

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

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	C Name of organization PACKAGES FROM HOME		D Employer identification number 20-1124013	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 602-253-0284	
	5643 N. 52ND AVE.			
	City or town, state or province, country, and ZIP or foreign postal code GLENDALE, AZ 85301		G Gross receipts \$ 1,336,076.	
F Name and address of principal officer: JENNIFER LEAVITT 5643 N. 52ND AVE., GLENDALE, AZ 85301		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If "No," attach a list. (see instructions)		
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		H(c) Group exemption number		
J Website: PACKAGESFROMHOME.ORG				
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: 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 <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 5	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 5	
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 6	
	6 Total number of volunteers (estimate if necessary)	6 1230	
	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 923,411.	Current Year 1,287,753.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	61.	8,441.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	26,331.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	923,472.	1,322,525.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	482,771.	660,846.
	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)	206,010.	273,671.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	115,781.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	219,835.	221,796.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	908,616.	1,156,313.
19 Revenue less expenses. Subtract line 18 from line 12	14,856.	166,212.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 251,874.	End of Year 422,239.
	21 Total liabilities (Part X, line 26)	9,443.	13,596.
	22 Net assets or fund balances. Subtract line 21 from line 20	242,431.	408,643.

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			
	JENNIFER LEAVITT, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name AMY A. O'LOUGHLIN	Preparer's signature	Date 12/13/19	Check if self-employed <input type="checkbox"/>	PTIN P00869687
	Firm's name CBIE MHM, LLC	Firm's EIN 34-1884125	Firm's address 4722 N 24TH ST, STE 300 PHOENIX, AZ 85016	Phone no. 602-264-6835	

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

Part III Statement of Program Service Accomplishments

Check 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 \$ 654,105. including grants of \$ 392,960.) (Revenue \$)

TO PROVIDE FOOD, PERSONAL CARE, AND RECREATIONAL ITEMS TO DEPLOYED AMERICAN TROOPS, AT NO COST TO THEM. IN 2018, WE AVERAGED 746 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 \$ 267,886. including grants of \$ 267,886.) (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. PPH HAS TEAMED UP WITH CARL HAYDEN VA HOSPITAL SUPPORTING THEIR HEALTH CARE FOR THE HOMELESS VET PROGRAM. WE GATHER NEEDED ITEMS AND WERE ABLE TO PROVIDE 3,915 POUNDS OF SUPPLIES PER MONTH IN 2018. PPH PARTICIPATED IN THE 2018 ARIZONA STANDDOWN, WE PROVIDED 1,000 CARE PACKAGES OF FOOD AND 1,000 PACKAGES OF HYGIENE ITEMS 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 921,991.