

Form **990**Department of the Treasury
Internal Revenue Service**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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014
Open to Public Inspection**A For the 2014 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 PACKAGES FROM HOME		D Employer identification number 20-1124013
	Doing business as		E Telephone number 602-253-0284
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1201 S. 7TH AVE. #50		
	City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85007		G Gross receipts \$ 801,440.
F Name and address of principal officer: KATHLEEN LEWIS 1201 S. 7TH AVE. #50, PHOENIX, AZ 85007		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ PACKAGESFROMHOME.ORG			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶			L Year of formation: 2004
			M State of legal domicile: AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SEND CARE AND COMFORT PACKAGES TO DEPLOYED AMERICAN MILITARY HEROES WHO ARE STATIONED IN		
	2 Check this box ☐ 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 2014 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	918
	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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	864,744.	801,371.
	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)	112.	69.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	864,856.	801,440.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	574,086.	509,754.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	66,615.	83,983.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 90,311.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	212,988.	206,148.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	853,689.	799,885.
19 Revenue less expenses. Subtract line 18 from line 12	11,167.	1,555.	
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)	167,416.	163,135.
	22 Net assets or fund balances. Subtract line 21 from line 20	18,105.	12,269.
		149,311.	150,866.

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	
	KATHLEEN LEWIS, PRESIDENT Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name AMY A. O'LOUGHLIN	Preparer's signature	Date	Check if self-employed ☐ PTIN P00869687
	Firm's name ▶ CBIZ MHM, LLC	Firm's EIN ▶ 34-1884125	Phone no. 602-264-6835	
	Firm's address ▶ 3101 N. CENTRAL AVE., STE. 300 PHOENIX, AZ 85012			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

TO SEND CARE AND COMFORT PACKAGES TO DEPLOYED AMERICAN MILITARY HEROES
WHO ARE STATIONED IN ACTIVE DUTY THEATERS AROUND THE WORLD, AS WELL AS
TO FACILITATE ACTIVITIES THAT ELEVATE MORALE OF ALL VETERANS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 652,118. including grants of \$ 502,331.) (Revenue \$)
TO PROVIDE FOOD, PERSONAL CARE, AND RECREATIONAL ITEMS TO DEPLOYED
AMERICAN TROOPS, AT NO COST TO THEM. IN 2014, WE AVERAGED 602 PACKAGES
A MONTH BEING SHIPPED TO OUR HEROES. WE COLLECT DONATED ITEMS FROM
GENEROUS PATRIOTIC CITIZENS WHO LIVE ALL ACROSS AMERICA. THESE ITEMS
INCLUDE NON-PERISHABLE FOOD, PERSONAL TOILETRIES, AND RECREATIONAL
ITEMS. OUR STAFF AND VOLUNTEERS CAREFULLY PACK THE DONATIONS INTO U.S.
POST OFFICE FLAT-RATE PRIORITY MAIL BOXES. THE BOXES ARE MAILED TO U.S.
SERVICEMEN AND WOMEN DEPLOYED OVERSEAS IN HARM'S WAY. MONETARY
DONATIONS GO TOWARDS MAILING COSTS AND/OR PURCHASING OF SPECIAL ITEMS
TO SEND TO THE TROOPS.

4b (Code:) (Expenses \$ 7,423. including grants of \$ 7,423.) (Revenue \$)
PACKAGES FROM HOME WILL NOT WAIVER IN OUR SUPPORT OF THOSE CURRENTLY
SERVING, OR THOSE WHO HAVE SERVED. WE ARE BUILDING ON OUR CURRENT
MISSION TO ASSIST OUR SERVICE MEMBERS WITH NEEDS THEY MAY HAVE AS THEY
RETURN HOME.
PFH HAS TEAMED UP WITH CARL HAYDEN VA HOSPITAL SUPPORTING THEIR HEALTH
CARE FOR THE HOMELESS VET PROGRAM. WE GATHER NEEDED ITEMS AND GIVE THEM
80 CARE PACKAGES EVERY MONTH.
PFH PARTICIPATED IN THE 2014 ARIZONA STANDOWN, WE PROVIDED 1,200 CARE
PACKAGES TO HOMELESS VETS AT THIS EVENT.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **659,541.**