

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

- 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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
GALLANT HEARTS GUIDE DOG CENTER
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
131 RED FOX LANE
 City or town, state or province, country, and ZIP or foreign postal code
MADISON, MS 39110

D Employer identification number
36-4661482

E Telephone number
601-856-2558

F Name and address of principal officer: **REBECCA FLOYD**
SAME AS C ABOVE

G Gross receipts \$ **1,095,328.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes 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**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2009** **M** State of legal domicile: **MS**

Part I Summary

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 2020 (Part V, line 2a)	5 19		
6 Total number of volunteers (estimate if necessary)	6 50		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.		
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 79,483.	Current Year 67,742.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	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)	248,788.	223,155.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	328,271.	290,897.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	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)	101,065.	99,753.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 200.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	115,758.	85,689.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	216,823.	185,442.	
19 Revenue less expenses. Subtract line 18 from line 12	111,448.	105,455.	
Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 537,865.	End of Year 640,849.
	21 Total liabilities (Part X, line 26)	8,055.	5,584.
	22 Net assets or fund balances. Subtract line 21 from line 20	529,810.	635,265.

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.

Signature of officer _____ **Date** _____
REBECCA FLOYD, EXECUTIVE DIRECTOR
 Type or print name and title

Print/Type preparer's name **MATTHEW A TURNAGE CPA** **Preparer's signature** _____ **Date** **11/12/21** **Check if self-employed** **PTIN** **P00290757**

Firm's name **MATTHEWS CUTRER & LINDSAY, PA** **Firm's EIN** **64-0897081**

Firm's address **599 C STEED RD**
RIDGELAND, MS 39157 **Phone no.** **601-898-8875**

Do you agree to allow the IRS to discuss this return with the preparer shown above? See instructions Yes No