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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

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A For the 2009 calendar year, or tax year beginning		September 1	, 2009, and ending	August 31	, 2010
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Grand Harbor Community Outreach Program, Inc. Please use IRS label or print or type. See Specific Instructions.		51-0418002 E Telephone number 770-289-3448	
		Number and street (or P.O. box, if mail is not delivered to street address) P.O. Box 64-4017		F Group Exemption Number ►	
		City or town, state or country, and ZIP + 4 Vero Beach, FL 32964			

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) ►

I Website: ►J Tax-exempt status (check only one) — 501(c) () ▶ (insert no.) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	152,335
	2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3		
4 Investment income	4	12	
5a Gross amount from sale of assets other than inventory	5a		
b Less: cost or other basis and sales expenses	5b		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>			
a Gross revenue (not including \$ <u>152,335</u> of contributions reported on line 1)	6a	80,085	
b Less: direct expenses other than fundraising expenses	6b	16,016	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	64,069	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe) ►	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	216,416	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	196,845
	11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12		
13 Professional fees and other payments to independent contractors	13		
14 Occupancy, rent, utilities, and maintenance	14		
15 Printing, publications, postage, and shipping	15	5,859	
16 Other expenses (describe) ►	16	11,023	
17 Total expenses. Add lines 10 through 16 ►	17	213,727	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,689
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	27,219
20 Other changes in net assets or fund balances (attach explanation)	20	(497)	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	29,411	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	27,219	22 30,411
23 Land and buildings		23
24 Other assets (describe) ► <u>Accounts Receivable</u>	500	24
25 Total assets	27,719	25 30,411
26 Total liabilities (describe) ► <u>Prepaid Contributions</u>	(500)	26 (1,000)
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,219	27 29,411

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

Cat No 10642I

Form 990-EZ (2009)

SCANNED JAN 25 2011

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **See Attachment**

What is the organization's primary exempt purpose? GOVERNMENT
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$ **) If this amount includes foreign grants, check here**

29a

30

If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$ 196,845) If this amount includes foreign grants, check here

31a

32

32 196.845

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Dave Warren 5375 Sol Rue Circle, Vero Beach, FL 32967	President- Varies	-0-	-0-	-0-
Richard Marchese 5430 E. Harbor Village Dr, Vero Beach, FL 32967	Treasurer - Varies	-0-	-0-	-0-
Dave Redmond 5620 N. Harbor Village Dr. #303, Vero Beach, FL 32967	Assistant Treasurer-Varies	-0-	-0-	-0-
William Hamlin 4850 E. Coventry Dr., Vero Beach, FL 32967	V. P.-Varies	-0-	-0-	-0-
Susanne Sweeney 5530 E. Harbor Village Dr, Vero Beach, FL 32967	V. P.-Varies	-0	-0-	-0-
Edward Domek 1225 Marina Village Circle, Vero Beach, FL 32967	V. P.-Varies	-0-	-0-	-0-
Inge Lorenzoni 1708 Victoria Circle, Vero Beach, FL 32967	Assistant V. P.	-0-	-0-	-0-
Elizabeth Crowther 1648 Victoria Circle, Vero Beach, FL 32967	Secretary	-0-	-0-	-0-

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a -0-		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► -0- ; section 4912 ► -0- ; section 4955 ► -0-		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		-0-
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		-0-
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed. ► Florida		
42a The organization's books are in care of ► Richard Marchese Telephone no. ► 770-289-3448 Located at ► 5430 E. Harbor Village Dr, Vero Beach, FL ZIP + 4 ► 32967		
b 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)?	42b	✓
If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 □		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48	✓
b	If "Yes," was the related organization a section 527 organization?	49a	✓
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	49b	

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 . . ►

Sign Here	<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge</p> <p><i>Richard Marchese</i></p>			
	Signature of officer	Date		
	<p>Richard Marchese Treasurer</p> <p>Type or print name and title</p>			
Paid Preparer's Use Only	<p>Preparer's signature</p> <p><i>Richard Marchese</i></p>	Date	<p><input type="checkbox"/> Check if self-employed</p>	Preparer's identifying number (See instructions)
	<p>Firm's name (or yours if self-employed), address, and ZIP + 4</p> <p><i>Richard Marchese</i></p>	EIN	<p><input type="checkbox"/> Phone no</p>	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

Employer identification number

Grand Harbor Outreach Program, Inc.

51 |

0418002

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	<input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .									
2	<input type="checkbox"/> A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E.)									
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .									
4	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .									
7	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.)									
9	<input type="checkbox"/> 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	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See section 509(a)(4) .									
11	<input type="checkbox"/> 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. <table border="0" style="margin-left: 20px;"> <tr> <td>a <input type="checkbox"/> Type I</td> <td>b <input type="checkbox"/> Type II</td> <td>c <input type="checkbox"/> Type III—Functionally integrated</td> <td>d <input type="checkbox"/> Type III—Other</td> </tr> </table>	a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III—Functionally integrated	d <input type="checkbox"/> Type III—Other					
a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III—Functionally integrated	d <input type="checkbox"/> Type III—Other							
e	<input type="checkbox"/> 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 _____ <input type="checkbox"/>									
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <table border="0" style="margin-left: 20px;"> <tr> <td>(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?</td> <td>_____</td> </tr> <tr> <td>(ii) A family member of a person described in (i) above?</td> <td>_____</td> </tr> <tr> <td>(iii) A 35% controlled entity of a person described in (i) or (ii) above?</td> <td>_____</td> </tr> </table>	(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?	_____	(ii) A family member of a person described in (i) above?	_____	(iii) A 35% controlled entity of a person described in (i) or (ii) above?	_____			
(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?	_____									
(ii) A family member of a person described in (i) above?	_____									
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	_____									
h	Provide the following information about the supported organization(s). <table border="0" style="margin-left: 20px;"> <tr> <td>11g(i)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>11g(ii)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>11g(iii)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	11g(i)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>	11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(i)	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>								
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>								

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

Cat No 11285F

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.")	195,729	242,167	229,065	184,957	216,416	1,068,334
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 Total. Add lines 1 through 3	195,729	242,167	229,065	184,957	216,416	1,068,334
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 Public support. Subtract line 5 from line 4.						

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	195,729	242,167	229,065	184,957	216,416	1,068,334
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,203	5,837	3,862	286	12	13,200
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 Total support. Add lines 7 through 10						1,081,534
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.9 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.6 %
16a 33½ % support test—2009. If the organization did not check the box on line 13, and line 14 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33½ % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2009

Open To Public
Inspection

Name of the organization

Employer identification number

Grand Harbor Community Outreach Program, Inc.

51 0418002

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 Evening Giving (event type)	(b) Event #2 Bridge Lunch (event type)	(c) Other events Golf Tourney (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	23,685	15,265	41,135	80,085
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages		2,962	8,674	11,636
8 Entertainment				
9 Other direct expenses	461	2,243	1,676	4,380
10 Direct expense summary. Add lines 4 through 9 in column (d) ►				(16,016)
11 Net income summary. Combine line 3, column (d), and line 10 ►				64,069

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				0
Direct Expenses				
2 Cash prizes				0
3 Noncash prizes				0
4 Rent/facility costs				0
5 Other direct expenses				0
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ►				(0)
8 Net gaming income summary. Combine line 1, column d, and line 7 ►				0

9 Enter the state(s) in which the organization operates gaming activities: **None**

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

9a	Yes	No
10a		
11		
12		

	Yes	No		
13 Indicate the percentage of gaming activity operated in:	13a	0 %	13b	0 %
a The organization's facility				
b An outside facility				
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	<p>Name ►</p> <p>Address ►</p>			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
b If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the amount of gaming revenue retained by the third party ► \$			
c If "Yes," enter name and address of the third party:	<p>Name ►</p> <p>Address ►</p>			
16 Gaming manager information:	<p>Name ►</p> <p>Gaming manager compensation ► \$</p> <p>Description of services provided ►</p> <p><input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor</p>			
17 Mandatory distributions:	17a			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?				
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$				

Grand Harbor Community Outreach Program, Inc.
PO Box 64-4017
Vero Beach, FL 32964

Form 990 EZ Part III line 28

Grand Harbor Community Outreach is a non-profit organization engaged in fund raising to address unmet needs of groups and individuals in the areas of health, education and human services in Indian River County, Florida.

Grand Harbor Outreach Program, Inc.

2009 Form 990EZ Part I Line 20

Deferred income from 2008	<u>\$(500.00)</u>
Adjustment in rounding error	<u>3.00</u>
Total line 20	<u>\$(497.00)</u>

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Grand Harbor Community Outreach Program, Inc.
Transaction Detail By Account
September 2009 through August 2010

Form 990EZ Part III line 31

9700 - Grants and Awards (Grants and Awards)
7020 - Grants to other organizations (Grants Awarded)

<u>Name</u>	<u>Paid Amount</u>
Indian River Charter School	\$ 200.00
GH Habitat for Humanity	2,500.00
Food Pantry of IRC, Inc	12,500.00
Guardian for New Futures	2,500.00
Harvest Food & Outreach	6,000.00
Mobile Cantine Feeding Program	10,000.00
Treasure Coast Food Bank, Inc	25,000.00
VNA Hospice	5,600.00
Big Brothers Big Sisters of IRC	4,000.00
Boys and Girls Clubs of IRC	10,000.00
Dasie Bridgewater Hope Center	5,000.00
Dollars for Scholars	3,000.00
Education Foundation of IRC	4,000.00
Gifford Youth Activities Center	5,000.00
Riverside Theater, Inc-Children's Theatre	2,500.00
Winners Walk Tall	2,000.00
Youth Guidance Volunteer Program	5,000.00
C A S T L E	8,000.00
Childcare Resources of IRC	7,000.00
Children's Home Society of Florida	2,500.00
Healthy Start Coalition Inc. of IRC	5,000.00
Hibiscus Children's Center - Vero Beach	5,000.00
Homeless Family Center, Inc	3,300.00
Treasure Coast Homeless Svcs Council	6,000.00
The Source - I AM Ministries, Inc	3,000.00
Abilities Resource Center	5,000.00
Alzheimer/Parkinson Association of IRC	4,000.00
Mental Health Association	6,700.00
Samantan Center	10,300.00
Special Equestrians of the TC	4,600.00
Sun-Up of IRC, Inc.	5,000.00
Total 7020 Grants to other organizations (Grants Awarded)	180,200.00
Total 7040 Awards & grants - individuals (Evening of Giving Gifts)	16,645.01
Total 9700 - Grants and Awards (Grants and Awards)	\$ 196,845.01