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Department of the Treasury

Internal Revenue Service

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

<u>A</u>	For th	ne 2009	9 cale	ndar year, or tax year beginning , 2009, and ending		,	20	
В	Check If a	pplicable	Please	C Name of organization PACKAGES FROM HOME	D Employer ide	ntification n	umber	
Г	Addr	1955	use IRS	Doing Business As	20-1124	4013		
\vdash	_	e change	label or print or	Number and street (or P O. box if mail is not delivered to street address) Room/suit				
\vdash	⊣	-	type.	1201 S. 7TH AVE. #50	1			
\vdash	_	J return	See Specific		(602) 25	3-0204		
\vdash		ninated	Instruc-	City or town, state or country, and ZIP + 4				
L	retur		tions.	PHOENIX, AZ 85007	G Gross receipt	:s \$	813	,883
1	Appli pend	cation Inc	F Na	me and address of principal officer: KATHLEEN LEWIS	H(a) Is this a grou	p return for	Yes	X No
			1201	S. 7TH AVE. #50, PHOENIX, AZ 85007	affiliates? H(b) Are all affiliat	tes Included?	Yes	□ N
-	Tax-ex	cempt sta		X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	⊣ ``	h a list (see ins		Ш
<u> </u>				AGESFROMHOME.ORG	┥	•		
-					H(c) Group exemp	<u></u>		
_				···	ation 2004 M	State of legal	domicile	AZ
Pa	art I	Sur	nmary					
	1	Briefly	descri	be the organization's mission or most significant activities:				
_		TO S	SEND	CARE AND COMFORT PACKAGES TO DEPLOYED AMERICAN MI	LITARY HER	OES		
Governance		WHO	ARE	STATIONED IN ACTIVE DUTY THEATERS AROUND THE WORL	D. AS WELL	AS		
Ē				ITATE ACTIVITIES THAT ELEVATE MORALE OF ALL VETER				
Š				<u></u>				
				x If the organization discontinued its operations or disposed of more than 25	% of its net assets	i. . 1		_
త	3			ting members of the governing body (Part VI, line 1a)		3		
ĕ	4	Numbe	er of in	dependent voting members of the governing body (Part VI, line 1b)	l	4		5
Activities	5			of employees (Part V, line 2a)		5		5
Ş	6	Total r	number	of volunteers (estimate if necessary)		6	3	300
_	7 a			nrelated business revenue from Part VIII, column (C), line 12		7a		
		Notus	roloted	husings toyable income from Form 200 T. Inc. 24				
				business taxable income from Form 990-T, line 34		7b		
	1_			and grants (Part VIII, line 1h) ice revenue (Part VIII, line 2g) Come (Part VIII, column (A) lines 3 4 and 7d)	Prior Year		urrent Yo	
9	8	Contril	butions	and grants (Part VIII, line 1h)	1,385,84		813	<u>,854.</u>
ē	9	Progra	m serv	ice revenue (Part VIII, line 2g)		0.		0.
Revenue	10	Investr	ment in	come (Part VIII, column (A), lines 3, 4, and 7d)	6	4.		29.
-	11	Other	revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 10le)		0.		0.
	12	Total r	evenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, antole).	1,385,90	7.	813	,883.
	13			milar amounts paid (Part IX, column (A), lines 1-3)	1,105,43			798.
	I					0.	309	
	14			to or for members (Part IX, column (A), line 4)				0.
ŝ	15			r compensation, employee benefits (Part IX, column (A), Imes 5-10)		0.		,825.
Expenses	16a	Profes	sional f	undraising fees (Part IX, column (A), line 11e)	61,13	5.	16,	,343.
×	b	Total for	undrais	ing expenses, Part IX, column (D), line 25) ▶ 59,094.		,	- 5	, ,
ш	17	Other	expens	es (Part IX, column (A), lines 11a-11d, 11f-24f)	264,04	0.	209,	,407.
				s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,430,61	2.	765.	,373.
	19	Reveni	ue less	expenses. Subtract line 18 from line 12	-44,70			510.
<u> </u>	· · ·	1101011	00.000	Oxpenses. Capitals and to from the 12				
Net Assets or Fund Balances		T-4-1			Beginning of Yea		nd of Ye	
888 388	20			Part X, line 16)	206,72			,226.
ŽΒ	21			s (Part X, line 26)	66,29	4.		290.
윒	22	Net ass	sets or	fund balances. Subtract line 21 from line 20	140,42	6.	188,	936.
Pa	irt II	Sig	nature	Block				
		Under	penaltie	s of perjury, I declare that I have examined this return, including accompanying schedules at	nd statements and	to the best	of my kn	owlodge
		and be	elief, it i	s true, correct, and complete Declaration of preparer (other than officer) is based on all interest of the complete declaration of preparer (other than officer) is based on all interest of the complete declaration of preparer (other than officer) is based on all interest of the complete declaration of preparer (other than officer) is based on all interest of the complete declaration of preparer (other than officer) is based on all interest of the complete declaration of the	formation of which	preparer has	any kno	wledge
S	ign	١		VIIIM Blan.	l. 10	/13/201	^	
	ere	▶ ¾	Signaturi	e of officer,	Date	117101	<u> </u>	
п	ere	'	ngnatur	- 1/ , 00	Date			
		L X	-					
		T	ype or p	orint name and title				
		Prepar	rer's 🕨	Date Check if		rer's identifyii	ng numbe	
Paid		signat		Self- 9-1-10 self- employed		nstructions)		
, ret	arer's	Firm's	name (o	yours CBIZ MHM, LLC	EIN D	34-188	2/125	
Jse	Only	Lif self-e	emploved					
		address	s, and Zi	9+4 3101 N. CENTRAL AVE., STE 300 PHOENIX, AZ 85012	Phone no	602-26		35
лау	tne li	15 disc	uss this	s return with the preparer shown above? (see instructions)		. X	Yes	No

			·	
	-			
 			·	
d Other program service	es. (Describe in Schedule O.)			
(Expenses \$	including grants of \$) (Revenue \$)	
le Total program servic			, , , , , , , , , , , , , , , , , , , ,	

Form **990** (2009)

Checklist of Required Schedules

	· ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	_3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	ł		
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	١	,,	
	VII, VIII, IX, or X as applicable	11	Х	
•	Schedule D, Part VI.			٠,
	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more	1		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	-		
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		-	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	ř	-	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	· s ¹ . 2.	ı .	* 1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		-	٥, -
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	1	.	e.
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		_ `	
	the organization's hability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	F-1 .		ξ., j
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"		-	r
	complete Schedule D, Parts XI, XII, and XIII	12		Х
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	- ,	· ·	, (
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
		14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	ا _ ـ ا	Ţ,	
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	_X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا ـ ـ ا		v
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
13	If "Yes," complete Schedule G, Part III	, ,		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		$\frac{\Lambda}{X}$
	200 till digametation operate one of more nospitals: ii 165, complete objectule 11		990 /	

Par	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			†
~-	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
2 3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated			x
	employees? If "Yes," complete Schedule J	23		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	ļ l		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			١,,
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			1
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	'	x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L. Part N	28b	х	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		
U	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part N	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
29	÷ ,	25		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			х
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1	х
	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		l	v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			v
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete]	• • •
	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		ŀ	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
			000	(2000)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			,
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	•	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
Ĭ	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 5			_
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			İ .
32	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		_	
Ų.	this return?	3a		X
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	"		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		х
h	account)?	74		1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			:
	and Financial Accounts.			-
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
·	Prohibited Tax Shelter Transaction?	5c		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Va	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ju		
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		:	٠-,
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-		
•	and services provided to the payor?	7a		X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		
Ū	required to file Form 8282?	7c	İ	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		, Te	J. J.
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1	.	
•	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	\neg	Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		•	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		,	
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			7 - 1
	Initiation fees and capital contributions included on Part VIII, line 12		-	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	, ,	ुः	أشر
	Section 501(c)(12) organizations. Enter:	1	5	-3
	Gross income from members or shareholders		*,•	
	Gross income from other sources (Do not net amounts due or paid to other sources against		-	3
	amounts due or received from them.)	-, -	<u>:, :</u>	- :
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		لتـــــ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		,	
_ - -				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec ¹	tion A. Governing Body and Management					
_					Yes	No
1a	Enter the number of voting members of the governing body	1a	7			
b	Enter the number of voting members that are independent	1b	-	<u> </u>	_	}
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	shin wi	th	1		1
_	any other officer, director, trustee, or key employee?	op		2	X	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under	r the di	rect			
•	supervision of officers, directors or trustees, or key employees to a management company or other			3		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 wa	-		4		Х
5	Did the organization become aware during the year of a material diversion of the organization's ass			5		Х
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members of stockholders, or other persons who may elect one or more r	membe	· · · · ·			-
	of the governing body?	ПСППОС	13	7a	1	х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	· · ·	 >	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake			· · ·		
J	the year by the following:	en uun	ing .	ļ		
а	The governing body?			8a	x	•
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			85		
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9a		x
Sact	ion B. Policies (This Section B requests information about policies not required by		•	-	<u> </u>	
	enue Code.)	uie i	illeiliai			
	771de 50do.)				Yes	No
10a	Doos the organization have local chapters, branches, or offiliates?			10a		Х
b	Does the organization have local chapters, branches, or affiliates?			100		
U				10Ь		
11	affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body befor			100		
• •	form?	e ming	trie	11	Х	
11A						
				12a	Х	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			124		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that c	ouia gi	ve	12b	х	
_	rise to conflicts?			120		<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy?			122		х
4.0	describe in Schedule O how this is done			12c	Х	
13	Does the organization have a written whistleblower policy?			13		х
14	Does the organization have a written document retention and destruction policy?			14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and appro	•				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		ecision?	<u>-</u>	-	
a	The organization's CEO, Executive Director, or top management official			15a		
ь	Other officers or key employees of the organization	• • •		15b		-
4	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			[,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements a transfer of the contribute assets to, or participate in a joint venture or similar arrangements as the contribute assets to, or participate in a joint venture or similar arrangements.				-	x
_	with a taxable entity during the year?			16a		^_ ·
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ever the policy of the state of the			~~		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to	_		\vdash	-	
`	the organization's exempt status with respect to such arrangements?			16b		
	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶_ARIZONA					- -
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9	90-T (501(c)(3)	s only)	ı	
	available for public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents	s, confl	ict of inte	rest		
	policy, and financial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books a organization: ► KEVIN BLAZER 1201 S. 7TH AVE. #50, PHOENIX, AZ 85007	and rec	ords of th	ne		
	organization: ► KEVIN BLAZER 1201 S. 7TH AVE. #50, PHOENIX, AZ 85007					
	602-253-0284					

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	_			C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee P or director	institutional trustee	chec Officer	Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
KATHLEEN LEWIS			П							
PRESIDENT/CEO	30.00	Х		Х						
LINDA SURDAKOWSKI DIRECTOR	3.00	Х								
BRIAN FERTAK DIRECTOR	3.00	Х							<u> </u>	
KEVIN BLAZER			\vdash					<u> </u>		
TREASURER/DIRECTOR	8.00	х		$_{\rm X}$						
NELSON LANDMAN			\vdash							
DIRECTOR OF IT AND LOGISTICS	4.00	Х								
NANCY SCHULTE				\neg						
VICE PRESIDENT	30.00	Х		х						
JAN DOUGHTY										
SECRETARY	15.00	Х		х	- 1					
					_					
				+						
				+						-

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Part VII Section A. Officers, Directors, Tre	1	y En	ıplo			and I	HIG			ees (co	ontinue	ed)	
· (A)	(B)	1			C)			(D)	(E)	l		(F)	
Name and title	Average					that ap		Reportable	Reportab			timate	
	hours per week	Individual trustee or director	nst	Officer	Key employee	별률	Former	compensation from	compensati from relat			ount o	λţ
	WEEK	夏호	Ē	8	9 1	je go] e	the	organizatio			other pensat	ion
		호호	<u></u>	l	턍	8 8		organization	(W-2/1099-N			om the	
		Sr	5		yee	뮻		(W-2/1099-MISC)	(anızatı	
		166	Institutional trustee		İ	Highest compensatemployee				ĺ		d relate	
			•			ě					orga	inizatio	ıns
						L	ĺ						
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			' 										
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			_	_									
1b Total		l											
		<u> </u>		 	• •				<u> </u>				
2 Total number of individuals (including but not l reportable compensation from the organization		nose II 0		d ar	oove	e) who	o re	ceived more than s	\$100,000 in				
reportable compensation from the organization						-					_		
2 Did the organization list any former office	a. di.aata		A	_+	. 1.			la a. bbt				Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ile I for suc	n oi ch indi	ıru: ividi	stet ial	∌, K	ey e	mp	loyee, or nignest	compensat	.ea	3		Х
											-		
4 For any individual listed on line 1a, is the the organization and related organizations	sum of a	repoπ	adie 150	9 C(owt	ensa # "V	tion	and other comp	ensation from	om			
individual	greater th	an p	150	,000	J ?	11 16	95,	complete Scheat	lie J for su	icn	4		Х
5 Did any person listed on line 1a receive									raanization (for			
services rendered to the organization? If "Yes,"	complete S	Schedu	ıle J	l for	SUC	ch per	son		yasıızatıdı		5		X
Section B. Independent Contractors						· · · · · · · · · · · · · · · · · · ·			<u> </u>				
1 Complete this table for your five highest of compensation from the organization.	compensate	ed inc	dep	end	ent	cont	ract	tors that received	more than	\$100	,000	of	
(A)							T	(B)			(0)		
Name and business addr	ess							(B) Description of sen	//ces	Co	(C) mpens	ation	
							†	 					
													
2 Total number of independent contractors (in	cluding bu	t not	lım	ıted		_	e lis	sted above) who	received				
more than \$100,000 in compensation from the	organizati	on 🕨			()				<u> </u>	- 12		-

Pa	rt VII	Statement of Revenue		20-1124013		
	<u>. </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
grants	1a b	Federated campaigns				
s, gifts, milar am	d	Related organizations				:
Contributions, gifts, grants and other similar amounts	1	Government grants (contributions)	4.		-	-
Con	g	Noncash contributions included in lines 1a-1f \$ 488,96		_		
	 h	Total. Add lines 1a-1f				
Program Service Revenue	2a b c d					
Pro	g	All other program service revenue L	> 0.			
	3	Investment income (including dividends, interest, and other similar amounts)	29.			29.
	5	Royalties · · · · · · · · · · · · · · · · · · ·				
	6a b	Gross Rents				
	7a	Ret rental income or (loss)	0.	\		_
	ь	Assets other than inventory Less: cost or other basis and sales expenses				
	c d	Gain or (loss)	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				. ,
oth	С	Net income or (loss) from fundraising events	0.			
		Gross income from gaming activities. See Part IV, line 19	_			
	С	Net income or (loss) from gaming activities	0.			
		Gross sales of inventory, less returns and allowances	_	-	`	
		Net income or (loss) from sales of inventory.				
	145	Miscellaneous Revenue Business Cod	de '	1		
	11a b					
	d	All other revenue				
	e 12	Total. Add lines 11a-11d		-	·	29.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	ete column (A) but are			and (D).
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and	_ [-		
	organizations in the U.S. See Part IV, line 21	0.			
2	Grants and other assistance to individuals in	أ			•
	the U.S See Part IV, line 22	0.			
3	Grants and other assistance to governments,	1			
	organizations, and individuals outside the	509,798.	500 700		
_	U.S. See Part IV, lines 15 and 16	0.	509,798.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0.			
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
-		27,687.	9,999.	8,426.	9,262.
7	Other salanes and wages	27,007.	3,333.	0,420.	3,202.
8	Pension plan contributions (include section 401(k)	0.			
_	and section 403(b) employer contributions)	0.			
9	Other employee benefits	2,138.		2,138.	
10	Payroll taxes	2,130.		2,130.	
11	Fees for services (non-employees):	0.			
	Management	209.	+	209.	
	Legal	2,000.		2,000.	
	Accounting	2,000.		2,000.	
	Lobbying	16,343.	-		16,343.
	Professional fundraising services. See Part IV, line 17	0.			10,343.
	Investment management fees	0.		-	
g	Г	18,226.	393.		17,833.
12	Advertising and promotion	8,621.	333.	8,621.	17,055.
13	Office expenses	42,260.	15,580.	15,660.	11,020.
14	Information technology	42,200.	13,300.	13,000.	11,020.
15	Royalties	1,395.	1,395.		
16	Occupancy	263.	1,333.		263.
17	Travel	203.			203.
18	Payments of travel or entertainment expenses	0.			
40	for any federal, state, or local public officials	92.	92.	-	
19	Conferences, conventions, and meetings	4,463.	72.	4,463.	
20	Interest	0.		7,103.	
21	Payments to affiliates	7,254.	1,434.	5,820.	
22	Depreciation, depletion, and amortization	2,913.	1,131.	2,913.	
23	Insurance	2,313.		2,515.	
24	Other expenses Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				,
	5% of total expenses shown on line 25 below.)				
_	SHIPPING	105,568.	104,032.	655.	881.
_	AUTO EXPENSE	4,388.	4,388.		
-	TELEPHONE	7,036.	1,000.	7,036.	
•	PRINTING AND COPYING	565.		.,,,,,,	565.
_	DANKCADD FEEC	3,030.		161.	2,869.
_		1,124.		1,066.	58.
	All other expenses	765,373.	647,111.	59,168.	59,094.
	Total functional expenses. Add lines 1 through 24f	7037373	03.7111.	35,100.	33,034.
20	Joint Costs. Check here ▶ If following SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
JSA	renorming concitation				Form 990 (2000)

Pa	ırt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	57,386.	1	43,262.
	2	Savings and temporary cash investments	50,079.	2	32,546.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, k	ey		
	}	employees, and highest compensated employees. Complete Part II			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	on		
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Comple			,
ဟ	İ	Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	L	7	
As	8	Inventories for sale or use	66,275.	_	101,170.
	9	Prepaid expenses and deferred charges	6,750.	9	864.
	10a	Land, buildings, and equipment: cost or 10a 34,43	34.		
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	20,384.
	11	Investments - publicly traded securities		11	·····
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			198,226.
	17	Accounts payable and accrued expenses		 	9,290.
	18	Grants payable	• •	18	
	19	Deferred revenue	• •	19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule		21	
Liabilities	22	Payables to current and former officers, directors, trustees, ke	-y		
a		employees, highest compensated employees, and disqualified			
_	00	persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24 25	Unsecured notes and loans payable to unrelated third parties		24	
	26	Other liabilities. Complete Part X of Schedule D	66,294.	25	9,290.
$\overline{}$	20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ X and	00,234.	26	3,230.
တ္ဆ		complete lines 27 through 29, and lines 33 and 34.		1	
힡	27	Unrestricted net assets	140,426.	27	188,936.
39	28	Temporarily restricted net assets		28	100/330.
삥	29	Permanently restricted net assets		29	
ᆵ		Organizations that do not follow SFAS 117, check here ▶	•		
2		and complete lines 30 through 34.			-
Net Assets or Fund Balances		Capital stock or trust principal, or current funds		30	•
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	······································
Ž	33	Total net assets or fund balances	140,426.		188,936.
	34	Total liabilities and net assets/fund balances	206,720.		198,226.

Form **990** (2009)

Page 1

Form 990 (2009)

Part XI Financial Statements and Reporting			
,	<u></u>	Yes	No
1 Accounting method used to prepare the Form 990: Cash X	Accrual Other	-	-, ->
If the organization changed its method of accounting from a prior year	or checked "Other," explain in	-	1
Schedule O.		_	-
2a Were the organization's financial statements compiled or reviewed by a	an independent accountant? 2a		X
b Were the organization's financial statements audited by an independent			X
c If "Yes" to line 2a or 2b, does the organization have a committee that a			
the audit, review, or compilation of its financial statements and selectio			
If the organization changed either its oversight process or selection pro		<u> </u>	
Schedule O.	\ \frac{1}{2}		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the fina	ncial statements for the year were		-
issued on a consolidated basis, separate basis, or both:	,		
	ated and separate basis	Ī	
3a As a result of a federal award, was the organization required to underg	•		
the Single Audit Act and OMB Circular A-133?		ļ	l x
b If "Yes," did the organization undergo the required audit or audits? If the		 	H
required audit or audits, explain why in Schedule O and describe any st			1
The state of the s		990	/2000

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

2009
Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number

PACKAGES FROM HOME 20-1124013

Part I	Reason f	or Public Char	ity Status (All	orgai	nizations n	nust comp	lete this	part.) S	ee instru	ictions.			
The orga	anization is n	ot a private foun	dation because	it is: (For lines 1	through 11	, check o	nly one bo	ox.)				
1 🔲	A church, c	onvention of chu	urches, or assoc	ciation	of churche	s described	l ın sectio	on 170(b)	(1)(A)(i).				
2	A school de	escribed in secti	on 170(b)(1)(A)	(ii). (A	ttach Sched	dule E.)							
3	A hospital of	or a cooperative	hospital service	e orgai	nizatıon des	cribed in se	ection 17	0(b)(1)(A)(iii).				
4	A medical	research organi	ization operated	d in co	onjunction	with a hos	spital des	scribed in	section	170(b)(1)	(A)(iii).	Ente	r the
		ame, city, and st			•		•			, , , ,			
5	•	ation operated f		of a co	ollege or ur	niversity ov	vned or o	operated	by a gov	ernmental	unit de	scrib	ed in
	_)(b)(1)(A)(iv). (C			· ·	•		•	, ,				
6		state, or local go			ental unit d	escribed in	section 1	170(b)(1)	/A)(ν).				
7 X		ation that norma								t or from t	the aene	eral o	ublic
	-	n section 170(b)	-		•			J			3		
8		ty trust describe		-	•	omplete Pai	rt II.)						
9		ation that norma						om contri	butions, i	membersh	up fees.	and o	aross
LJ		m activities rela										_	_
		m gross invest				-		•					
		the organization								- · · · · · · · · · · · · · · · · · · ·			
10		ation organized a							•	_			
11		ation organized			-	-	-				to carr	v ou	t the
ليسيا		f one or more p											
		Check the box th											-
	a Typ		Type II			oe III - Fund					pe III - C	Other	
е	By checkin	g this box, I ce	ertify that the	organi							•		
		ner than foundat											
		r section 509(a)						• •	J				
f	If the organ	nization received	d a written det	ermina	ation from	the IRS tha	at it is a	Type I,	Type II, d	or Type III	support	ting	
		n, check this box							•	•		Ū	
g	Since Augu	st 17, 2006, has	the organization	n acce	epted any g	ift or contr	ibution fr	om any o	f the			• •	_
	following pe	ersons?						•		•			
	(i) A pers	on who directly	or indirectly o	ontrol	s, either al	one or tog	ether wit	th persor	ns descri	bed in (ii)		Yes	No
	and (iii)	below, the gove	erning body of the	he sup	ported orga	anization?					11g(i)		
	(ii) A famil	y member of a p	person described	d ın (i) a	above?						11g(ii)		\Box
	(iii) A 35%	controlled entity	of a person de	scribe	d ın (i) or (ii)	above?					11g(iii)		
<u>h</u>	Provide the	following inform	ation about the	suppo	rted organ	izatıon(s).							
	of supported	(ii) EIN	(iii) Type of orga	nization		(iv) Is the organization (v) Did you notify (vi) Is the						of	
orga	anization		(described on lir above or IRC s			(i) listed in your the organization in organization ning document? col. (i) of your (i) organized							
			(see instruction		govoning	Goodmont		port?		.S.?	1110		
					Yes	No	Yes	No	Yes	No			
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		Self Stra	Mar Kala	t.					,	2 5			_
Total		1 2 2 2 2 2		<	F	[북 우급	- ` <u>.</u> -	1 6 24.	, ;	1:24 - 1			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Sche	dule A (Form 990 or 990-EZ) 2009				0-1124013		Page
Pa	Support Schedule for Or (Complete only if you chec	ganizations E ked the box o	Described in Son line 5, 7, or	Sections 170(8 of Part I.)	(b)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)
Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	134,544	145,814	472,993.	1,385,843	. 813,854.	2,953,048
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	134,544.	145,814.	472,993.	1,385,843.	813,854.	2,953,048
5	The portion of total contributions by each		'				
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount				-		
•	shown on line 11, column (f)				3 2 3 3	122	0
Sec	Public support. Subtract line 5 from line 4. tion B. Total Support		<u> </u>	<u> </u>	~		2,953,048
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	134,544	145,814.	472,993.	1,385,843.	813,854.	2,953,048
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		21370111	51	64.	29.	144
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	and the second s	- San San San San San San San San San San	14.4			
11	Total support. Add lines 7 through 10						2,953,192
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for an instance, check this box and step bere-	or the organizat	ion's first, secon	id, third, fourth,	or fifth tax yes	ar as a section	501(c)(3)
Sec	organization, check this box and stop here tion C. Computation of Public Sup	nort Percenta		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • •	<u> </u>	· · · · •
14	Public support percentage for 2009 (li			11 column (f))	· ·	14	100.00%
15	Public support percentage from 2008						99.99%
	331/3% support test - 2009. If the o						
	this box and stop here. The organization						
b	331/3% support test - 2008. If the o						
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization meets to organization	eets the "facts- he "facts-and-c	-and-circumstand ircumstances" te	ces" test, checest. The organiz	k this box and zation qualifies	d stop here. E as a publicly si	xplain in upported ▶
þ	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization in Part IV how the organization supported organization	n meets the "f	acts-and-circum	stances" test.	The organizatio	n qualifies as a	publicly
18	Private foundation. If the organization	n did not chec	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see

Schedule A (Form 990 or 990-EZ) 2009

	. (Complete only if you check tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Tota
	Gifts, grants, contributions, and		(4,200	(4,233)	(0) = 000	1 (0,2303	
•	membership fees received. (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise			†		 	-
-	sold or services performed, or facilities					ļ .	
	furnished in any activity that is related to the					1	
]			1	
_	organization's tax-exempt purpose		 			 	
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513		ļ			+	
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf				-		
	The value of services or facilities						
	furnished by a governmental unit to the					1	
	organization without charge	<u> </u>	ļ				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
Þ	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b				·		
8	Public support (Subtract line 7c from	- 27, 27,	٠, -				
	line 6.)	. ,					
Sect	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Tota
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
	Unrelated business taxable income (less		· · · · · · · · · · · · · · · · · · ·			<u> </u>	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				 	
	Add lines 10a and 10b					 	
	Net income from unrelated business activities not included in line 10b.	}					
	whether or not the business is regularly						
	carried on						
2	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					<u> </u>	
4	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(d	c)(3)
	organization, check this box and stop here.	<u> </u>	<u></u>	<i></i> <u></u>	<u> </u>		<u> ▶</u>
Sect	tion C. Computation of Public Sup	port Percenta	ige			_	
	Public support percentage for 2009 (line 8,	, column (f) divide	d by line 13, colur	mn (f))		15	
5		dule A, Part III, lin	ie 15			16	
	Public support percentage from 2008 Sche						
16	Public support percentage from 2008 Sche tion D. Computation of Investmen	nt Income Per	centage				
6 Sect	tion D. Computation of Investmen			13, column (f))		17	
6 Sect	tion D. Computation of Investmer Investment income percentage for 2009 (lii	ne 10c, column (1	f) divided by line 1				
16 Sect 17 18	tion D. Computation of Investmer Investment income percentage for 2009 (lin Investment income percentage from 2008 (ne 10c, column (f Schedule A, Part	f) divided by line 1			18	nd line
Sect 7 8 9 a	Investment income percentage for 2009 (linustrument income percentage from 2008 to 1/3% support tests - 2009. If the or	ne 10c, column (f Schedule A, Part rganization did n	f) divided by line 1 III, line 17 ot check the bo	x on line 14, and	l line 15 is mor	18 e than 331/3%, a	
16 Sect 17 18 19a	Investment income percentage for 2009 (lin Investment income percentage from 2008 33 1/3% support tests - 2009. If the or 17 is not more than 33 1/3%, check the	ne 10c, column (f Schedule A, Part rganization did n his box and sto	f) divided by line 1 III, line 17 ot check the bo p here. The org	x on line 14, and	I line 15 is more	18 e than 331/3%, a supported organiz	ation 🕨
6 Sect 7 8 19a b	Investment income percentage for 2009 (line Investment income percentage from 2008 (33 1/3% support tests - 2009. If the or 17 is not more than 33 1/3%, check the 33 1/3% support tests - 2008. If the organization is support tests - 2008. If the organization is support tests - 2008.	ne 10c, column (I Schedule A, Part rganization did n his box and stop anization did not	f) divided by line 1 III, line 17 ot check the bo p here. The org check a box on	x on line 14, and anization qualifies line 14 or line 19	d line 15 is more as a publicly la, and line 16 is	e than 331/3%, a supported organiz more than 331/3	ation > % and
6 ect 7 8 9a b	Investment income percentage for 2009 (lin Investment income percentage from 2008 33 1/3% support tests - 2009. If the or 17 is not more than 33 1/3%, check the	ne 10c, column (f Schedule A, Part rganization did n his box and stoj anization did not this box and st	f) divided by line 1 III, line 17 ot check the bo p here. The org check a box on cop here. The or	x on line 14, and anization qualifies line 14 or line 19 ganization qualifie	i line 15 is more as as a publicly as, and line 16 is as as a publicly	18 e than 331/3%, a supported organiz more than 331/3 supported organiz	eation > %, and eation >

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10;
Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PAG	CKAGES FROM HOME		20-1124013
Pa	Organizations Maintaining Donor Adv the organization answered "Yes" to Fo	vised Funds or Other Similar Funds or orm 990, Part IV, line 6.	Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	advisors in writing that the assets hold in do	nor od rood
•	funds are the organization's property, subject to the	· ·	6 1 1
6	Did the organization inform all grantees, donors, a	<u> </u>	
•	used only for charitable purposes and not for the l		
	purpose conferring impermissible private benefit?	bottone of the dottor of dottor advisor, of for	Yes No
Pa	Conservation Easements. Complete it	f the organization answered "Ves" to Fo	orm 990 Part IV line 7
1	Purpose(s) of conservation easements held by the		min 550, r artiv, inte 7.
•	Preservation of land for public use (e.g., recre		f an historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	Fieservation of	i a certified historic structure
2	Complete lines 2a through 2d if the organization h	and a qualified appearation contribution in	the form of a concentation
-	easement on the last day of the tax year.	leid a quaimed conservation contribution in	the form of a conservation
	out of the last day of the last year.]	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		
c	Number of conservation easements on a certified		
d	Number of conservation easements included in (c		
3	Number of conservation easements modified, tran		
•	the tax year ▶	iorottod, rotodood, extinguisited, er termina	ace by the organization during
4	Number of states where property subject to conse	ervation easement is located	
5	Does the organization have a written policy regard		adling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in		
	>		omente during the year
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easemen	ts during the year
	▶\$	sing, and omoroning conservation sacomon	no daming the year
8	Does each conservation easement reported on lin	e 2(d) above satisfy the requirements of sec	tion
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports		
_	balance sheet, and include, if applicable, the text of		
	the organization's accounting for conservation eas		a statemente that describes
Pai			Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under S	SFAS 116 not to report in its revenue sta	atement and halance sheet works of
-	art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its fi	ld for public exhibition, education, or rese	arch in furtherance of public service,
b	If the organization elected, as permitted under S	SFAS 116, to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held provide the following amounts relating to these iter		irch in turtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1		• ¢
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
_	following amounts required to be reported under S		ssets for illiancial gain, provide the
9	Revenues included in Form 990, Part VIII, line 1.		L ¢
a b	Assets included in Form 990, Part X		
	ADDOLO INDIDUCU III I UIIII 330, Fall A	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pa	rt III Organizations Maintain	ing Collections	of Art, Histori	cal Treasures,	or Other Similar	Assets (continued)
_						
3	Using the organization's acquisition		other records,	check any of the	following that are a	a significant use of its
	collection items (check all that app	oly):				
a	Public exhibition		d L		nange programs	
b	Scholarly research		e	Other		
С	Preservation for future ge					
4	Provide a description of the organ	ization's collectior	is and explain h	ow they further t	he organization's ex	rempt purpose in
	Part XIV.					
5	During the year, did the organizati					
_	assets to be sold to raise funds rai					
Pa	IV, line 9, or reported ar	Arrangements. (n amount on Fo	Complete if the rm 990, Part X	e organization a , line 21.	answered "Yes" to	Form 990, Part
4.	le the constitution of the constitution					
ıa	Is the organization an agent, truste	ee, custodian or o	ther intermediar	y for contribution	ns or other assets n	ot —
	included on Form 990, Part X?					· · · · Yes No
þ	If "Yes," explain the arrangement in	n Part XIV and coi	mplete the follow	wing table:		
_	Decimals halans			<u> </u> _	1	Amount
C	Beginning balance					
a	Additions during the year					
e	Distributions during the year					
7	Ending balance			· · · · · · · <u>[1</u>	<u> f </u>	
2a	Did the organization include an am	ount on Form 99	0, Paπ X, line 21	19		Yes No
	If "Yes," explain the arrangement in		- 11	187 8 5		
Par	t V Endowment Funds. Con					
1a	Beginning of year balance	(a) Current Year	(b) Prior year	(c) Two year	s back (d) Three ye	ears back (e) Four years back
b	Contributions					
0	Net investment earnings, gains,					
·	and losses					_
ч	Grants or scholarships		<u> </u>			· · · · · · · · · · · · · · · · · · ·
e	Other expenditures for facilities .		ļ	, , , , , , , , , , , , , , , , , , , ,		, , , , , , , ,
·	and programs			F .		
f	Administrative expenses		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	End of year balance			· · · · · · · · · · · · · · · · · · ·		
2	1		lanaa baldaa.	,		
2	Provide the estimated percentage Board designated or quasi-endown	•				
h	Permanent endowment ▶		%			
	Term endowment	<u></u> %				
	Are there endowment funds not in	. * •	f the evacuitation	n that are hald a		. Al
- u	organization by:	the possession o	i ine organizatio	on that are neid a	and administered for	
	(i) unrelated organizations					Yes No
						3a(i)
h	(ii) related organizations	onizations listed s	o required on C	abadula DO	· · · · · · · · · · · · · · · · · · ·	3a(ii)
4	Describe in Part XIV the intended u					[3b]
Par					V line 10	
rai						· · · · · · · · · · · · · · · · · · ·
	Description of investment	(in	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
	Land					
	Buildings					
C						1 000
	Leasehold improvements			1,000		1,000.
	Equipment			17,116	11,194	5,922.
е	•			17,116 16,318	11,194	5,922.

Part VII	Investments - Other Securities. See	Form 990, Part X, li	ne 12.	
	· (a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	ation: rket value
Financial o	derivatives			
	eld equity interests			
			<u> </u>	_=-
		 		
		·		
		 		.
				·. ·
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 12)	•		
Part VIII		Form 990, Part X, li	ne 13.	
	(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year ma	ation: rket value
	7			
				
	· · · · · · · · · · · · · · · · · · ·			
				· · · · · · · · · · · · · · · · · · ·
	nn (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>		
Part IX	Other Assets. See Form 990, Part X,	line 15.		
	(a) Description		(b) Book value

				<u> </u>
·····				1
				
		· · · · · · · · · · · · · · · · · · ·		1
Part X	Other Liabilities. See Form 990, Part		<u> </u>	
7.	(a) Description of liability	(b) Amount	√	
Federal inc	come taxes	 		
			4	
		<u> </u>		
			4	
		 		,
			+	
		ļ	4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
		 -		
				·
		 		
T-4-1 (C :	/h)			
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25)	l	1	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XIV Supplemental Information (continued)

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PACKAGES FROM HOME

Employer identification number

20-1124013

Pa	General Inform "Yes" to Form	n ation on Act 990, Part IV, li	ivities Outsic ne 14b.	le the United States. Co	omplete if the organization	on answered
1	For grantmakers. Does assistance, the grantees	the organizati	on maintain re the grants or		e amount of the grants of the grants of the awar	
2	For grantmakers. Descr United States.	ibe in Part IV th	ne organization	's procedures for monitor	ing the use of grant funds	outside the
3	Activities per Region. (U	se Schedule F-	1 (Form 990) if	additional space is needed	l.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
						
						
						
<u>ota</u>	ls ▶					

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Schedule F (Form 990) 2009

JSA 9E1274 2 000 Page 2

7

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Use Schedule F-1 (Form 990) if additional space	 if additional space 	e is needed.					•]
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	,							
	-							
The state of the s								1
- · · · · · · · · · · · · · · · · · · ·								
	,					,		
· · · · · · · · · · · · · · · · · · ·	, ,							
	,							
				:				
		4.						
	,							
	,							
	*							

ient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	ivalency letter
love that are recognized as chal	s grantee or counsel has provided a section 501(c)(3) equiv
it organizations listed al	rantee or counsel has p
Enter total number of recipien	by the IRS, or for which the gi

3 Enter total number of other organizations or entities

JSA 9E1275 1 000 88611V A11A 8/25/2010

PAGE 27

20-1124013

7

Schedule F (Form 990) 2009

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. Part III

9E12761000 88611V A11A 8/25/2010

V 09-7.3

3:45:40 PM

 Supplemental information Complete this part to provide the information required in Part I, line 2, and any additional information.
PROCEDURES FOR MONITORING USE OF GRANT FUNDS
SCHEDULE F, PART I, LINE 2
THE ORGANIZATION SHIPS BOXES CONTAINING COMFORT ITEMS, HEALTH AND
RECREATIONAL SUPPLIES, AND FOOD ITEMS TO U.S. SERVICEMEN AND WOMEN WHO
ARE DEPLOYED OVERSEAS. ALL ITEMS ARE SHIPPED THROUGH THE MILITARY POSTAL
SYSTEM AND ARE DELIVERED TO U.S. MILITARY BASES. THE ORGANIZATION SHIPS
SUPPLIES TO BOTH INDIVIDUAL SOLDIERS AND TO MILITARY BASES TO DISTRIBUTE
AS NEEDED.
COMFORT PACKAGES
SCHEDULE F, PART III, LINE A
THE ORGANIZATION SHIPPED INDIVIDUAL COMFORT PACKAGES TO 2,773 U.S.
SERVICE MEMBERS IN THE MIDDLE EAST AND 308 U.S. SERVICE MEMBERS IN SOUTH
ASIA. THE ORGANIZATION ALSO SHIPPED OVER 38,077 POUNDS OF FOOD ITEMS,
RECREATIONAL SUPPLIES AND ADDITIONAL COMFORT ITEMS TO U.S. MILITARY BASES
IN THE MIDDLE EAST AND 9,519 POUNDS TO SOUTH ASIA TO BE DISTRIBUTED AS
NEEDED.

7 **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047 **Inspection**

Attach to Form 990 or Form 990-EZ See separate instructions Name of the organization Employer identification number PACKAGES FROM HOME 20-1124013 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations а е Solicitation of non-government grants Х Internet and email solicitations h f Solicitation of government grants X Phone solicitations C Special fundraising events X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name of individual (iv) Gross receipts (ii) Activity (iii) Did fundraiser have (v) Amount paid to (vi) Amount paid to or entity (fundraiser) custody or control of from activity (or retained by) (or retained by) fundraiser listed in contributions? organization col (i) Yes No GENERAL JEFF SURDAKOWSKI FUNDRAISING Х 12,000 0. 0. 12,000 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. AZ

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JISA

Schedule G (Form 990 or 990-EZ) 2009

ï

Pa	rt	Fundraising Events. Complete more than \$15,000 on Form	ete if the organization n 990-EZ, line 6a. Lis	answered "Yes" to F	orm 990, Part IV, lir eceipts greater than	ne 18. \$5,0	or re	porte	ed .
			(a) Event #1	(b) Event #2	(c) Other Events		(d) Tota id col. (col.		
Revenue		Gross receipts Less: Charitable contributions Gross income (line 1 minus line 2)							
	4	Cash prizes							
	5	Noncash prizes				-			
Direct Expenses	6					 			
ect Ex	7	Food and beverages				 			
Ö	8	Entertainment				-			
	9	Other direct expenses				 			
Pa	11	Direct expense summary. Add lines 4 Net income summary. Combine line 3 Gaming. Complete if the organization.	3, column (d), and line 10)	>)
	TÎ, S	than \$15,000 on Form 990-	EZ, line 6a.	tes to ronn 990, Pa	art iv, line 19, or rep	ortea	more	,	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming		Total garage (a) thro		
	1	Gross revenue				├			
Expenses	2	Cash prizes							
ct Expe		Noncash prizes				-			
Direc	4	Rent/facility costs				_			
		Other direct expenses	Yes%	Yes%	Yes%		-		
		Volunteer labor	No	No	No				
	7	Direct expense summary. Add lines 2	through 5 in column (d)			()
	8 Net gaming income summary. Combine line 1, column d, and line 7								No
9 a		nter the state(s) in which the organization licensed to operate g					9a	Yes	NO .
t) If 	"No," explain: 						2.3	
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain:						10a		
C								8 k	
11 12	ls	oes the organization operate gaming a the organization a grantor, beneficiary	or trustee of a trust or	a member of a partners	ship or other entity				2
JSA .	fo	rmed to administer charitable gaming?	<u> </u>		<u> </u>	<u></u>	12	<u> </u>	

Sched	tule G (Form 990 or 990-EZ) 2009 20-1124013				Page 3
				Yes	No
13	Indicate the percentage of gaming activity operated in:				
a	The organization's facility	%			
14	An outside facility	<u>%</u>			
14	Enter the name and address of the person who prepares the organization's gaming/special events and records:	DOOKS			-
	Name			÷	
	Address ►	l l			- ,
152	Does the organization have a contract with a third party from whom the organization receives of	1	ı	•	ŀ
134	revenue?		5	-	٠.
ь	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	<u> </u>	Sa		\vdash
_	amount of gaming revenue retained by the third party ▶ \$	3 1116	-		
С	If "Yes," enter name and address of the third party:				
		ŀ			
	Name ▶				
	Address ▶	1			
16	Gaming manager information:				,
	Name •	Ì		į	
			ľ	`	, (
	Gaming manager compensation ▶ \$		1		
	Description of services provided ▶				•
	Director/officer Employee Independent contractor				
17	Mandatory distributions:			`	
'' а	Is the organization required under state law to make charitable distributions from the gaming procedure.	eds to			
_	retain the state gaming license?		7a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organize		-	,	-
	or spent in the organization's own exempt activities during the tax year ▶ \$				

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009
Open To Public Inspection

Name of the organization

Employer identification number

PACKAGES FROM HOME 20-1124013 Part I Excess Benefit Transacations (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (C) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No Enter the amount of tax imposed on the organization managers or disgualified persons during the year Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (g) Written (a) Name of interested person and purpose (c) Original (d) Balance due (b) Loan to or from e) in default? principal amount the organization? by board or agreement? committee? То From Yes No Yes No Yes No Total Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction (e) Sharing of interested person and the transaction organization's organization revenues? Yes No SEE SCHEDULE O IT SERVICE MIKE LEAVITT 38,000. JEFF SURDAKOWSKI SEE SCHEDULE O 12,000 FUNDRAISING

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE M (Form 990)

Noncash Contributions ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization PACKAGES FROM HOME Employer identification number 20-1124013

Pa	It I Types of Property		- · · · · · · · · · · · · · · · · · · ·	<u></u>	
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications	Х		109,361.	SELLING PRICE
5	Clothing and household				
	goods	X		292,631.	SELLING PRICE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property		<u>.</u>		
9	Securities-Publicly traded				
10	Securities-Closely held stock				
11	Securities-Partnership, LLC,				
	or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation				
	contribution-Historic	<u> </u>			
	structures		-		
14	Qualified conservation				
	contribution-Other		· · · · · · · · · · · · · · · · · · ·		
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other	-			
18	Collectibles				
19	Food inventory	Х	750	86,971.	SELLING PRICE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens		-		<u> </u>
24	Archeological artifacts			7.	
25	Other ►()				<u></u>
26	Other ►()				
27	Other ►()				
28	Other ►()				
29	Number of Forms 8283 received by	the organiz	ation during the tax year fo		
	which the organization completed F	orm 8283, F	Part IV, Donee Acknowledg	gement	29 0
					Yes No
30 a	During the year, did the organizat				
	it must hold for at least three year				
	used for exempt purposes for the er		period?		30a X
b	If "Yes," describe the arrangement in				
31	Does the organization have a				1 1 1
	contributions?				31 X
32 a	Does the organization hire or use	•		- ·	
	contributions?				32a X
	If "Yes," describe in Part II.				
33	If the organization did not report re	venues in co	olumn (c) for a type of prop	perty for which column (a)	is checked,

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009		20-1124013 P			
		Complete this part to provide the information rethis part for any additional information.			
			·		
					
			·		
		~	,		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PACKAGES FROM HOME

Employer identification number

20-1124013

ATTACHMENT 1

FORM 990, PART VI

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

LINE 2:

NELSON LANDMAN AND KEVIN BLAZER HAVE A FAMILY RELATIONSHIP.

LINE 11:

THE 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND WAS REVIEWED BY THE BOARD PRIOR TO BEING FILED.

LINE 12C:

THE ORGANIZATION IS CURRENTLY REVIEWING AND FINALIZING A SPECIFIC DISCLOSURE DOCUMENT DESIGNED TO ENSURE ANNUAL DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST BY BOARD MEMBERS.

LINE 19:

THE ORGANIZATION MAKES ITS ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE L, PART IV

INTERESTED PERSONS

MIKE LEAVITT IS THE SON-IN-LAW OF KATHLEEN LEWIS, PRESIDENT AND CEO. JEFF SURDAKOWSKI IS THE SON OF LINDA SURDAKOWSKI, A DIRECTOR.

c	R cs							
Form 8868 (Rev. 4-2009) Page 2								
• If	you ar	e filing for an Additional (Not Automatic) 3-Month Extension, complete on	y Part II and check this box	▶ X				
Note	e. Only	complete Part II if you have already been granted an automatic 3-month ex	tension on a previously filed	Form 8868.				
• If	If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).							
Pai	rt II 📝	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original (no cor	pies needed).				
		Name of Exempt Organization	Employer identifi					
Type prin		PACKAGES FROM HOME	20-11240	13				
File b		Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only	-				
exten	ded	1201 S. 7TH AVE. #50						
filing	late for the	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	生物学に多うない	1				
return	. See ctions.	PHOENIX, AZ 85007						
		e of return to be filed (File a separate application for each return):	1 5 7	1 1 1 2 2 2 2 2 2 2 2 2 2 3 3 3 3 3 3 3				
X	1 "	n 990 Form 990-PF	Form 1041-A	Form 6069				
1	1 ' ' ' '	 		Form 8870				
-	1		Form 4720	F0//// 88/V				
 STO		n 990-EZ Form 990-T (trust other than above)	Form 5227	ush filed Farm 0000				
		not complete Part II if you were not already granted an automatic 3-mo	nth extension on a previo	usiy illed Form 8866.				
• Ir	ie booi	ks are in the care of KEVIN BLAZER De No. 602 253-0284 FAX No. FAX N						
		170(10.						
		panization does not have an office or place of business in the United States, or						
		for a Group Return, enter the organization's four digit Group Exemption Numb		this is				
		ole group, check this box	s box ▶and attac	ch a				
		names and EINs of all members the extension is for.	·					
	•	lest an additional 3-month extension of time until11/15/2010		<u> </u>				
		alendar year 2009 , or other tax year beginning	_,and ending					
6	If this			e in accounting period				
7		in detail why you need the extension ADDITIONAL TIME IS NEED!		HER				
	THE	INFORMATION NECESSARY TO PREPARE A COMPLETE AND A	CCURATE RETURN.					
		•						
8a	If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax, less any					
	nonre	fundable credits. See instructions.		8a \$				
b	If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	e credits and estimated					
	tax p	ayments made. Include any prior year overpayment allowed as a credit	and any amount paid	<u> </u>				
	previo	ously with Form 8868.		8b \$				
C	Balan	ce Due. Subtract line 8b from line 8a. Include your payment with this form	, or, if required, deposit					
	with F	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	System). See instructions.	8c \$				
	Signature and Verification							
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief,								
t is true, correct, and complete, and that I are authorized to prepare this form.								
	1 1 1 1 1 1 Was 1 (1)							
Signal	ture 🕨	My heal Title >	Date I	8-11-10				
		BIZ MHM, LLC	34.0	Form 8868 (Rev 4-2009)				
	3101 N. CENTRAL AVE. STE 300							

3101 N. CENTRAL AVE., STE 300 PHOENIX, AZ 85012

Form **8868**

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709 Department of the Treasury File a separate application for each return. Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Type or Name of Exempt Organization Employer identification number print PACKAGES FROM HOME 20-1124013

File by the	Number, street, and room or suite no. If a P.O. box, see instructions.							
due date fo								
filing your return See	Chy Approx and office state and ZID and East foreign address an individual							
instruction	PHOENIX, AZ 85007							
Check	type of return to be filed (file a separate application for each return):		· · · · · · · · · · · · · · · · · · ·					
	Form 990 Form 990-T (corporation) Form 4720							
	orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227							
	rm 990-EZ Form 990-T (trust other than above) Form 6069							
<u> </u>	m 990-PF Form 1041-A Form 8870							
• The l	books are in the care of KEVIN BLAZER							
			•					
Telej	phone No. ▶ 602 253-0284 FAX No. ▶							
•			•					
• If the	organization does not have an office or place of business in the United States, check this box		▶ 🔲					
• If this	s is for a Group Return, enter the <u>org</u> anization's four digit Group Exemption Number (GE <u>N)</u>		. If this is					
for the v	whole group, check this box . Fig. 1. If it is for part of the group, check this box And attach a	a list v	with the					
names a	nd EINs of all members the extension will cover.							
1 1	request an automatic 3-month (6 months for a corporation required to file Form 990-T)	exte	ension of time					
unt	request an automatic 3-month (6 months for a corporation required to file Form 990-T) il $\frac{08/16}{2010}$, to file the exempt organization return for the organization named a	bove.	The extension i					
	the organization's return for:							
•	x calendar year 2009 or							
•	tax year beginning, and ending	,	 ·					
2 If th	nis tax year is for less than 12 months, check reason: Initial return Final return Change	in ac	counting period					
20 16 4	his application in far Form COO DI COO DE COO T 4700 or COOO anter the tentative tax for a							
	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
	nrefundable credits. See instructions.	3a	\$					
	nis application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments	1						
	de. Include any prior year overpayment allowed as a credit.	3b	\$					
	ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit							
	n FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See							
	tructions.	3c	\$					
Caution.	If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	า 8879	P-EO					

JSA 9F8054 2 000

for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)