

Return of Organization Exempt From Income Tax

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

**A** For the 2024 calendar year, or tax year beginning , and ending

<b>B</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	<b>C</b> Name of organization MITCHELL SWABACK CHARITIES, INC. Doing business as HARVEST COMPASSION CENTER Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4744 E. THUNDERBIRD ROAD 9 City or town State ZIP code PHOENIX AZ 85032 Foreign country name Foreign province/state/county Foreign postal code	<b>D</b> Employer identification number 27-0250769 <b>E</b> Telephone number (602) 788-2444
<b>F</b> Name and address of principal officer: Robert Swaback 4744 E Thunderbird Rd, Ste 9, Phoenix, AZ 85032		<b>G</b> Gross receipts \$ 4,568,570
<b>I</b> 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		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>J</b> Website: MitchellSwabackCharities.org		<b>H(c)</b> Group exemption number
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 2009 <b>M</b> State of legal domicile: AZ

**Part I Summary**

Activities & Governance	<b>1</b> 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.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	9
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	6
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a) . . . . .	<b>5</b>	19
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . .	<b>7b</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	2,053,808	2,126,265
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	20,800	52,100
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	0	0
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	2,074,608	2,178,365
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	621,490	743,584
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	408,508	509,169
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) . . . . .	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	177,371	
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	569,775	575,654
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	1,599,773	1,828,407	
Net Assets or Fund Balances		474,835	349,958
	<b>20</b> Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	3,547,674	4,323,082
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	298,926	570,677
		3,248,748	3,752,405

**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 ROBERT SWABACK CHAIRMAN Type or print name and title	Date			
Paid Preparer Use Only	Preparer's name KRISTINA MORGAN	Preparer's signature Kristina Morgan, CPA	Date 5/21/2025	Check <input type="checkbox"/> if self-employed	PTIN 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