

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 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)

4744 E. THUNDERBIRD ROAD

Room/suite

9

City or town

PHOENIX

State

AZ

ZIP code

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 \$ 872,886

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 subordinates? ☐ Yes ☒ NoH(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 ☐ 527J Website: www.mitchellswabackcharities.org

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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	6
	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 2018 (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	6	1,200
	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 38	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	476,655	864,417
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,530	6,653
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	498,185	871,070
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	46,572
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)	102,380	151,963
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	3,323
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 83,015		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	213,237	285,742
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	362,189	662,918
19		Revenue less expenses. Subtract line 18 from line 12	135,996	208,152
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	Beginning of Current Year
	21	Total liabilities (Part X, line 26)	975,970	1,142,710
	22	Net assets or fund balances. Subtract line 21 from line 20	5,394	0
			970,576	1,142,710

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

BOB SWABACK

BOARD CHAIRMAN

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed PTIN

KRISTINA MORGAN, CPA

Kristina Morgan

9/30/2019

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 (2018)

HTA