Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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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.

2023
Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For the	e 2023 ca	iendar year, or tax year beginn	ing	, and e	naing						
В	Check if applicable:		C Name of organization MITCH	HELL SWABACK CHARITIES, IN	IC.) Employer	identification	number			
Addres		change	Doing business as HARVEST COMPASSION CENTER									
∃			Number and street (or P.O. box if mail is not delivered to street address) Room/suite			27-0250769						
Ш	Name ch	ange	4744 E. THUNDERBIRD ROAD 9			E	E Telephone number					
	Initial retu	ırn	City or town State ZIP code				(602) 788-2444					
\equiv			PHOENIX	AZ	85032	(6	002) 788-2	444				
Ш	Final return/terminated		Foreign country name	Foreign province/state/county	Foreign postal	code						
	Amended return						Gross rece	eipts \$	3,2	222,714		
\equiv	·		E N I I I			-				×		
Ш	Application	on pending	F Name and address of principal office			1	a group return fo	or subordinates?	Yes	X No		
			ROBERT SWABACK 4744 E. Thunderbird Rd. Ste. 9, Phoenix, AZ 8503 H(b) Are all					s included?	Yes	No		
1	Tax-exer	mpt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527				If "No," attach a list. See instructions					
_	Website		chellSwabackCharities.org	H(c) Group exemption number								
_		organization		Association Other	L Yea	ar of formati	on: 2009	M State of	legal domicile	: AZ		
j	art I		mmary									
_	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PROVIDE For											
ဦ		CLOTH	HING IN A HOPE-FILLED ENVIRONMENT TO THE UNDERSERVED IN THE GREATER PHOENIX AREA.									
폡												
ē	2	Check t	his boy if the organizat	of more than 25% of its net assets								
ő	Check this box if the organization discontinued its operations or disposed of more than Number of voting members of the governing body (Part VI, line 1a)									0		
Activities & Governance	3							3		9		
	4		of independent voting member					4		6		
	5	Total number of individuals employed in calendar year 2023 (Part V , line 2a)						5		12		
疾	6	Total nu	ımber of volunteers (estimate it	f necessary)				6		2,000		
¥	7a	Total un	related business revenue from	renue from Part VIII, column (C), line 12				7a		0		
	b	b Net unrelated business taxable income from Form 990-T, Part I, line 11						7b				
Revenue							Prior Year		Current Yea	ır		
	8	Contribu	utions and grants (Part VIII, line	e 1h)			1,760	.136	2.0	053,808		
	9		n service revenue (Part VIII, lin				.,. 00	0		0		
	10				s 3, 4, and 7d)		60	,146		20,800		
	10		The state of the s				60	· -				
	11							0		0		
Expenses	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)					1,820,282 2,					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)					475,466					
	14	Benefits paid to or for members (Part IX, column (A), line					0		0			
	15	Salaries,	, other compensation, employee I	benefits (Part IX, column (A), line	(Part IX, column (A), lines 5–10)			,343	4	108,508		
	16a	Professi	ional fundraising fees (Part IX,				0		0			
	b		ndraising expenses (Part IX, co	140.040								
ŭ	17		xpenses (Part IX, column (A), I				548	,202		69,775		
	18			1,427,011				99,773				
	19		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)					,271	,	174,835		
- 9	!	Nevenu	e less experises. Subtract line	TO HOTH line 12		Poginnin	ng of Current		End of Year			
Net Assets or	20	Tatal as	nata (Dart V. lina 16)			Бедіппп	-					
SSe	20		Total assets (Part X, line 16)					7,916		547,674		
et A	21			illities (Part X, line 26)				,375		298,926		
		Net assets or fund balances. Subtract line 21 from line 20					2,693	5,541	3,2	248,748		
	art II		ınature Block									
			y, I declare that I have examined this re				•	•				
and	beller, it i	s true, corre	ect, and complete. Declaration of prepar	er (other than officer) is based on all in	tormation of which	n preparer n	ias any knowie	eage.				
Sig	an											
Here		Sign	Signature of officer Date									
		RO	ROBERT SWABACK CHAIRMAN									
		Туре	Type or print name and title									
		Prin	t/Type preparer's name	Preparer's signature		Date			PTIN			
Pa	id			Mulation M.	12			neck if	D016=5			
Prepare		. KRI	ISTINA MORGAN, CPA	Kristina Mor	gan, CP1	₹ 5/7/	/2024 se	elf-employed	P0137074	12		
	e Only		n's name SECHLER MORGAN CPAS PLLC				Firm's EIN 82-2851604					
J	. J J		Firm's address 2418 W BARROW DRIVE, CHANDLER, AZ 85224					(602)230-2				
1/4	v tha IE		Firm's address 2418 W BARROW DRIVE, CHANDLER, AZ 85224 Phone no. (602)230 S discuss this return with the preparer shown above? See instructions						X Yes	No		
ıvld	v uie ir	งบ นเธยนร	so uno returri witti tile preparer	SHOWIT ADOVE! SEE ITISH UCLION	ıo				IN ITES	i NO		