Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending						
	Check if applicable			· · · · · · · · · · · · · · · · · · ·	D Employer identification number	
	Addre	GALLANT HEARTS GUIDE DOG CENTER				
Ē	Name	Doing business as			36-4661482	
	Initial return	Number and street (or P.O. box if mail is not delivered to s	P.O. box if mail is not delivered to street address) Room/sui		E Telephone number	
	Final	131 RED FOX LANE		601-856-2558		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts \$ 1,254,675.	
	Amen return	MADISON, MS 39110			H(a) Is this a group return	
Appl		F Name and address of principal officer: REBECCA FLOYD			for subordinates	
_	pendi				H(b) Are all subordinates in	cluded? Yes No
	Tax-ex	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			VIVI I SECURE SELECTION OF THE SECURE SECURIOR S	list. See instructions
J Website: WWW.GALLANTHEARTS.ORG H(c) Group exemption nu						
K Form of organization: X Corporation Trust Association Other L Year of formation: 2009 M State of legal domi						
Part Summary						
920	1	iefly describe the organization's mission or most significant activities: TO PROVIDE WELL-TRAINED, HEALTH UIDE DOGS TO PEOPLE THAT ARE BLIND.				
Activities & Governance	2	theck this box if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	mber of voting members of the governing body (Part VI, line 1a)				11_
	4	umber of independent voting members of the governing body (Part VI, line 1b)			4	11
	5		al number of individuals employed in calendar year 2023 (Part V, line 2a)			15
ΞĘ	6		al number of volunteers (estimate if necessary)			50
Acti	7 a		tal unrelated business revenue from Part VIII, column (C), line 12			0.
_	Ь	Net unrelated business taxable income from Form 990-T, Pa	rt I, line 11			0 . Current Year
				-	Prior Year 92,852.	110,342.
9	8			-0.0000000	92,852.	0.
Revenue	9				0.	0.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,			133,373.	139,057.
					226,225.	249,399.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0.	0.
					0.	0.
,,	15				80,924.	101,822.
See	16a				0.	0.
Fynenses	ь					
	17				125,876.	129,482.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			206,800.	231,304.
		evenue less expenses. Subtract line 18 from line 12			19,425.	18,095.
A.	4			Be	ginning of Current Year	End of Year
	20	Total assets (Part X, line 16)			800,969.	760,690.
	21	Total liabilities (Part X, line 26)			67,397.	9,023.
Net	Name and Address of	Net assets or fund balances. Subtract line 21 from line 20	***************************************		733,572.	751,667.
101700000	art II					
		Ilties of perjury, I declare that I have examined this return, including a				knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based	on all information of wh	lich preparer	has any knowledge.	
Sign Here		Signature of officer			Date	
		EBECCA FLOYD, EXECUTIVE DIRECTOR				
		Type or print name and title				
		Print/Type preparer's name Preparer's	signature		ate Check	PTIN
Paid		MATTHEW A TURNAGE CPA			1/05/24 self-employed P00290757	
Preparer		irm's name MATTHEWS CUTRER & LINDSAY, PA Firm's EIN 64-0897081				
Use	Only	irm's address 1020 HIGHLAND COLONY PKWY, 500				
	201	RIDGELAND, MS 39157			Phone no. 6 0 1	L-898-8875
May the IRS discuss this return with the preparer shown above? See instructions X Yes I						
LH/	\ For	Paperwork Reduction Act Notice, see the separate instru	ctions. 332001 12	2-21-23		Form 990 (2023)