

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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.

2016

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning		01/01	, 2016, and ending	12/31	, 2016
B Check if applicable:		C Name of organization MITCHELL SWABACK CHARITIES INC		D Employer identification number 27-0250769	
<input type="checkbox"/> Address change		Doing business as		E Telephone number 847-357-8200	
<input type="checkbox"/> Name change		Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
<input type="checkbox"/> Initial return		6324 E QUARTZ MOUNTAIN RD			
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code			
<input type="checkbox"/> Amended return		PARADISE VALLEY, AZ, 85253		G Gross receipts \$ 434,502	
<input type="checkbox"/> Application pending		F Name and address of principal officer: ROBERT SWABACK 6324 E QUARTZ MOUNTAIN ROAD, PARADISE VALLEY, AZ 85253		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" 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				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				If "No," attach a list. (see instructions)	
J Website: ► www.mitchellsabackcharities.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: 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 (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.			
Revenue	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	7	
Expenses	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	3	
	6 Total number of volunteers (estimate if necessary)	6	0	
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	375,116	348,828	
	9 Program service revenue (Part VIII, line 2g)	6,045	74,053	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,353	11,621	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5	0	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	389,519	434,502	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	38,694	29,925	
	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)	28,061	55,609	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b Total fundraising expenses (Part IX, column (D), line 25) ► 16,652			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	174,942	164,485	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	241,697	250,019	
	19 Revenue less expenses. Subtract line 18 from line 12	147,822	184,483	
		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	605,962	805,666	
	21 Total liabilities (Part X, line 26)	0	0	
	22 Net assets or fund balances. Subtract line 21 from line 20	605,962	805,666	

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, PRESIDENT	
	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
	MARY SOPER				P01402577
	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			

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