

Return of Organization Exempt From Income Tax

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 **2020**, and ending **2020**

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

C Name of organization **THE TAKE HEART PROJECT INC**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
248 NORTH KENTUCKY AVE
 City or town, state or province, country, and ZIP or foreign postal code
LAKELAND, FL 33801

D Employer identification number
46-4209198

E Telephone number
(863) 698-2570

F Name and address of principal officer:
DELTA RYAN, 248 NORTH KENTUCKY AVE, LAKELAND, FL 33801

G Gross receipts \$ **340,957.**

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: ▶ **takeheartafrica.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2013**

M State of legal domicile: **FL**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO BRING HOPE TO ORPHANS AND WIDOWS AROUND THE WORLD.</u>		
	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	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	42
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,856.
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 159,691.	Current Year 153,900.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	129,098.	105,254.
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	288,789.	259,154.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	117,606.	108,149.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	18,720.	30,264.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	121,690.	72,653.
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	258,016.	211,066.
19	Revenue less expenses. Subtract line 18 from line 12	30,773.	48,088.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 125,901.	End of Year 177,477.
	21	Total liabilities (Part X, line 26)	40,316.	43,804.
	22	Net assets or fund balances. Subtract line 21 from line 20	85,585.	133,673.

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: **08/15/2021**

DELTA RYAN, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **BENJAMIN M FAIRCHILD** Preparer's signature: **BENJAMIN M FAIRCHILD** Date: **09/10/2021** Check if self-employed PTIN: **P00932093**

Firm's name ▶ **BRINTON FAIRCHILD, LLC** Firm's EIN ▶ **20-8087624**

Firm's address ▶ **1720 S FLORIDA AVE STE 1, LAKELAND, FL 33803** Phone no. **(863) 687-7777**

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

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2020

For calendar year 2020 or other tax year beginning _____, 2020, and ending _____, 20

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

**Open to Public Inspection
for 501(c)(3)
Organizations Only**

A <input type="checkbox"/> Check box if address changed.	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE TAKE HEART PROJECT INC Number, street, and room or suite no. If a P.O. box, see instructions. 248 NORTH KENTUCKY AVE City or town, state or province, country, and ZIP or foreign postal code LAKELAND, FL 33801	D Employer identification number 46-4209198 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year ▶ 177,477.				
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity				
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439				
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>				
J Enter the number of attached Schedules A (Form 990-T) ▶ 1				
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶				
L The books are in care of ▶ 248 NORTH KENTUCKY AVE LAKELAND FL 33801 Telephone number ▶ (863) 698-2570				

Part I Total Unrelated Business Taxable Income		
1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1
2	Reserved	2
3	Add lines 1 and 2	3
4	Charitable contributions (see instructions for limitation rules)	4
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5
6	Deduction for net operating loss. See instructions	6 0.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7 0.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8 1,000.
9	Trusts. Section 199A deduction. See instructions	9
10	Total deductions. Add lines 8 and 9	10 1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11 0.

Part II Tax Computation		
1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) ▶	1 0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶	2
3	Proxy tax. See instructions ▶	3
4	Other tax amounts. See instructions	4
5	Alternative minimum tax (trusts only)	5
6	Tax on noncompliant facility income. See instructions	6
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7 0.