## Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public Inspection

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.

Α	For the	e 2022 ca	lendar year, or tax year beginning		, and e	nding		-		
В	Check if a	applicable:					D Employer identification number			
□ ,	Address	change	Doing business as HARVEST COMPASSION CENTER							
Name change		ange	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite				27-0250769			
		_	4744 E. THUNDERBIRD ROAD		9	E	Telephone	number	ſ	
Initial return		ırn	City or town	State AZ	ZIP code	(60	2) 788-2	444		
Final return/termin		/terminated	PHOENIX  Foreign country name  Foreign	province/state/county	85032 Foreign postal	codo				
Amended		l return	Foreign country name Foreign	province/state/county	Foreign postar		Gross rece	eints \$	2,112,645	
<u>'</u>	Amended	retuiii					010001000	υριο φ		
Ш,	Application	on pending	F Name and address of principal officer:			H(a) Is this a	group return fo	or subordi	nates? Yes X No	
						H(b) Are all	H(b) Are all subordinates included?			
I	Tax-exer	npt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527					If "No," attach a list. See instructions			
J Website: MitchellSwabackCharities.org H(c) Group exemption							number			
		organization		tion Other	I Ves	ar of formation			tate of legal domicile: A7	
		_		duoii Otilei	Lies	ai oi ioimation	2009	IVI O	tate of legal domicile: AZ	
ř	art I		mmary		OLID.	141001011	10 TO D	DO\ #5		
ø	1	Briefly describe the organization's mission or most significant activities:  OUR MISSION IS TO PROVIDE FOOD AND								
auc		CLOTHING IN A HOPE-FILLED ENVIRONMENT TO THE UNDERSERVED IN THE GREATER PHOENIX AREA.								
Ĕ										
Governance	2	Check to		continued its operations				of its n	et assets.	
	3		of voting members of the governing I					3	8	
Ş	4		of independent voting members of the					4	5	
Activities &	5		mber of individuals employed in caler					5	11_	
	6		mber of volunteers (estimate if neces					6	2,000	
	7a		related business revenue from Part V	. , , ,				7a	0	
	b	Net unre	elated business taxable income from I	orm 990-T, Part I, line	<u>11 </u>			7b		
e	_					Prior Year			Current Year	
	8		itions and grants (Part VIII, line 1h).				1,608	3,198	1,760,136	
ēn	9		n service revenue (Part VIII, line 2g) .					0	0	
Revenue	10		ent income (Part VIII, column (A), line				47	7,719	60,146	
	11		evenue (Part VIII, column (A), lines 5,					0	0	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).				1,655,917			1,820,282	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)				397,919			475,466	
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0			100.040	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) .				333,651			403,343	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)						0	0	
	b		Total fundraising expenses (Part IX, column (D), line 25) 169,231				405	- 050	F40.000	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)						5,052	548,202	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)				1,216,622			1,427,011	
	19	Revenue less expenses. Subtract line 18 from line 12				439,295  Beginning of Current Year			393,271 End of Year	
Net Assets or Fund Balances	20	Total as	acto (Dart V. line 16)			Бедіппінд	2,532			
	20 21		sets (Part X, line 16)				· · · · ·		2,697,916 4,375	
	22	Total liabilities (Part X, line 26)				14,124 4,375 2,518,524 2,693,541				
									2,093,341	
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										
			ect, and complete. Declaration of preparer (other				-	_		
0:-										
Sign Here		Signati	Signature of officer Date							
		ROBI	ROBERT SWABACK CHAIRMAN							
			Type or print name and title							
		Prin	t/Type preparer's name	Preparer's signature		Date			PTIN	
Paid Preparer		I/D	STINA MODCANI ODA	Vinichina Man	104 17	0/40/0		heck	if	
			STINA MORGAN, CPA	Kristina Mora	jan, CPF			elf-emplo		
	ė Only		Firm's name SECHLER MORGAN CPAS PLLC				Firm's EIN 82-2851604			
		Firm	i's address 2418 W BARROW DRIVE	, CHANDLER, AZ 852	24	Pho	one no.	602-2	30-2700	
Ma	y the IR	RS discus	s this return with the preparer shown	above? See instruction	s				. X Yes No	