

**Return of Organization Exempt From Income Tax**

Form **990**

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**  
Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

<b>B</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	<b>C</b> Name of organization <b>GALLANT HEARTS GUIDE DOG CENTER</b>	<b>D</b> Employer identification number <b>36-4661482</b>
	Doing business as	<b>E</b> Telephone number <b>601-856-2558</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>131 RED FOX LANE</b>	<b>G</b> Gross receipts \$ <b>1,111,210.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>MADISON, MS 39110</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>F</b> Name and address of principal officer: <b>REBECCA FLOYD</b> <b>SAME AS C ABOVE</b>	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.GALLANTHEARTS.ORG** **H(c)** Group exemption number \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **2009** **M** State of legal domicile: **MS**

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE WELL-TRAINED, HEALTHY GUIDE DOGS TO PEOPLE WHO ARE BLIND.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>9</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>50</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>52,931.</b>	<b>92,852.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>227,116.</b>	<b>133,373.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>280,047.</b>	<b>226,225.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>97,828.</b>	<b>80,924.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>1,210.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>103,337.</b>	<b>125,876.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>201,165.</b>	<b>206,800.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>78,882.</b>	<b>19,425.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>726,623.</b>	<b>End of Year</b> <b>800,969.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>12,476.</b>	<b>67,397.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>714,147.</b>	<b>733,572.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>REBECCA FLOYD, EXECUTIVE DIRECTOR</b>	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MATTHEW A TURNAGE CPA</b>	Preparer's signature	Date <b>10/23/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00290757</b>
	Firm's name <b>MATTHEWS CUTRER &amp; LINDSAY, PA</b>	Firm's EIN <b>64-0897081</b>	Firm's address <b>1020 HIGHLAND COLONY PKWY, 500 RIDGELAND, MS 39157</b>	Phone no. <b>601-898-8875</b>	

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**TO BREED, RAISE, TRAIN AND PLACE HEALTHY, WELL-TRAINED DOGS TO LEAD PEOPLE WHO ARE BLIND AND TO DO ALL THINGS NECESSARY TO ACHIEVE THIS GOAL. GALLANT HEARTS GUIDE DOG CENTER PROVIDES GUIDE DOGS, FREE OF CHARGE, TO QUALIFIED INDIVIDUALS TO ENHANCE DIGNITY, PROMOTE**

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  
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  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 159,137. including grants of \$ ) (Revenue \$ )  
**DURING FISCAL YEAR 2022 GALLANT HEARTS COMPLETED ITS NEW WHELPING KENNEL FOR MOTHERS AND BABIES. THIS WAS A SIGNIFICANT INVESTMENT AND WILL GREATLY BENEFIT GALLANT HEARTS.**

**DURING 2022 GALLANT HEARTS IDENTIFIED A BOARD MEMBER TO PROVIDE PUBLIC EDUCATION TO DELTA GAMMA CHAPTERS IN THE SOUTHERN PART OF THE UNITED STATES AND THIS RESULTED IN A SIGNIFICANT INCREASE IN DONATIONS FROM DELTA GAMMA CHAPTERS.**

**THE ORGANIZATION CONTINUED TO IMPROVE ITS BREEDING PROGRAM AND CONTINUED TO PLACE HEALTHY, WELL TRAINED GUIDE DOGS.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4d Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **159,137.**