

Return of Organization Exempt From Income Tax

2015

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 01/01, 2015, and ending 12/31, 2015

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

C Name of organization MITCHELL SWABACK CHARITIES INC
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6324 E QUARTZ MOUNTAIN RD
 City or town, state or province, country, and ZIP or foreign postal code
PARADISE VALLEY, AZ, 85253

D Employer identification number
27-0250769

E Telephone number
847-357-8200

G Gross receipts \$ 389,519

F Name and address of principal officer: ROBERT SWABACK
6324 E QUARTZ MOUNTAIN RD, PARADISE VALLEY, AZ 85253

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.mitchellswabackcharities.org

K Form of organization: Corporation Trust Association Other ▶

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

H(c) Group exemption number ▶

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The purpose of this Charity is to impact individuals, organizations, and families as much as Mitch had done so many times. We want to serve in missions, the church, and to</u> (Continued on Schedule O, Statement 1)		
	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)	<u>3</u>	<u>8</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>7</u>
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<u>5</u>	<u>2</u>
	6 Total number of volunteers (estimate if necessary)	<u>6</u>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>241,938</u>	<u>375,116</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0</u>	<u>6,045</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>6,688</u>	<u>8,353</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>0</u>	<u>5</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>248,626</u>	<u>389,519</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>51,290</u>	<u>38,694</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	<u>0</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>28,061</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>38,949</u>	<u>0</u>	<u>0</u>
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>154,251</u>	<u>174,942</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>205,541</u>	<u>241,697</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>43,085</u>	<u>147,822</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>464,940</u>	<u>605,962</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>0</u>	<u>0</u>
		<u>464,940</u>	<u>605,962</u>

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 ▶ Robert Swaback Signature of officer Date 10/24/2016

ROBERT SWABACK, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name MARY SOPER Preparer's signature _____ Date _____

Firm's name ▶ EASY OFFICE dba JITASA Firm's EIN ▶ 26-2176601

Firm's address ▶ 1750 W FRONT STREET SUITE 200, BOISE, ID 83702 Phone no. 208-287-4777

Check if self-employed PTIN P01402577

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No