

Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2021****Open to Public Inspection**

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.Department of the Treasury  
Internal Revenue Service**A For the 2021 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****HEARTS THAT PURR FELINE GUARDIANS**

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

**P.O. BOX 36418**

City or town, state or province, country, and ZIP or foreign postal code

**TUCSON, AZ 85740****D Employer identification number****46-2122623****E Telephone number****(520) 297-3780****F Group Exemption**

Number ▶

**G Accounting Method:** ☒ Cash ☐ Accrual Other (specify) ▶**I Website:** ▶ **WWW.HEARTSTHATPURR.ORG****H Check** ☐ if the organization is not required to attach Schedule B (Form 990).**J Tax-exempt status** (check only one) - ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets**

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ **171,987.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

|            |  |  |    |                 |
|------------|--|--|----|-----------------|
| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received   | 1  | <b>171,987.</b> |
|            | 2  | Program service revenue including government fees and contracts  | 2  |                 |
|            | 3  | Membership dues and assessments  | 3  |                 |
|            | 4  | Investment income  | 4  | <b>9.</b>       |
|            | 5a   | Gross amount from sale of assets other than inventory  | 5a |                 |
|            | 5b   | Less: cost or other basis and sales expenses   | 5b |                 |
|            | 5c   | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)  | 5c |                 |
|            | 6  | Gaming and fundraising events:   |    |                 |
|            | 6a   | Gross income from gaming (attach Schedule G if greater than \$15,000)  | 6a |                 |
|            | 6b   | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b |                 |
| 6c         | Less: direct expenses from gaming and fundraising events   | 6c   |    |                 |
| 6d         | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d   |    |                 |
| Expenses   | 7a   | Gross sales of inventory, less returns and allowances  | 7a |                 |
|            | 7b   | Less: cost of goods sold   | 7b |                 |
|            | 7c   | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)   | 7c |                 |
|            | 8  | Other revenue (describe in Schedule O)   | 8  |                 |
|            | 9  | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶   | 9  | <b>171,987.</b> |
|            | 10   | Grants and similar amounts paid (list in Schedule O)   | 10 |                 |
|            | 11   | Benefits paid to or for members  | 11 |                 |
|            | 12   | Salaries, other compensation, and employee benefits  | 12 | <b>36,088.</b>  |
| Net Assets | 13   | Professional fees and other payments to independent contractors  | 13 | <b>120.</b>     |
|            | 14   | Occupancy, rent, utilities, and maintenance  | 14 | <b>13,886.</b>  |
|            | 15   | Printing, publications, postage, and shipping  | 15 | <b>388.</b>     |
|            | 16   | Other expenses (describe in Schedule O)  | 16 | <b>73,077.</b>  |
|            | 17   | <b>Total expenses.</b> Add lines 10 through 16. ▶  | 17 | <b>123,559.</b> |
|            | 18   | Excess or (deficit) for the year (subtract line 17 from line 9)  | 18 | <b>48,428.</b>  |
|            | 19   | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   | 19 | <b>34,358.</b>  |
|            | 20   | Other changes in net assets or fund balances (explain in Schedule O)   | 20 |                 |
|            | 21   | Net assets or fund balances at end of year. Combine lines 18 through 20. ▶   | 21 | <b>82,786.</b>  |







**Part V**

**Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

|  | Yes | No |
|--|-----|----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .   | 33  | X  |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .   | 34  | X  |
| 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .   | 35a | X  |
| b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .  | 35b |    |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. . . . .  | 35c | X  |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .   | 36  | X  |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . . ▶ 37a   |     |    |
| b Did the organization file Form 1120-POL for this year? . . . . .   | 37b |    |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .  | 38a | X  |
| b If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . . 38b  |     |    |
| 39 Section 501(c)(7) organizations. Enter: . . . . .   |     |    |
| a Initiation fees and capital contributions included on line 9 . . . . . 39a   |     |    |
| b Gross receipts, included on line 9, for public use of club facilities . . . . . 39b  |     |    |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4955 ▶   |     |    |
| b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . . | 40b | X  |
| c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶   |     |    |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶   |     |    |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .  | 40e | X  |
| 41 List the states with which a copy of this return is filed ▶ AZ  |     |    |
| 42a The organization's books are in care of ▶ Jeanmarie J. Schiller-McGinnis Telephone no. ▶ (520) 390-0879  |     |    |
| Located at ▶ 6930 N Mamaronick Dr Tucson, AZ ZIP + 4 ▶ 85718   |     |    |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .   | 42b | X  |
| If "Yes," enter the name of the foreign country ▶  |     |    |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |    |
| c At any time during the calendar year, did the organization maintain an office outside the United States? . . . . .   | 42c | X  |
| If "Yes," enter the name of the foreign country ▶  |     |    |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. . . . . ▶ <input type="checkbox"/>   |     |    |
| and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43   |     |    |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . .  | 44a | X  |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .  | 44b | X  |
| c Did the organization receive any payments for indoor tanning services during the year? . . . . .   | 44c | X  |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .  | 44d |    |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .  | 45a | X  |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .  | 45b |    |



**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

|           | Yes | No       |
|-----------|-----|----------|
| <b>46</b> |     | <b>X</b> |

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

|           | Yes | No       |
|-----------|-----|----------|
| <b>47</b> |     | <b>X</b> |

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

|           |  |          |
|-----------|--|----------|
| <b>48</b> |  | <b>X</b> |
|-----------|--|----------|

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

|            |  |          |
|------------|--|----------|
| <b>49a</b> |  | <b>X</b> |
|------------|--|----------|

**b** If "Yes," was the related organization a section 527 organization? . . . . .

|            |  |  |
|------------|--|--|
| <b>49b</b> |  |  |
|------------|--|--|

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|---|--|
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |

**f** Total number of other employees paid over \$100,000 . . . . . **0**

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. . . . .

☒ Yes ☐ No

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                             |  | Date                 |      |
|                               | <b>Jeanmarie J. Schiller-McGinnis, President</b> |  |                      |      |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                       |  | Preparer's signature | Date |
|                               | Firm's name ▶                                    |  | Firm's EIN ▶         |      |
|                               | Firm's address ▶                                 |  | Phone no.            |      |
|                               |  |  |                      |      |

May the IRS discuss this return with the preparer shown above? See instructions . . . . .

☐ Yes ☐ No



**Tax Exempt Entity Declaration and Signature  
for Electronic Filing**Department of the Treasury  
Internal Revenue ServiceFor calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_  
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP**2021**▶ Go to [www.irs.gov/Form8453TE](http://www.irs.gov/Form8453TE) for the latest information.

Name of filer

EIN or SSN

**HEARTS THAT PURR FELINE GUARDIANS****46-2122623****Part I Type of Return and Return Information**

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

|   |  |     |          |
|---|--|-----|----------|
| 1a Form 990 check here ▶ <input type="checkbox"/>               | b Total revenue, if any (Form 990, Part VIII, column (A), line 12)     | 1b  |          |
| 2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9)                          | 2b  | 171,987. |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/>          | b Total tax (Form 1120-POL, line 22)                                   | 3b  |          |
| 4a Form 990-PF check here ▶ <input type="checkbox"/>            | b Tax based on investment income (Form 990-PF, Part V, line 5)         | 4b  |          |
| 5a Form 8868 check here ▶ <input type="checkbox"/>              | b Balance due (Form 8868, line 3c)                                     | 5b  |          |
| 6a Form 990-T check here ▶ <input type="checkbox"/>             | b Total tax (Form 990-T, Part III, line 4)                             | 6b  |          |
| 7a Form 4720 check here ▶ <input type="checkbox"/>              | b Total tax (Form 4720, Part III, line 1)                              | 7b  |          |
| 8a Form 5227 check here ▶ <input type="checkbox"/>              | b FMV of assets at end of tax year (Form 5227, Item D)                 | 8b  |          |
| 9a Form 5330 check here ▶ <input type="checkbox"/>              | b Tax due (Form 5330, Part II, line 19)                                | 9b  |          |
| 10a Form 8038-CP check here ▶ <input type="checkbox"/>          | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b |          |

**Part II Declaration of Officer or Person Subject to Tax**

11a ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

b ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that ☒ I am an officer of the above named entity or ☐ I am the person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_, and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign  
Here

Signature of officer or person subject to tax

Date

Title, if applicable

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements described in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

|                       |  |      |  |   |                   |
|-----------------------|--|------|--|---|-------------------|
| <b>ERO's Use Only</b> | ERO's signature ▶  | Date | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's SSN or PTIN |
|                       | Firm's name (or yours if self-employed), address, and ZIP code ▶ |      |  |   | EIN               |
|                       |  |      |  |   | Phone no.         |

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

|                               |                            |                      |      |   |              |
|-------------------------------|----------------------------|----------------------|------|---|--------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN         |
|                               | Firm's name ▶              |                      |      |   | Firm's EIN ▶ |
|                               | Firm's address ▶           |                      |      |   | Phone no.    |

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-TE** (2021)

UYA