

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2019**

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/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2019 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 **MITCHELL SWABACK CHARITIES, INC.**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**4744 E. THUNDERBIRD ROAD 9**  
 City or town State ZIP code  
**PHOENIX AZ 85032**  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number  
**27-0250769**

**E** Telephone number  
**(623) 451-0688**

**G** Gross receipts \$ **1,284,804**

**F** Name and address of principal officer:  
**Bob Swaback 4744 E. Thunderbird Rd. Ste. 9, Phoenix, AZ 85032**

**H(a)** Is this a group return for subsidiaries?  Yes  No  
**H(b)** Are all subsidiaries 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: <b>OUR MISSION IS TO PROVIDE FOOD AND CLOTHING IN A HOPE-FILLED ENVIRONMENT TO THE UNDERSERVED IN THE GREATER PHOENIX AREA.</b>		
	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	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	864,417	982,455
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,653	25,150
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	871,070	1,007,605
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	221,890	364,607
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	151,963	195,298
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,323	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	110,660	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	285,742	341,333
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	662,918	901,238
19	Revenue less expenses. Subtract line 18 from line 12	208,152	106,367	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,142,710	1,363,310
	21	Total liabilities (Part X, line 26)	0	599
	22	Net assets or fund balances. Subtract line 21 from line 20	1,142,710	1,362,711

**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: *Robert Swaback* Date: **11/2/2020**  
**ROBERT SWABACK** BOARD CHAIRMAN  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name: **KRISTINA MORGAN, CPA** Preparer's signature: *Kristina Morgan, CPA* Date: **10/28/2020** Check  if self-employed PTIN: **P01370742**  
 Firm's name ▶ **SECHLER MORGAN CPAS PLLC** Firm's EIN ▶ **82-2851604**  
 Firm's address ▶ **2418 W BARROW DRIVE, CHANDLER, AZ 85224** Phone no. **602-230-2700**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)