

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning

, and ending

B Check if applicable:	C Name of organization MITCHELL SWABACK CHARITIES, INC.			D Employer identification number
<input type="checkbox"/> Address change	Doing business as HARVEST COMPASSION CENTER			27-0250769
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 4744 E. THUNDERBIRD ROAD			Room/suite 9
<input type="checkbox"/> Initial return	City or town PHOENIX	State AZ	ZIP code 85032	E Telephone number (602) 788-2444
<input type="checkbox"/> Final return/terminated	Foreign country name	Foreign province/state/county	Foreign postal code	G Gross receipts \$ 4,568,570
<input type="checkbox"/> Amended return	F Name and address of principal officer: Robert Swaback 4744 E Thunderbird Rd, Ste 9, Phoenix, AZ 85032			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input 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				If "No," attach a list. See instructions
J Website: MitchellSwabackCharities.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: 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	9
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	4	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	19
Expenses	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	6	
	6 Total number of volunteers (estimate if necessary)	7a	0
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11		
	Prior Year	Current Year	
8 Contributions and grants (Part VIII, line 1h)	2,053,808	2,126,265	
9 Program service revenue (Part VIII, line 2g)	0	0	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,800	52,100	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,074,608	2,178,365	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	621,490	743,584	
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)	408,508	509,169	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b Total fundraising expenses (Part IX, column (D), line 25)	177,371		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	569,775	575,654	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,599,773	1,828,407	
19 Revenue less expenses. Subtract line 18 from line 12	474,835	349,958	
	Beginning of Current Year	End of Year	
20 Total assets (Part X, line 16)	3,547,674	4,323,082	
21 Total liabilities (Part X, line 26)	298,926	570,677	
22 Net assets or fund balances. Subtract line 21 from line 20	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

Date

CHAIRMAN

Type or print name and title

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KRISTINA MORGAN	Kristina Morgan, CPA	5/21/2025		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

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