

Return of Organization Exempt From Income Tax

2018

Open to Public
InspectionDepartment 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:	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 (623) 451-0688
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 4744 E. THUNDERBIRD ROAD	F State AZ
<input type="checkbox"/> Initial return	ZIP code 85032	G ZIP code 872,886
<input type="checkbox"/> Final return/terminated	Foreign country name PHOENIX	Foreign province/state/county Foreign postal code
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending	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) () <input type="checkbox"/> (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.mitchellsstabackcharities.org		H(c) Group exemption number ►
K Form of organization: <input 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	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	221,890
	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	End of 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 <input type="checkbox"/> 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.

HTA

Form 990 (2018)