

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.

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

OMB No. 1545-0047

**2017**  
Open to Public  
Inspection

**A For the 2017 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 Name of organization</b> PACKAGES FROM HOME <b>Doing business as</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5643 N. 52ND AVE. City or town, state or province, country, and ZIP or foreign postal code GLENDALE, AZ 85301 <b>F Name and address of principal officer:</b> JENNIFER LEAVITT 5643 N. 52ND AVE., GLENDALE, AZ 85301	<b>D Employer identification number</b> 20-1124013 <b>E Telephone number</b> 602-253-0284 <b>G Gross receipts \$</b> 923,472. <b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <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>J Website:</b> ▶ PACKAGESFROMHOME.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 2004
<b>M State of legal domicile:</b> AZ		

**Part I Summary**

<b>1</b>	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		
<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>	5
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	5
<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	5
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	960
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	976,060.
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	0.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	97.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	0.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	976,157.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	541,979.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	132,051.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	0.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 107,092.	<b>16b</b>	107,092.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	221,321.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	895,351.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	80,806.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	235,334.
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	7,759.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	227,575.

**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.

<b>Sign Here</b>	Signature of officer EXECUTIVE DIRECTOR Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name AMY A. O'LOUGHLIN Preparer's signature Date 11/15/18 Check if self-employed <input type="checkbox"/> PTIN P00869687 Firm's name ▶ CBIZ 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 \$ 544,276. including grants of \$ 331,891. ) (Revenue \$ )

TO PROVIDE FOOD, PERSONAL CARE, AND RECREATIONAL ITEMS TO DEPLOYED  
AMERICAN TROOPS, AT NO COST TO THEM. IN 2017, WE AVERAGED 446 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 \$ 150,880. including grants of \$ 150,880. ) (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 WERE ABLE  
TO PROVIDE 1,890 POUNDS OF SUPPLIES PER MONTH IN 2017.  
PFH PARTICIPATED IN THE 2017 ARIZONA STANDDOWN, WE PROVIDED 1,300 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 **695,156.**Form **990** (2017)