

PUBLIC COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning		, and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MITCHELL SWABACK CHARITIES, INC.		D Employer identification number
	Doing business as HARVEST COMPASSION CENTER		27-0250769
Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4744 E. THUNDERBIRD ROAD 9		E Telephone number	
City or town State ZIP code PHOENIX AZ 85032		(602) 788-2444	
Foreign country name Foreign province/state/county Foreign postal code		G Gross receipts \$ 1,778,821	
F Name and address of principal officer: Robert Swaback 4744 E. Thunderbird Rd. Ste. 9, Phoenix, AZ 85032		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: ▶ www.mitchellswabackcharities.org		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2009	M State of legal domicile: AZ

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PROVIDE FOOD AND CLOTHING IN A HOPE-FILLED ENVIRONMENT TO THE UNDERSERVED IN THE GREATER PHOENIX AREA.		
	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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	1,500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 982,455	Current Year 1,554,549
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,150	109,654
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	-50,870
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,007,605	1,613,333
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	364,607	365,748
	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)	195,298	241,374
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 110,907		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	341,333	421,133
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	901,238	1,028,255	
19 Revenue less expenses. Subtract line 18 from line 12	106,367	585,078	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,363,310	End of Year 1,979,806
	21 Total liabilities (Part X, line 26)	599	2,312
	22 Net assets or fund balances. Subtract line 21 from line 20	1,362,711	1,977,494

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	Date		
	ROBERT SWABACK	BOARD CHAIRMAN		
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	KRISTINA MORGAN, CPA	<i>Kristina Morgan, CPA</i>	7/27/2021	<input type="checkbox"/> 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** (2020)

HTA