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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

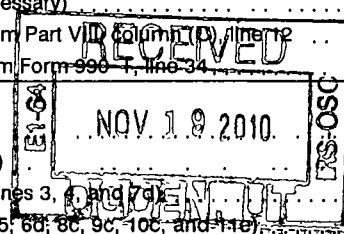
Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Form 990 header section containing organization name (THE GT OUTREACH PROGRAM, INC), EIN (36-1033135), address (931 N. SWAN ROAD, TUCSON AZ 85711), and principal officer information.

Part I Summary

Table with 22 rows detailing financial information: 1. Mission (SEE ATTACHMENT #2), 2-6. Governance & Activities, 7a-b. Revenue, 8-12. Revenue by source, 13-19. Expenses, 20-22. Net assets and fund balances.



Part II Signature Block

Signature of officer: ELIZABETH WRIGHT, DIRECTOR, dated 11/13/10.

Preparer's information: DAVID W GOODMAN JD CPA, 7473 E TANQUE VERDE RD, TUCSON, AZ 85715-3477, dated 11/13/10.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCANNED DEC 15 2010

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

SEE ATTACHMENT #3

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 No

Yes

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? Yes No

Yes

No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 438,857 including grants of \$ ) (Revenue \$ 289,552 )

SEE ATTACHMENT #4

4b (Code ) (Expenses \$ 47,513 including grants of \$ ) (Revenue \$ 155,629 )

4c (Code: ) (Expenses \$ 26,399 including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 512,769

**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.	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III. <span style="float: right;">N/A</span>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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.		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		X
9	Did the organization report an amount in Part X, line 21, 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.		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	X	
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>• 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? If "Yes," complete Schedule D, Part X.</li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III.		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.		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.		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		X

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	X	
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 . . . . .	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 25 . . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . N/A		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . . N/A		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . N/A		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .	X	
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)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	X	
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		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 . . . . .		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
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 . . . . .		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question ID, question text, and Yes/No columns. Includes rows for 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7g, 8, 9a-9b, 10a-10b, 11a-11b, and 12a-12b.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body		
<b>1b</b>	Enter the number of voting members that are independent		
<b>2</b>	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?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?		X
<b>8b</b>	Each committee with authority to act on behalf of the governing body?		X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? <b>N/A</b>		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11a</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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:		
<b>15a</b>	The organization's CEO, Executive Director, or top management official?	X	
<b>15b</b>	Other officers or key employees of the organization? If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? <b>N/A</b>		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **AZ**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **SEE ATTACHMENT #5**

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

**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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		I N D I V I D U A L	D I R E C T O R	I N S T I T U T I O N A L	O F F I C E R	K E Y E M P L O Y E E	H I G H E S T C O M P L O Y E E	F O R M E R			
JOEL LOHR CHAIRMAN	1.00	X						0	0	0	
VICKIE WILLIAMS TREASURER	1.00	X						0	0	0	
DR BRITTANY LINDSEY SECRETARY	1.00	X						0	0	0	
YOLANDA COCHRANE PUBLIC RELATIONS	1.00	X						0	0	0	
ELIZABETH WRIGHT PRESIDENT	50.00				X			0	0	0	



Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
OTHER CONTRIBUTIONS SIMILAR GRANTS GOVERNMENT GRANTS AMOUNTS ON HAND	1a	Federated campaigns	1a					
		b	Membership dues	1b				
		c	Fundraising events	1c				
		d	Related organizations	1d				
		e	Government grants (contributions)	1e				
		f	All other contributions, gifts, grants, & similar amounts not included above	1f	291246			
		g	Noncash contributions included in lines 1a-1f	\$				
	h	<b>Total.</b> Add lines 1a-1f		291246				
PROGRAM SERVICE REVENUE	2a	<b>THRIFT SHOP</b>	<b>Business Code</b>	155627	155627			
		b						
		c						
		d						
		e						
		f	All other program service revenue					
		g	<b>Total.</b> Add lines 2a-2f		155627			
OTHER REVENUE	3	Investment income (including dividends, interest, and other similar amounts)		1326				
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
			b	Less rental expenses				
			c	Rental income or (loss)				
			d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
			d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
			b	Less: direct expenses				
			c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a					
b			Less: direct expenses					
c			Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		<b>Business Code</b>						
11a								
	b							
	c							
	d	All other revenue						
	e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions			448199	155627			

**Part IX** Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3541	3541		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. 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 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	122		122	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	10476	10476		
14 Information technology				
15 Royalties				
16 Occupancy	43725	43725		
17 Travel	2008	2008		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	23358	23358		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43482			
23 Insurance	30988	30988		
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <b>GENERAL BENEVOLENCE</b>	65881	65881		
b <b>SUPPLIES</b>	54598	54598		
c <b>UTILITIES</b>	52673	52673		
d <b>RENT THRIFT STORE</b>	44361	44361		
e <b>BENEVOLENT AUTO GAS</b>	28881	28881		
f All other expenses #6	208022	190718	17022	282
25 <b>Total functional expenses.</b> Add lines 1 through 24f	612116	551208	17144	282
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X** Balance Sheet

		(A)		(B)
		Beginning of year		End of year
<b>A S S E T S</b>	1 Cash -- non-interest bearing	6	1	17,643
	2 Savings and temporary cash investments	287,228	2	124,094
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,355	9	
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 901,421		
	b Less: accumulated depreciation	10b 131,427	813,475	10c 769,994
	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		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		1,111,064	16	911,731
<b>L I A B I L I T I E S</b>	17 Accounts payable and accrued expenses	23,815	17	19,709
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	352,094	23	320,785
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25		375,909	26
<b>F U N D A S S E T S O R S</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	735,155	32	571,237
33 Total net assets or fund balances	735,155	33	571,237	
34 <b>Total liabilities and net assets/fund balances</b>		1,111,064	34	911,731

**Part XI** Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .
- b** Were the organization's financial statements audited by an independent accountant? . . . . .
- c** If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . . **N/A**

	Yes	No
<b>2a</b>	<b>X</b>	
<b>2b</b>		<b>X</b>
<b>2c</b>		<b>X</b>
<b>3a</b>		<b>X</b>
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

Name of the organization **THE GT OUTREACH PROGRAM, INC** Employer identification number **86-1033135**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I
  - b  Type II
  - c  Type III--Functionally integrated
  - d  Type III--Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- |  | Yes      | No |
|--|----------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . . | 11g(i)   | X  |
| (ii) A family member of a person described in (i) above? . . . . .   | 11g(ii)  | X  |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .  | 11g(iii) | X  |

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .	967549	1062022	1272753	865345	98199	4265868
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3. . . . .	967549	1062022	1272753	865345	98199	4265868
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						4265868

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	967549	1062022	1272753	865345	98199	4265868
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .			1332	2459	1326	5117
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 IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10						4270985

12 Gross receipts from related activities, etc. (see instructions) . . . . . **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	99.88 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	%

16a **33 1/3 % support test -- 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

b **33 1/3 % support test -- 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

17a **10%-facts-and-circumstances test -- 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .

b **10%-facts-and-circumstances test -- 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization THE GT OUTREACH PROGRAM, INC Employer identification number 86-1033135

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two Yes/No questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historic land area, historic structure), a table for 2a-2d (Total number, acreage, certified historic structures, acquired after 8/17/06), and several Yes/No questions regarding monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a and 1b about reporting works of art, and questions 2a and 2b about revenues and assets for financial gain.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments -- Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		90,000		90,000
b Buildings		680,987	49,235	631,752
c Leasehold improvements		105,526	63,047	42,479
d Equipment		5,056	3,725	1,331
e Other		19,852	15,420	4,432
<b>Total.</b> Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				<b>769,994</b>

**Part VII Investments -- Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives .....		
Closely-held equity interests .....		
Other .....		

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶

**Part VIII Investments -- Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	

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

**2. FIN 48 Footnote.** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

<b>Part XI</b>		<b>Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>	
1	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	1	
2	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1 . . . . .	3	
4	Net unrealized gains (losses) on investments . . . . .	4	
5	Donated services and use of facilities . . . . .	5	
6	Investment expenses . . . . .	6	
7	Prior period adjustments . . . . .	7	
8	Other (Describe in Part XIV.) . . . . .	8	
9	Total adjustments (net). Add lines 4 through 8 . . . . .	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 . . . . .	10	

<b>Part XII</b>		<b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>	
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV.) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV.) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	

<b>Part XIII</b>		<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>	
1	Total expenses and losses per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV.) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV.) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5	

**Part XIV** **Supplemental Information**  
 Complete this part to 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, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
inspection

Name of the organization

**THE GT OUTREACH PROGRAM, INC**

Employer identification number

**86-1033135**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BUS PASSES EDUCATION	607	7,280		FMV	
	301	10,024		FMV	
GENERAL BENEVOLENCE	931	65,881		FMV	LIVING NEEDS
MISC GOODS	97,186		632,234	FMV	LIVING NEEDS
FOOD	112,830		446,880	FMV	FOOD
SUPPLIES	5,652		56,522	FMV	HOUSEHOLD GOODS
SUMMER FOOD PROGRAM	15,645		170,167	FMV	MEALS

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury,  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization  
**THE GT OUTREACH PROGRAM, INC**

Employer identification number  
**86-1033135**

**Part I** Questions Regarding Compensation

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. . . . . <b>N/A</b></p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .</p>	<b>2</b>	<b>X</b>								
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	<b>X</b>								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	<b>X</b>								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	<b>X</b>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	<b>X</b>								
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	<b>X</b>								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	<b>X</b>								
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" to line 6a or 6b, describe in Part III</p>	<b>6b</b>	<b>X</b>								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>	<b>X</b>								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>	<b>X</b>								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	<b>X</b>								

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

**SCHEDULE L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open To Public  
Inspection

Name of the organization  
**THE GT OUTREACH PROGRAM, INC**

Employer identification number  
**86-1033135**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefitting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
FAMILY MEMBER OF LIBBY WRIGHT DIRECTOR ENTITY OWNED BY GLENN BANCROFT BOARD MEMBER		18,000	RENTAL OF PROPERTY		X
		11,750	PROPERTY MANAGER FOR SOME RENTAL PROPERTY		X

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

Schedule L (Form 990 or 990-EZ) 2009

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ **Complete if the organizations answered "Yes"**  
**on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

**THE GT OUTREACH PROGRAM, INC**

Employer identification number

**86-1033135**

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art -- Works of art . . . . .				
2 Art -- Historical treasures . . . . .				
3 Art -- Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	<b>X</b>		<b>858,923</b>	<b>FMV</b>
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities -- Publicly traded . . . . .				
10 Securities -- Closely held stock . . . . .				
11 Securities -- Partnership, LLC, or trust interests . . . . .				
12 Securities -- Miscellaneous . . . . .				
13 Qualified conservation contribution -- Historic structures . . . . .				
14 Qualified conservation contribution -- Other . . . . .				
15 Real estate -- Residential . . . . .	<b>X</b>	<b>1</b>	<b>225,000</b>	<b>FMV</b>
16 Real estate -- Commercial . . . . .	<b>X</b>	<b>1</b>	<b>235,000</b>	<b>FMV</b>
17 Real estate -- Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	<b>X</b>		<b>446,880</b>	<b>FMV</b>
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( ) . . . . .				
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

---

**THE GT OUTREACH PROGRAM INC, DISTRIBUTES  
THE FOOD , CLOTHING, HOUSEHOLD ITEMS  
TO THE POOR AND NEEDY.**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**THE GT OUTREACH PROGRAM, INC**

Employer identification number

**86-1033135**

**DURING 2009, THE G.T. OUTREACH PROGRAM, HAS GREATLY EXPANDED ITS PROGRAMS BY PROVIDING: A TUTORING, MENTORING AND MUSIC PROGRAMS FOR OUR CHILDREN. A THRIFT SHOP THAT GENERATES REVENUE AS WELL AS TRAINS INDIVIDUALS IN THE ASPECT OF MERCHANDISING AND RETAILING. TEACHING ENGLISH AS A SECOND LANGUAGE TO A LARGE INFLUX OF REFUGEES. A SUMMER FEEDING PROGRAM PROVIDES BREAKFAST AND LUNCH FOR CHILDREN WHO RECEIVE A FREE OR SUBSIDIZED MEALS THROUGHOUT THE SCHOOL YEAR. A BENEVOLENCE FUND THAT HELPS THOSE THAT CANNOT AFFORD TO PURCHASE MEDICATIONS, MAKE EMERGENCY REPAIRS TO HOMES, TRAVEL, EDUCATIONAL FUNDING, OR HAVE OTHER CRITICAL NEEDS. DISTRIBUTING EMERGENCY FOOD BOXES TO THOSE IN NEED. TEACHING FINANCIAL LITERACY AND LIFE SKILLS TO CLIENTS. ANNUAL ROAD TRIP FOR GIVING TREE CHILDREN, FREE OF COST, TO ALLOW THEM TO LEARN AND EXPLORE NEW EXPERIENCES AND BUILD SELF-ESTEEM.**

**UPON WRITTEN REQUEST, THE G.T. OUTREACH PROGRAM INC., WILL MAKE ITS FORMS 1023 AND 990 AVAILABLE FOR PUBLIC INSPECTION.**

**THE GRACE HOME, WHICH IS OWNED BY CARLO GIOVINGO, IS BEING HELD IN TRUST FOR THE G.T. OUTREACH PROGRAM INC., AKA THE GIVING TREE.**

**PRINCIPAL OFFICER NAME AND ADDRESS**

**ATTACHMENT 1: FORM 990 PAGE 1, LINE F**

**OPEN TO PUBLIC INSPECTION** For calendar year 2009, or tax period beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of Organization **THE GT OUTREACH PROGRAM, INC** Employer Identification Number **86-1033135**

990, Page 1, Line F

Principal officer name . . . . . **ELIZABETH WRIGHT**

or  
Business Name: \_\_\_\_\_

Street Address . . . . . **SAME**

U.S. Address:

Zip code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
or

Foreign Address

City . . . . . \_\_\_\_\_

Province or State . . . . . \_\_\_\_\_

Country . . . . . \_\_\_\_\_

Postal code . . . . . \_\_\_\_\_

**PRIMARY EXEMPT PURPOSE**

**ATTACHMENT 2: FORM 990 PAGE 1, PART I**

<b>OPEN TO PUBLIC INSPECTION</b>	For calendar year 2009 or tax period beginning _____, and ending _____
<b>Name of Organization</b> THE GT OUTREACH PROGRAM, INC	<b>Employer Identification Number</b> 86-1033135

Primary Purpose

THE G.T OUTREACH PROGRAM, AKA THE GIVING TREE AND THE GRACE HOME, IS A FAITH BASED, NON-PROFIT, MOSTLY VOLUNTEER ORGANIZATION. OUR COMMITMENT IS TO HELP HOMELESS AND NEEDY CHILDREN, FAMILIES, ELDERLY AND DISABLED INDIVIDUALS. WE PROVIDE HOT MEALS, EMERGENCY FOOD BOXES, CLOTHING, TOILETRIES, TUTORING, MENTORING, FINANCIAL LITERACY AND OTHER SELF-HELP CLASSES, TRANSPORTATION, REFERRALS FOR HOUSING, AND JOB RELATED TRAINING AND PLACEMENT. IN ADDITION, WE ASSIST CLIENTS IN GETTING THEIR GED OR ENROLLING FOR COLLEGE PLACEMENT, SCHOLARSHIPS ARE AVAILABLE FOR THOSE WHO NEED FUNDS FOR BOOKS OR OTHER SCHOOL SUPPLIES.

**PRIMARY EXEMPT PURPOSE**

**ATTACHMENT 3: FORM 990 PAGE 2, PART III**

<b>OPEN TO PUBLIC INSPECTION</b>	For calendar year 2009 or tax period beginning _____, and ending _____
<b>Name of Organization</b> THE GT OUTREACH PROGRAM, INC	<b>Employer Identification Number</b> 86-1033135

Primary Purpose

THE G.T OUTREACH PROGRAM, AKA THE GIVING TREE AND THE GRACE HOME, IS A FAITH BASED, NON-PROFIT, MOSTLY VOLUNTEER ORGANIZATION. OUR COMMITMENT IS TO HELP HOMELESS AND NEEDY CHILDREN, FAMILIES, ELDERLY AND DISABLED INDIVIDUALS. WE PROVIDE HOT MEALS, EMERGENCY FOOD BOXES, CLOTHING, TOILETRIES, TUTORING, MENTORING, FINANCIAL LITERACY AND OTHER SELF-HELP CLASSES, TRANSPORTATION, REFERRALS FOR HOUSING, AND JOB RELATED TRAINING AND PLACEMENT. IN ADDITION, WE ASSIST CLIENTS IN GETTING THEIR GED OR ENROLLING FOR COLLEGE PLACEMENT, SCHOLARSHIPS ARE AVAILABLE FOR THOSE WHO NEED FUNDS FOR BOOKS OR OTHER SCHOOL SUPPLIES.

**PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT**

**ATTACHMENT 4: FORM 990 PAGE 2, PART III**

**OPEN TO PUBLIC INSPECTION** For calendar year 2009, or tax period beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of Organization: **THE GT OUTREACH PROGRAM, INC** Employer Identification Number: **86-1033135**

Part III - Statement of Program Service Accomplishments

Code: \_\_\_\_\_ Expenses: **438,857** including Grants of \_\_\_\_\_ Revenue: **289,552**

**Exempt Purpose Achievements**

PROJECT F.E.E.D. "FEED EVERYONE EVERY DAY" SERVES OVER 200 FAMILIES TWICE EACH WEEK, 52 WEEKS PER YEAR. THE FAMILY UNIT EQUATES TO OVER 1000 MEALS SERVED EACH WEEK ALL YEAR LONG. THIS PROJECT WAS DEVELOPED TO FEED TUCSON'S HOMELESS AND NEEDY POPLUATION EVERY DAY. PROJECT F.E.E.D. SERVES A HOT MEAL EVERY THURSDAY AND SUNDAY. THERE IS NO RUNNING WATER OR ELECTRICITY ON THE LOT, BUT HOT FOOD IS SERVED FOR 2 1/2 HOURS TWICE A WEEK. PROJECT F.E.E.D. GOES ON IN RAIN, HEAT, AND EVEN SNOW. WE FEED THE HOMELESS AND DISADVANTAGED CHILDREN, FAMILY MEMBERS, VETERANS, ELDERLY AND DISABLED INDIVIDUALS, EVERYDAY OF THE WEEK, 3 TIMES A DAY AT THE COMPASSION HOPE CENTER. WE ALSO DISTRIBUTE CLOTHING, AS WELL AS DISPENSE EMERGENCY FOOD BOXES AND TOILETRIES.

**PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT**

**ATTACHMENT 4: FORM 990 PAGE 2, PART III**

**OPEN TO PUBLIC INSPECTION** For calendar year 2009, or tax period beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of Organization: **THE GT OUTREACH PROGRAM, INC** Employer Identification Number: **86-1033135**

Part III - Statement of Program Service Accomplishments

Code: \_\_\_\_\_ Expenses: **47,513** including Grants of: \_\_\_\_\_ Revenue: **155,629**

Exempt Purpose Achievements

THE G.T. OUTREACH PROGRAM, INC OPERATES 11 RESIDENTIAL FACILITIES WHICH HOUSE WOMEN AND CHILDREN, SINGLE FATHERS AND THEIR CHILDREN, INDIVIDUALS AND THE ELDERLY. WE WERE ABLE TO ACQUIRE 3 ADDITIONAL HOUSES IN 2008. THE GRACE HOME IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK. OUR RESIDENCE IS HOME TO SINGLE MOTHERS AND THEIR CHILDREN, MANY ARE YOUNG TEEN MOMS WHO WOULD BE HOMELESS WITHOUT THE AVAILABILITY OF THE GRACE HOME. THEIR CAUSES OF HOMELESSNESS INCLUDING: POVERTY, TRUSTING UNWORTHY PEOPLE, AND DOMESTIC VILENCE. THE NEW LIFE HOME IS A NEW HOUSE THAT WAS DONATED IN 2008. WE OWN THE HOME FREE AND CLEAR AND THERE ARE NO LIENS AGAINST IT. WE WILL BE HOUSING REFUGEE FAMILIES AND OTHER SINGLE PARENT FAMILIES. THE FAITH HOME IS A NEW HOUSE THAT WAS DONTAED AS WELL IN 2008. IT ALSO IS OWNED FREE AND CLEAR WITH NO LIENS AGAINST IT. OUR HOME IS A MULTI- GENERALTIONAL HOME OFFERING A TRUE FAMILY ATMOSPHERE AND CAMARADERIE, AS WELL AS SHELTER. THIS HOUSE IS CURRENTLY HOME TO SMALL CHILDREN AS WELL AS ELDERLY. THE CHILDREN HAVE THE ADDED BONUS OF GETTING A SURROGATE GRANDMOTHER AS WELL AS LIVING WITH THER PARENT.

**PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT**

**ATTACHMENT 4: FORM 990 PAGE 2, PART III**

**OPEN TO PUBLIC INSPECTION** For calendar year 2009, or tax period beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of Organization: **THE GT OUTREACH PROGRAM, INC** Employer Identification Number: **86-1033135**

Part III - Statement of Program Service Accomplishments  
Code \_\_\_\_\_ Expenses: **26,399** including Grants of: \_\_\_\_\_ Revenue: \_\_\_\_\_

**Exempt Purpose Achievements**

**G.E.A.R. - GAINING EMPLOYMENT AND RESPECT IS THE G.T. OUTREACH PROGRAM TO SERVE THOSE HARDEST TO PLACE. OUR JOBS PLACEMENT PROGRAM HAS BEEN RECOGNIZED AT THE NATIONAL LEVEL. WE HAVE PLACED HUNDREDS OF HOMELESS INDIVIDUALS BACK INTO THE WORKFORCE. OF THE HUNDREDS OF ORGANIZATIONS NATIONWIDE THAT STARTED OUT WITH THIS JOB PLACEMENT PROGRAM, ONLY A HANDFUL HAVE MET OR EXCEEDED EXPECTATIONS. THE JOBS PROGRAM (GEAR) WHICH ASSISTS CLIENTS IN GETTING BIRTH CERTIFICATES, SCHOOL TRANSCRIPTS, BUS PASSES, ALSO PROVIDES JOB SKILLS, TRAINING AND POST EMPLOYMENT SUPPORT. OUR THRIFT SHOP THAT GENERATES REVENUE AS WELL AS TRAINS INDIVIDUALS IN EVERY ASPECT OF MERCHANDISING AND RETAILING.**

BOOKS ARE IN CARE OF

ATTACHMENT 5: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC  
INSPECTION

For calendar year 2009 or tax period beginning , and ending

Name of Organization

THE GT OUTREACH PROGRAM, INC

Employer Identification Number

86-1033135

Part VI - Line 91a

Individual Name

or

Business Name:

DAVID W GOODMAN JD CPA LLP

Street Address

7473 E TANQUE VERDE

U.S. Address:

Zip code

85715

City

TUCSON

State

AZ

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

(520) 886-5631

Fax Number

(520) 722-3738

**SCHEDULE OF OTHER EXPENSES**

**ATTACHMENT 6: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES**

**OPEN TO PUBLIC INSPECTION** For calendar year 2009 or tax period beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of Organization: **THE GT OUTREACH PROGRAM, INC** Employer Identification Number: **86-1033135**

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
RENT BENEVELENCE	26,260	26,260		
CAR REPAIRS	25,170	25,170		
TELEPHONE	23,769	23,769		
FOOD	21,551	21,551		
SUPPLIES REIMB BENEVOLENCE	18,909	18,909		
GIFT CERTIFICATE BENEVOLENC	18,478	18,478		
REPAIRS AND MAINTENANCE	17,075	17,075		
TAXES	10,354		10,354	
BENEVOLENT EDUCATION	10,024	10,024		
BUS PASSES	7,280	7,280		
VEHICLE EXPENSES	6,697	6,697		
BENEVOLENT HOUSEHOLD FUR	6,079	6,079		
OFFICE SUPPLIES	4,350		4,350	
BUSINESS LICENSES	3,692	3,692		
MEDICAL BENEVOLENT	2,336	2,336		
STORAGE BENEVOLENT	1,739	1,739		
CLEANING	1,228	1,228		
SUBCONTRACTORS	845		845	
POSTAGE	804		804	
BANK AND CREDIT CARD	669		669	
CLOTHING	431	431		
FUNDRAISING	282			282
<b>Total</b>	<b>208,022</b>	<b>190,718</b>	<b>17,022</b>	<b>282</b>

# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment  
Sequence No. **67**

Name(s) shown on return <b>THE GT OUTREACH PROGRAM, INC</b>	Business or activity to which this form relates <b>FOR FORM 990</b>	Identifying number <b>86-1033135</b>
--	--	---

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	\$250,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions). . . . .	3	\$800,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	<b>250,000</b>
<b>6 (a) Description of property (b) Cost (busn. use only) (c) Elected cost</b>		
7 Listed property Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . .	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	<b>250,000</b>
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 . . . ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . .	17	<b>43,482</b>
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B -- Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C -- Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21 Listed property. Enter amount from line 28 . . . . .	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations -- see instructions . . . . .	22	<b>43,482</b>
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

## 2009 Federal Depreciation Schedule

THE GT OUTREACH PROGRAM, INC  
86-1033135

11-08-2010

Description	Date	Method	Year	Cost	Land/ Other	Prior \$179	Current \$179	Pr Spec Allow	Cur Spec Allow	Basis	Prior	Current	Accum Depr	Adj Basis
<b>Form 990</b>														
2 FREEZERS-CHC	08-01-05	200DBHY	7	1,000		0	0	0	0	1,000	688	89	777	223
2 FREEZERS-GRAC	02-01-05	200DBHY	7	1,200		0	0	0	0	1,200	825	107	932	268
5 BUNK BEDS & MATTRE	08-01-05	200DBHY	7	1,650		0	0	0	0	1,650	1,135	147	1,282	368
ADMIN FURNITURE	05-31-04	200DBHY	7	1,256		0	0	0	0	1,256	976	112	1,088	168
ANGEL WINGS HOME	12-30-08	S/LMM	27.5	100,441	20,000	0	0	0	0	80,441	122	2,925	3,047	77,394
BUILDING-COMPA SSION	03-01-05	S/LMM	39	139,000	10,000	0	0	0	0	129,000	13,006	3,308	16,314	112,686
COMMERCIAL KITCHEN	01-01-07	200DBHY	5	60,000		0	0	0	0	60,000	31,200	11,520	42,720	17,280
COMPASSION-BA THROOM	01-01-07	200DBHY	5	11,000		0	0	0	0	11,000	5,720	2,112	7,832	3,168
COMPASSION-FIR E SYS	01-01-07	200DBHY	5	10,000		0	0	0	0	10,000	5,200	1,920	7,120	2,880
COMP-FIRE PROOF WALL	01-01-07	150DBHY	15	10,000		0	0	0	0	10,000	1,450	855	2,305	7,695
COUCH-GRACE	08-01-05	200DBHY	7	800		0	0	0	0	800	550	71	621	179
FAITH HOME	12-18-08	S/LMM	27.5	112,500	10,000	0	0	0	0	102,500	156	3,727	3,883	98,617
FURNACE & COOLING	08-03-08	S/LMM	39	10,526		0	0	0	0	10,526	101	270	371	10,155
FURNITURE-GRACE	06-01-06	200DBHY	7	3,014		0	0	0	0	3,014	1,696	376	2,072	942
HOUSEHOLD FURNITURE	05-01-04	200DBHY	7	7,268		0	0	0	0	7,268	5,647	648	6,295	973
MERCY HOME	12-18-08	S/LMM	27.5	112,500	10,000	0	0	0	0	102,500	156	3,727	3,883	98,617
NEW COMPUTERS	07-01-06	200DBHY	5	1,492		0	0	0	0	1,492	1,061	172	1,233	259
OUR HOME	05-20-08	S/LMM	27.5	141,646	25,000	0	0	0	0	116,646	2,651	4,241	6,892	109,754
PROMISE HOUSE	03-27-07	S/LMM	27.5	164,900	15,000	0	0	0	0	149,900	9,766	5,450	15,216	134,684
PROMISE-IMRPOV	04-15-07	200DBHY	5	3,000		0	0	0	0	3,000	1,560	576	2,136	864
REFRIGERATOR-GRACE	08-01-05	200DBHY	7	570		0	0	0	0	570	392	51	443	127
REFRIGERATORS -CHC	08-01-06	200DBHY	7	2,286		0	0	0	0	2,286	1,287	286	1,573	713
STRAGE SHED-CHC	02-01-05	200DBHY	7	1,710		0	0	0	0	1,710	1,176	153	1,329	381
STORE FIXTURES	05-01-08	200DBHY	7	1,100		0	0	0	0	1,100	157	269	426	674

\* Asset disposed this year  
~C Carryover basis in like-kind exchange transaction  
~B Excess basis in like-kind exchange transaction

## 2009 Federal Depreciation Schedule

THE GT OUTREACH PROGRAM, INC  
86-1033135

11-08-2010

Description	Date	Method	Year	Cost	Land/ Other	Current \$179	Prior \$179	Pr Allow	Cur Allow	Spec Allow	Basis	Prior	Current	Accum Depr	Adj Basis	
<b>Form 990</b>																
TABLE & CHAIRS-FEED	06-01-06	200DBHY	7	1,562	0	0	0	0	0	0	1,562	879	195	1,074	488	
WATER HEATER	01-01-07	200DBHY	7	1,000	0	0	0	0	0	0	1,000	388	175	563	437	
Totals				901,421	90,000	0	0	0	0	0	811,421	87,945	43,482	131,427	679,994	
<b>26 Assets</b>				<b>901,421</b>	<b>90,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>811,421</b>	<b>87,945</b>	<b>43,482</b>	<b>131,427</b>	<b>679,994</b>	

\* Asset disposed this year  
 ~C Carryover basis in like-kind exchange transaction  
 ~B Excess basis in like-kind exchange transaction

# 2009 AMT Depreciation Schedule

THE GT OUTREACH PROGRAM, INC  
86-1033135

11-08-2010

Description	Date	Method	Year	Bus. Use %	Cost	Land/Other	\$179	Spec Allow	Basis	Prior	AMT	Regular	Adjust
<b>Form 990</b>													
2 FREEZERS-CHC	08-01-05	150DBHY	7	100.00	1,000	0	0	0	1,000	0	123	89	-34
2 FREEZERS-GRACE	02-01-05	150DBHY	7	100.00	1,200	0	0	0	1,200	0	147	107	-40
5 BUNK BEDS & MATTRE	08-01-05	150DBHY	7	100.00	1,650	0	0	0	1,650	0	202	147	-55
ADMIN FURNITURE	05-31-04	150DBHY	7	100.00	1,256	0	0	0	1,256	0	154	112	-42
ANGEL WINGS HOME	12-30-08	S/LMM	27.5	100.00	100,441	20,000	0	0	80,441	0	2,925	2,925	0
BUILDING-COMPASSION	03-01-05	S/LMM	39	100.00	139,000	10,000	0	0	129,000	0	3,308	3,308	0
COMMERCIAL KITCHEN	01-01-07	150DBHY	5	100.00	60,000	0	0	0	60,000	0	10,710	11,520	810
COMPASSION-BA THROOM	01-01-07	150DBHY	5	100.00	11,000	0	0	0	11,000	0	1,963	2,112	149
COMPASSION-FIR E SYS	01-01-07	150DBHY	5	100.00	10,000	0	0	0	10,000	0	1,785	1,920	135
COMP-FIRE PROOF WALL	01-01-07	150DBHY	15	100.00	10,000	0	0	0	10,000	0	855	855	0
COUCH-GRACE	08-01-05	150DBHY	7	100.00	800	0	0	0	800	0	98	71	-27
FAITH HOME	12-18-08	S/LMM	27.5	100.00	112,500	10,000	0	0	102,500	0	3,727	3,727	0
FURNACE & COOLING	08-03-08	S/LMM	39	100.00	10,526	0	0	0	10,526	0	270	270	0
FURNITURE-GRACE	06-01-06	150DBHY	7	100.00	3,014	0	0	0	3,014	0	369	376	7
HOUSEHOLD FURNITURE	05-01-04	150DBHY	7	100.00	7,268	0	0	0	7,268	0	890	648	-242
MERCY HOME	12-18-08	S/LMM	27.5	100.00	112,500	10,000	0	0	102,500	0	3,727	3,727	0
NEW COMPUTERS	07-01-06	150DBHY	5	100.00	1,492	0	0	0	1,492	0	249	172	-77
OUR HOME	05-20-08	S/LMM	27.5	100.00	141,646	25,000	0	0	116,646	0	4,241	4,241	0
PROMISE HOUSE	03-27-07	S/LMM	27.5	100.00	164,900	15,000	0	0	149,900	0	5,450	5,450	0
PROMISE-IMRPOV	04-15-07	150DBHY	5	100.00	3,000	0	0	0	3,000	0	535	576	41
REFRIGERATOR-GRACE	08-01-05	150DBHY	7	100.00	570	0	0	0	570	0	70	51	-19
REFRIGERATORS-CHC	08-01-06	150DBHY	7	100.00	2,286	0	0	0	2,286	0	280	286	6
STORAGE SHED-CHC	02-01-05	150DBHY	7	100.00	1,710	0	0	0	1,710	0	209	153	-56
STORE FIXTURES	05-01-08	150DBHY	7	100.00	1,100	0	0	0	1,100	0	210	269	59
TABLE & CHAIRS-FEED	06-01-06	150DBHY	7	100.00	1,562	0	0	0	1,562	0	191	195	4
WATER HEATER	01-01-07	150DBHY	7	100.00	1,000	0	0	0	1,000	0	150	175	25
<b>26 Assets</b>					<b>901,421</b>	<b>90,000</b>	<b>0</b>	<b>0</b>	<b>811,421</b>	<b>0</b>	<b>42,838</b>	<b>43,482</b>	<b>644</b>
<b>26 Assets</b>					<b>901,421</b>	<b>90,000</b>	<b>0</b>	<b>0</b>	<b>811,421</b>	<b>0</b>	<b>42,838</b>	<b>43,482</b>	<b>644</b>

\* Asset disposed this year  
~C Carryover basis in like-kind exchange transaction  
~B Excess basis in like-kind exchange transaction

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>THE GT OUTREACH PROGRAM, INC</b>	Employer identification number <b>86-1033135</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>4888 EAST BROADWAY BLVD</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see inst <b>TUCSON AZ 85711</b>	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of DAVID-W. GOODMAN, J.D. CPA  
Telephone No 520-886-5631 FAX No 520-722-3738
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until NOVEMBER 15, 2010
- For calendar year 2009 , or other tax year beginning \_\_\_\_\_ , 20\_\_\_\_ , and ending \_\_\_\_\_ , 20\_\_\_\_ .
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension **ADDITIONAL INFORMATION IS NEEDED FROM DONORS TO ACCURATLY FILE THE RETURN**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>8c</b>	\$	0

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title J.D. DIRECTOR CPA Date 08-12-10