ď	Additions during the year					1d	<del> </del>	
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on F					yγ	└── Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII							
Par	t V Endowment Funds. Complete							
		(a) Current year	(b) Prior ye	ar (c) Two ye	ears back (d	) Three years	back (e) Fo	ur years back
1a	Beginning of year balance					· · · · · · · · · · · · · · · · · · ·		
b	Contributions							
C	Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses						-	
g	End of year balance		<u></u>			<del> </del>		
2	Provide the estimated percentage of the cur	rent year end baland	-	mn (a)) neid as				
	Board designated or quasi-endowment		%					
	Permanent endowment	%						
С	Temporarily restricted endowment	%						
2-	The percentages on lines 2a, 2b, and 2c sho	•					_	
Ja	Are there endowment funds not in the posse	ession of the organiz	ation that are r	ieio ano aominis	stered for the	e organization	1	Vec No
	by						0-49	Yes No
	(i) unrelated organizations						3a(i)	
<b>h</b>	(ii) related organizations	stions listed as rosi ii	rad on Cabadu	In D2			3a(ıı 3b	<del>'\                                    </del>
	If "Yes" on line 3a(ii), are the related organization. Describe in Part XIII the intended uses of the			ie A'			30	ــــــــــــــــــــــــــــــــــــــ
Par	t VI Land, Buildings, and Equipm		JWITTER TURIOS					
<u> </u>	Complete if the organization answere		∩ Part IV line 1	1a See Form 0	an Part V lie	ne 10		
		1	<del></del>		1		\4\ D-	ok value
	Description of property	(a) Cost or o	' '	Cost or other asis (other)	1 ' '	umulated eciation	(a) 80	ok value
<u></u>	Land	2033 (1114630		(01.101)	Сері	- Columbia	+	
					+		+	
	Buildings	<u> </u>			+		<del>                                     </del>	
d	Leasehold improvements Equipment			<del></del>	+		<del> </del>	
	Other				+		<del>                                     </del>	
	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X column (R)	line 10c )		<u> </u>	<del>                                     </del>	0.
		-, - x 000, , wit	. ,					

Schedule D (Form 990) 2017

	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b See Form 990.	Part X, line 12	
	n of security or category (including name of security)	(b) Book value		aluation Cost or end	of year market value
(1) Financial of	derivatives	· · · · · · · · · · · · · · · · · · ·		-	
	ld equity interests				
(3) Other	, ,				<u> </u>
(A)			-		
(B)					
(C)					
(D)					•
(E)					
(F)					
(G)					
(H)					
	must equal Form 990, Part X, col (B) line 12)	· <del> · ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-</del>	-		
	nvestments - Program Related.	<del> </del>	<u> </u>		
	Complete if the organization answered "Yes"	on Form 990 Part IV Inc	11c See Form 990	Part X line 13	
	(a) Description of investment	(b) Book value		aluation Cost or end	of-year market value
(1)	· · · · · · · · · · · · · · · · · · ·	. ,	<del>                                     </del>		
(2)			<del> </del>	-	
(3)			<b>†</b>		
(4)			<del>-</del>		
(5)					
(6)		<del> </del>	<del> </del> -		
(7)					
(8)					
(9)				· · · · · · · · · · · · · · · · · · ·	
	must equal Form 990, Part X, col. (B) line 13.) ▶		-		
(1) OTH	ER INVESTMENTS	on Form 990, Part IV, line Description	e 11d See Form 990,	Part X, line 15	(b) Book value 416,417
(2) OTH	ER RECEIVABLES				84,073
(3)		·			
(4)					
(5)					
(6)					
(7)					
(8)		_		·	
(9)					
	n (b) must equal Form 990, Part X, col. (B) line	e 15)		<b>&gt;</b>	500,490
Part X C	Other Liabilities.				
c	complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f See Forn	n 990, Part X, line 25	
1.	(a) Description of liability		(b) Book value		
(1) Federa	al income taxes				
	IENT FUNDS		5,862.		
(3)					
(4)					
(5)					
(6)					
(7)			·.		
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line	e 25)	5,862.		
	r uncertain tax positions. In Part XIII, provide	<del></del>		inancial statements t	hat reports the
	an ison pooners and all Alli, DIOVIDE				

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection ► Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No 1545-0047

GP, INC.   55-6022042
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
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 HEALTHCARE
AND RETIREMENT FACILITY TO PRINCETON CENTER, LLC. SUBSEQUENT TO THE
SALE, THE CORPORATION CHANGED ITS NAME TO GP, INC. THE OPERATIONS OF
GP, INC. GENERALLY CONSIST OF WINDING UP THE AFFAIRS OF THE
CORPORATION.
FORM 990, PART VI, SECTION B, LINE 11B:
PROCESS, IF ANY, THE ORGANIZATION USES TO REVIEW THE FORM 990:
JIM BAKER, CHAIRPERSON OF THE BOARD OF TRUSTEES, REVIEWS THE FORM 990 PRIOF
TO SIGNING AND FILING THE FORM. THIS FORM WAS PREPARED BASED ON THE
INFORMATION THAT WAS AVAILABLE AT THE TIME, AND MAY HAVE TO BE AMENDED.
FORM 990, PART VI, SECTION C, LINE 19:
HOW THE ORGANZIATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC:
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.