

PUBLIC COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

| | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|--------------------------------------|--|-------------------|---|---|---------------------------|--|--|-----------------------|---|-----------------------------|--|--|-------------------------|--|--|--|--|
| A For the 2021 calendar year, or tax year beginning _____, and ending _____ | | | | | | | | | | | | | | | | | | | | | | |
| B Check if applicable: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Address change</td> <td style="width: 50%;">C Name of organization MITCHELL SWABACK CHARITIES, INC.</td> <td style="width: 35%;">D Employer identification number</td> </tr> <tr> <td><input type="checkbox"/> Name change</td> <td>Doing business as HARVEST COMPASSION CENTER</td> <td>27-0250769</td> </tr> <tr> <td><input type="checkbox"/> Initial return</td> <td>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> <td>E Telephone number</td> </tr> <tr> <td><input type="checkbox"/> Final return/terminated</td> <td>4744 E. THUNDERBIRD ROAD 9</td> <td>(602) 788-2444</td> </tr> <tr> <td><input type="checkbox"/> Amended return</td> <td>City or town State ZIP code</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Application pending</td> <td>PHOENIX AZ 85032</td> <td></td> </tr> <tr> <td></td> <td>Foreign country name Foreign province/state/county Foreign postal code</td> <td></td> </tr> </table> | <input type="checkbox"/> Address change | C Name of organization MITCHELL SWABACK CHARITIES, INC. | D Employer identification number | <input type="checkbox"/> Name change | Doing business as HARVEST COMPASSION CENTER | 27-0250769 | <input type="checkbox"/> Initial return | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | E Telephone number | <input type="checkbox"/> Final return/terminated | 4744 E. THUNDERBIRD ROAD 9 | (602) 788-2444 | <input type="checkbox"/> Amended return | City or town State ZIP code | | <input type="checkbox"/> Application pending | PHOENIX AZ 85032 | | | Foreign country name Foreign province/state/county Foreign postal code | |
| <input type="checkbox"/> Address change | C Name of organization MITCHELL SWABACK CHARITIES, INC. | D Employer identification number | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Name change | Doing business as HARVEST COMPASSION CENTER | 27-0250769 | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Initial return | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | E Telephone number | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Final return/terminated | 4744 E. THUNDERBIRD ROAD 9 | (602) 788-2444 | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Amended return | City or town State ZIP code | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Application pending | PHOENIX AZ 85032 | | | | | | | | | | | | | | | | | | | | | |
| | Foreign country name Foreign province/state/county Foreign postal code | | | | | | | | | | | | | | | | | | | | | |
| F Name and address of principal officer: Robert Swaback 4744 E Thunderbird Rd Ste 9, Phoenix, AZ 85032 | | | | | | | | | | | | | | | | | | | | | | |
| G Gross receipts \$ 2,167,430 | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | |
| If "No," attach a list. See instructions | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | |
| J Website: ▶ MitchellSwabackCharities.org | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 8 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 6 |
| | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 9 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 2,000 |
| | 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 | |
| Revenue | | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | 1,554,549 | 1,608,198 |
| | 9 | Program service revenue (Part VIII, line 2g) | 0 | 0 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 109,654 | 47,719 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -50,870 | 0 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,613,333 | 1,655,917 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 365,748 | 397,919 |
| | 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) | 241,374 | 333,651 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 137,682 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 421,133 | 485,052 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,028,255 | 1,216,622 | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 585,078 | 439,295 | |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) | 1,979,806 | 2,532,648 |
| | 21 | Total liabilities (Part X, line 26) | 2,312 | 14,124 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,977,494 | 2,518,524 | |

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 Type or print name and title | CHAIRMAN |

| | | | | | |
|-------------------------------|---|--------------------------------|------------------|---|------------------|
| 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> | 6/22/2022 | | 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