

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GALLANT HEARTS GUIDE DOG CENTER		D Employer identification number 36-4661482
	Doing business as		E Telephone number 601-856-2558
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 131 RED FOX LANE	G Gross receipts \$ 1,306,482.	
	City or town, state or province, country, and ZIP or foreign postal code MADISON, MS 39110		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: REBECCA FLOYD SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.GALLANTHEARTS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2009	M State of legal domicile: MS

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE WELL-TRAINED, HEALTHY GUIDE DOGS TO PEOPLE WHO ARE BLIND.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	50
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	67,787.	79,483.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	225,481.	248,788.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	293,268.	328,271.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	46,766.	101,065.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,197.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	85,897.	115,758.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	132,663.	216,823.
	20 Total assets (Part X, line 16)	160,605.	111,448.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	423,824.	537,865.
		5,462.	8,055.
		418,362.	529,810.

Part II Signature Block

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.

Sign Here	Signature of officer	Date			
	REBECCA FLOYD, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MATTHEW A TURNAGE CPA	Preparer's signature	Date 11/01/20	Check if self-employed <input type="checkbox"/>	PTIN P00290757
	Firm's name ▶ MATTHEWS CUTRER & LINDSAY, PA	Firm's EIN ▶ 64-0897081			
	Firm's address ▶ 599 C STEED ROAD RIDGELAND, MS 39157	Phone no. 601-898-8875			

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