

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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.

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

| | | | |
|--|--|--|---|
| <input type="checkbox"/> Check if applicable: Address change Name change Initial return Terminated Amended return | Please use IRS label or print or type. See Specific Instructions. | C Name of organization SoupMobile, Inc Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 3017 Commerce St Room/suite City or town, state or country, and ZIP + 4 Dallas TX 75226 | D Employer Identification number 20-0154935 |
| Application pending | F Name and address of principal officer: | G Gross receipts \$ 519,690 | E Telephone number (800) 375-5022 |

I Tax-exempt status: 501(c)(3) (insert no.) 4947(a)(1) or 527J Website: ► www.soupmobile.orgK Form of organization: Corporation Trust Association Other ► L Year of formation: **2003** M State of legal domicile: **TX****Part I Summary**1 Briefly describe the organization's mission or most significant activities:
See attachment #1

| | | | |
|--|---|----|-------|
| A C T I V I T E S & G O V E R N A N C E | 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | 3 | 3 |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 4 | 3 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 5 | 4 |
| | 5 Total number of employees (Part V, line 2a) | 6 | 2,500 |
| | 6 Total number of volunteers (estimate if necessary) | 7a | |
| | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7b | 0 |
| | b Net unrelated business taxable income from Form 990-T, line 34 | | |
| | | | |
| | | | |
| | | | |

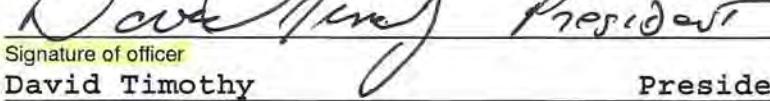
| | | | |
|---|--|------------------------------|--------------------------------|
| R E V E N U E & E X P E N S E S | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 271,634 | Current Year 519,690 |
| | 9 Program service revenue (Part VIII, line 2g) | | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1 | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | |
| | 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 271,635 | 519,690 |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 12,353 | 16,346 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 17,917 | 45,747 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ► 6,297 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 258,807 | 392,933 |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 289,077 | 455,026 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -17,442 | 64,664 | |

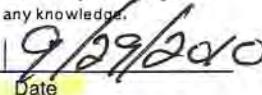
| | | | |
|--------------------------------|---|--|-------------------------------|
| N O T A B L E F U N D S | 20 Total assets (Part X, line 16) | Beginning of Current Year 68,066 | End of Year 144,735 |
| | 21 Total liabilities (Part X, line 26) | 40,008 | 50,681 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 28,058 | 94,054 |
| | | | |

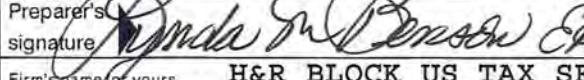
Part II Signature Block

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
David Timothy
 Type or print name and title


 Date
Paid
Preparer's
Use Only

| | | | |
|---|-----------------------|---|--|
| Preparer's signature  | Date 9/26/2010 | Check if self-employed ► <input type="checkbox"/> | Preparer's identifying number (see instr.) |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ► H&R BLOCK US TAX SERVICES 11661 PRESTON RD STE 112 & 118 Dallas, TX 75230 | EIN ► | | |
| | | | Phone no. ► (214) 373-0700 |

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

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

Form 990 (2009)

Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission:

SoupMobile, Inc. is a non-profit mobile soup kitchen feeding, clothing, and caring for the needy and homeless in the Dallas area. SoupMobile also provides housing assistance for qualifying individuals.

- 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 202,081 including grants of \$ _____) (Revenue \$ _____)
See attachment #2

4b (Code: _____) (Expenses \$ 4,220 including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ 71,015 including grants of \$ _____) (Revenue \$ _____)

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

(Expenses \$ 122,396 including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 399,712

Part IV 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 X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | 2 X | |
| 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 X | |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 X | |
| 5 Section 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 | N/A | |
| 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 | 5 | |
| 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 | 6 X | |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 7 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," complete Schedule D, Part IV | 8 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 | 9 X | |
| 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 10 X | |
| ● Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11 X | |
| ● Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more 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. | | |
| ● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | |
| ● Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | |
| ● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | |
| 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. | 12 X | |
| 12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | 12A X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 X | |
| 14a 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, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b X | |
| 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 X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 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 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 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 X | |
| 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 X | |

Part IV 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 X | |
| 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 | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a X | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | N/A | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | N/A | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | N/A | |
| 25a 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 X | |
| 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 990-EZ? If "Yes," complete Schedule L, Part I | 25b X | |
| 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 X | |
| 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 X | |
| 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): | | |
| a 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 IV | 28b X | |
| c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c X | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 X | |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 X | |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 X | |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 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 X | |
| 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, Part VI | 37 X | |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | 38 X | |

Note: All Form 990 filers are required to complete Schedule O

Part 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 | 1a | 0 |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | <input checked="" type="checkbox"/> |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 4 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | <input checked="" type="checkbox"/> |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | <input checked="" type="checkbox"/> |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | N/A |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | <input checked="" type="checkbox"/> |
| b | If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | <input checked="" type="checkbox"/> |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | <input checked="" type="checkbox"/> |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | N/A |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | <input checked="" type="checkbox"/> |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | N/A |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | 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 | <input checked="" type="checkbox"/> |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | N/A |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | <input checked="" type="checkbox"/> |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | <input checked="" type="checkbox"/> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | <input checked="" type="checkbox"/> |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | <input checked="" type="checkbox"/> |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | <input checked="" type="checkbox"/> |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | <input checked="" type="checkbox"/> |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | <input checked="" type="checkbox"/> |
| b | 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.

Section A. Governing Body and Management

| | | Yes | No |
|----|---|----------------|----|
| 1a | Enter the number of voting members of the governing body..... | 1a 3 | |
| b | Enter the number of voting members that are independent | 1b 3 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 X | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 X | |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 X | |
| 6 | Does the organization have members or stockholders? | 6 X | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a X | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?..... | 7b X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | 8a X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b X | |
| g | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9a X | |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|-----|--|-------------------|
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?..... | 10b N/A |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 X |
| 11a | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a X |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b X |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c X |
| 13 | Does the organization have a written whistleblower policy? | 13 X |
| 14 | Does the organization have a written document retention and destruction policy? | 14 X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | |
| a | The organization's CEO, Executive Director, or top management official? | 15a X |
| b | Other officers or key employees of the organization? | 15b X |
| | 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 arrangement with a taxable entity during the year? | 16a X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b N/A |

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **See attachment #3**

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.

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|--|---|--|---|---|----------------------------|---|---|--|
| | | I T D I N R R U I S I S T I C I E I D I O I A I L | T D I N R R U I S I S T I C I E I D I O I A I L | O F I T R U S T I T C T U T I O N I A I L | K E M P L O Y E E R I G H P L E E N Y S T S A T E D | E M P L O Y E E R I G H P L E E N Y S T S A T E D | H C E M P L O Y E E R I G H P L E E N Y S T S A T E D | F O R M E R | | | |
| David Timothy President and Treasurer | 60.00 | X | | X | X | X | 36,000 | 0 | 0 | | |
| Cynthia Leftrick Secretary | 5.00 | | | X | | | 0 | 0 | 0 | | |
| Margaret D Benson Vice President | 5.00 | | | X | | | 0 | 0 | 0 | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|--|---|---|---|--|---|---|--|
| | | I N D U S V I D U A L | T R U S T C E T O R | O F F I C E T U R | K E M P L O Y E E | H G C O M P L E E S T A T E D | C E H I G M P L E E S T A T E D | | | |
| 1b Total | | | | | | | | 36000 | 0 | 0 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► | | |

| Part VIII Statement of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|--|---|--------------------------|---|---------------------------------------|--|--|
| G O C I T H O F R E N T S R R G I R M B A M U N L A I S R O A A N M S D T S | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c 157927 | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, & similar amounts not included above | 1f 361763 | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 237273 | | | | |
| | h Total. Add lines 1a-1f | | 519690 | | | |
| P R O G E R R A V E M I V C E E N U E | Business Code | | | | | |
| | 2a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | | | | |
| O T H E R R E V E N U E | 3 Investment income (including dividends, interest, and other similar amounts) | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross Rents | (i) Real | (ii) Personal | | | |
| | b Less: rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| b Less: cost or other basis and sales expenses | | | | | | |
| c Gain or (loss) | | | | | | |
| d Net gain or (loss) | | | | | | |
| 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| b Less: direct expenses | b | | | | | |
| c Net income or (loss) from fundraising events | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| b Less: direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| b Less: cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | 519690 | | | |
| 12 Total revenue. See instructions | | | | | | |

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-------------------------------|---|--|---|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 15128 | 15128 | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 1218 | 1218 | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 36000 | | 36000 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 6496 | 6496 | | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 3251 | | 3251 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 899 | | 899 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 10650 | 10650 | | |
| 12 Advertising and promotion | 6179 | 1997 | | 4182 |
| 13 Office expenses | 2732 | | 2732 | |
| 14 Information technology | 1248 | | | 1248 |
| 15 Royalties | | | | |
| 16 Occupancy | 38912 | 38912 | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 3507 | 3507 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 8092 | 7470 | 622 | |
| 23 Insurance | 8988 | 5005 | 3983 | |
| 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.) | | | | |
| a Food and serving expenses | 194148 | 194148 | | |
| b Christmas Angel Project | 71015 | 71015 | | |
| c Various personal items | 15437 | 15437 | | |
| d Automobile costs | 10370 | 10370 | | |
| e Clothing | 9930 | 9930 | | |
| f All other expenses | #4. | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 455026 | 399712 | 49017 | 6297 |
| 26 Joint costs. Check here ► <input type="checkbox"/> 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..... | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | |
|---|---|--------------------------|----------------|--------------------|--|
| ASSETS | 1 Cash -- non-interest bearing | 30,406 | 1 | 79,521 | |
| | 2 Savings and temporary cash investments | 2,761 | 2 | 15,697 | |
| | 3 Pledges and grants receivable, net | | 3 | | |
| | 4 Accounts receivable, net | | 4 | | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | | |
| | 7 Notes and loans receivable, net | | 7 | | |
| | 8 Inventories for sale or use | 500 | 8 | 500 | |
| | 9 Prepaid expenses and deferred charges | | 9 | | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 55,016 | | | |
| b Less: accumulated depreciation | 10b 15,272 | 31,179 | 10c | 39,744 | |
| 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 | 3,220 | 15 | 9,273 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 68,066 | 16 | 144,735 | | |
| LIABILITIES | 17 Accounts payable and accrued expenses | 1,528 | 17 | 952 | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | | 19 | | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | 24,500 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 38,480 | 24 | 25,229 | |
| | 25 Other liabilities. Complete Part X of Schedule D | | 25 | | |
| | 26 Total liabilities. Add lines 17 through 25 | 40,008 | 26 | 50,681 | |
| FUNDED ASSETS | Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | | 27 | | |
| | 28 Temporarily restricted net assets | | 28 | | |
| | 29 Permanently restricted net assets | | 29 | | |
| | Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | 42,222 | 30 | 98,325 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | 31,179 | 31 | 23,039 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | -45,343 | 32 | -27,310 | |
| | 33 Total net assets or fund balances | 28,058 | 33 | 94,054 | |
| | 34 Total liabilities and net assets/fund balances. | 68,066 | 34 | 144,735 | |

Part XI Financial Statements and Reporting

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | |
| b Were the organization's financial statements audited by an independent accountant? | | |
| c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? N/A If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | |
| d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A | | |
| 3a | | |
| 3b | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
SoupMobile, Inc.

Employer identification number
20-0154935

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III–Functionally integrated d Type III–Other

- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.

- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.

- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

| | Yes | No |
|----------|-----|----|
| 11g(i) | X | |
| 11g(ii) | X | |
| 11g(iii) | X | |

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

- h Provide the following information about the supported organization(s).

| (I) Name of supported organization | (II) EIN | (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (IV) Is the organization in col. (I) listed in your governing document? | (V) Did you notify the organization in col. (I) of your support? | (VI) Is the organization in col. (I) organized in the U.S.? | | (VII) Amount of support |
|------------------------------------|----------|---|---|--|---|----|-------------------------|
| | | | | | Yes | No | |
| | | | | | | | |
| Total | | | | | | | |

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar 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.") | 148956 | 223024 | 406478 | 271633 | 519690 | 1569781 |
| 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..... | 148956 | 223024 | 406478 | 271633 | 519690 | 1569781 |
| 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) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 1569781 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | 148956 | 223024 | 406478 | 271633 | 519690 | 1569781 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 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.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 1569781 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|--|-----------|---------------|-------------------------------------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 100.00 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 84.39 | % |
| 16a 33 1/3 % support test -- 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization | | | <input checked="" type="checkbox"/> |
| b 33 1/3 % support test -- 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test -- 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test -- 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | <input type="checkbox"/> |

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization

SoupMobile, Inc

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

| | |
|--|---|
| Name of organization SoupMobile, Inc | Employer identification number 20-0154935 |
|--|---|

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---|--------------------------------|--|
| 1 | The Dallas Foundation 900 Jackson St Ste 705 Dallas, TX 75202 | \$ 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | Highland Park United Methodist Chu 3300 Mockingbird Lane Dallas, TX 75205 | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | Highland Park United Methodist Chu 3300 Mockingbird Lane Dallas, TX 75205 | \$ 1,596 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | North Texas Food Bank 4500 S Cockrell Hill Rd Dallas, TX 75236-2028 | \$ 61,284 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | Bakery Outlet 127 E Centerville Rd Garland, TX 75041-4633 | \$ 25,689 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | Jus-Made 9761 Clifford Dallas, TX 75220 | \$ 800 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|--|---|
| Name of organization SoupMobile, Inc | Employer identification number 20-0154935 |
|--|---|

Part I **Contributors** (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|--|
| 7 | Jus-Made 9761 Clifford Dallas, TX 75220 | \$ 19,664 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 8 | Lee Fitzgerald DDS PA 424 Maplelawn Dr Plano, TX 75075 | \$ 13,472 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 9 | Debbie & Michael Rasa 1514 Iroquis Circle Carrollton, TX 75007 | \$ 12,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 10 | Roger & Joy Beless 729 E Bethel School Rd Coppell, TX 75019-4186 | \$ 11,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 11 | Haggar Clothing Company 11511 Luna Rd Dallas, TX 75234 | \$ 10,440 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 12 | Buchholz Family Foundation 200 Crescent Court Ste 1200 Dallas, TX 75201 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|--|---|
| Name of organization SoupMobile, Inc | Employer identification number 20-0154935 |
|--|---|

Part I **Contributors** (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|--|
| 13 | John & Teresa Boylan 1612 Japonica Ln Plano, TX 75074 | \$ 9,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 14 | Peggy Lou Bradshaw 6565 McCallum Blvd #130 Dallas, TX 75252 | \$ 8,000 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 15 | United Healthcare P O Box 1459 MN005-N100 Minneapolis, MN 55440-1459 | \$ 7,468 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 16 | United Healthcare P O Box 1459 MN005-N100 Minneapolis, MN 55440-1459 | \$ 250 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 17 | Baron & Blue Foundation 5950 Deloache Ave Dallas, TX 75225 | \$ 7,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 18 | John Horn High School 3300 E Cartwright Rd Mesquite, TX 75181 | \$ 5,201 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|--|---|
| Name of organization SoupMobile, Inc | Employer identification number 20-0154935 |
|--|---|

Part I **Contributors** (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|---|
| <u>19</u> | John Horn High School 3300 E Cartwright Rd Mesquite, TX 75181 | \$ 1,660 | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>20</u> | University Park United Methodist C 4024 Caruth University Park, TX 75225 | \$ 5,686 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>21</u> | University Park United Methodist C 4024 Caruth University Park, TX 75225 | \$ 431 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>22</u> | Random Acts of Kindness 9601 Gold Hills Drive Plano, TX 75025 | \$ 5,427 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>23</u> | First UMC Mt Vernon 522 Hwy 37S Mt. Vernon, TX | \$ 5,300 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>24</u> | Dennis Sewell 6545 Terrace Dr The Colony, TX 75056 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|--|---|
| Name of organization SoupMobile, Inc | Employer identification number 20-0154935 |
|--|---|

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|--|
| 25 | Five Point Partners 2526 Mt Vernon Rd Ste B348 Atlanta, GA 30338 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 26 | American Management Services LLC 2801 Alaskan Way Ste 200 Seattle, WA 98121 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 27 | Sandra & Charles Raymond 5124 Tennington Park Dallas, TX 75287 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 28 | BeyondFaith Homecare & Rehab LLC 3200 Broadway Ste 200 Garland, TX 75043 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| — | — | \$ — | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| — | — | \$ — | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|--|---|
| Name of organization SoupMobile, Inc | Employer Identification number 20-0154935 |
|--|---|

Part II Noncash Property (see instructions)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see Instructions) | (d) Date received |
|---------------------------|---|--|----------------------|
| <u>3</u> | <u>toiletries, tent, coats, blanket, bibles</u> | \$ <u>1,596</u> | <u>06-23-2009</u> |
| <u>4</u> | <u>food</u> | \$ <u>61,284</u> | <u>01-15-2009</u> |
| <u>5</u> | <u>food</u> | \$ <u>25,689</u> | <u>07-14-2009</u> |
| <u>7</u> | <u>drinks</u> | \$ <u>19,664</u> | <u>09-15-2009</u> |
| <u>8</u> | <u>dental services & supplies</u> | \$ <u>13,472</u> | <u>12-11-2009</u> |
| <u>11</u> | <u>clothing</u> | \$ <u>10,440</u> | <u>12-18-2009</u> |

Name of organization

SoupMobile, Inc

Employer identification number

20-0154935**Part II Noncash Property** (see instructions)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see Instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| <u>14</u> | <u>new shoes</u> | \$ <u>8,000</u> | <u>12-24-2009</u> |
| <u>16</u> | <u>sneakers</u> | \$ <u>250</u> | <u>10-07-2009</u> |
| <u>19</u> | <u>food & socks</u> | \$ <u>1,660</u> | <u>12-11-2009</u> |
| <u>21</u> | <u>food</u> | \$ <u>431</u> | <u>12-22-2009</u> |
| <u>22</u> | <u>food</u> | \$ <u>5,427</u> | <u>03-07-2009</u> |
| <u>23</u> | <u>backpacks</u> | \$ <u>5,300</u> | <u>12-14-2009</u> |

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service**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

2009Open to Public
InspectionName of the organization
SoupMobile, IncEmployer Identification number
20-0154935**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

| | |
|---|--|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply). | |
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. | |
| a Total number of conservation easements | Held at the End of the Tax Year |
| b Total acreage restricted by conservation easements | 2a |
| c Number of conservation easements on a certified historic structure included in (a) | 2b |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2c |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____ | 2d |
| 4 Number of states where property subject to conservation easement is located ► _____ | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____ | |
| 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____ | |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. | |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations

- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(I) unrelated organizations

(II) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

| 3a(I) | Yes | No |
|--------|-----|----|
| 3a(ii) | | |
| 3b | | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments -- Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------|---|------------------------------------|---------------------------------|----------------|
| 1a Land | | 4,160 | | 4,160 |
| b Buildings | | 14,198 | 108 | 14,090 |
| c Leasehold improvements | | 5,615 | 720 | 4,895 |
| d Equipment | | 31,043 | 8,664 | 22,379 |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ► 45,524

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibition
b Scholarly research
c Preservation for future generations

d Loan or exchange programs
e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

- b** If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Term endowment ► _____ %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(I) unrelated organizations,
 (II) related organizations,
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

| Yes | No |
|--------|----|
| 3a(I) | |
| 3a(II) | |
| 3b | |

- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments -- Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| | Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------------|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 4,160 | | | 4,160 |
| b Buildings | | 14,198 | 108 | | 14,090 |
| c Leasehold improvements | | 5,615 | 720 | | 4,895 |
| d Equipment | | 31,043 | 8,664 | | 22,379 |
| e Other | | | | | |

Total. Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ► 45,524

Part VII Investments -- Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other _____ | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► | | |

Part VIII Investments -- Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| Undeposited funds | 3,107 |
| Automobiles | 6,071 |
| Furniture | 95 |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► | 9,273 |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount | |
|---|------------|--|
| Federal income taxes | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | | |

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 XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | |
|---|----|
| 1 Total revenue (Form 990, Part VIII, column (A), line 12) | 1 |
| 2 Total expenses (Form 990, Part IX, column (A), line 25) | 2 |
| 3 Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 |
| 4 Net unrealized gains (losses) on investments | 4 |
| 5 Donated services and use of facilities | 5 |
| 6 Investment expenses | 6 |
| 7 Prior period adjustments | 7 |
| 8 Other (Describe in Part XIV.) | 8 |
| 9 Total adjustments (net). Add lines 4 through 8 | 9 |
| 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | |
|---|----|--|
| 1 Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains on investments | 2a | |
| b Donated services and use of facilities | 2b | |
| c Recoveries of prior year grants | 2c | |
| d Other (Describe in Part XIV.) | 2d | |
| e Add lines 2a through 2d | 2e | |
| 3 Subtract line 2e from line 1 | 3 | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b Other (Describe in Part XIV.) | 4b | |
| c Add lines 4a and 4b | 4c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | |
|--|----|--|
| 1 Total expenses and losses per audited financial statements | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities | 2a | |
| b Prior year adjustments | 2b | |
| c Other losses | 2c | |
| d Other (Describe in Part XIV.) | 2d | |
| e Add lines 2a through 2d | 2e | |
| 3 Subtract line 2e from line 1 | 3 | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b Other (Describe in Part XIV.) | 4b | |
| c Add lines 4a and 4b | 4c | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization
SoupMobile, Inc.

Employer identification number
20-0154935

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a 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? Yes No

b 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 or entity (fundraiser) | (II) Activity | (III) Did fundraiser have custody or control of contributions? | | (IV) Gross receipts from activity | (V) Amount paid to (or retained by) fundraiser listed in col. (I) | (VI) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |

Total ►

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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | (a) Event #1 Christmas An (event type) | (b) Event #2 (event type) | (c) Other events (total number) | (d) Total events (Add col. (a) through col. (c)) |
|---|---|------------------------------|------------------------------------|---|
| 1 Gross receipts | 157,267 | | | 157,267 |
| 2 Less: Charitable contributions | | | | |
| 3 Gross income (line 1 minus line 2)..... | 157,267 | | | 157,267 |
| 4 Cash prizes | | | | |
| 5 Noncash prizes | | | | |
| 6 Rent/facility costs | | | | |
| 7 Food and beverages | | | | |
| 8 Entertainment | | | | |
| 9 Other direct expenses..... | 71,015 | | | 71,015 |
| 10 Direct expense summary. Add lines 4 through 9 in column (d)..... ► | | | | (71,015) |
| 11 Net income summary. Combine line 3, column (d), and line 10 | | | | 86,252 |

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

| | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) thru col. (c)) |
|---|--|--|--|---|
| 1 Gross revenue | | | | |
| 2 Cash prizes | | | | |
| 3 Noncash prizes | | | | |
| 4 Rent/facility costs | | | | |
| 5 Other direct expenses | | | | |
| 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> 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 | | | | |

- 9 Enter the state(s) in which the organization operates gaming activities: _____
- | | |
|--|--|
| | |
| | |
- a Is the organization licensed to operate gaming activities in each of these states?
- b If "No," explain:

- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b If "Yes," explain:

- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
- | | |
|--|--|
| | |
| | |

| | Yes | No |
|--|-----------------------------------|---|
| 13 Indicate the percentage of gaming activity operated in: | 13a | % |
| a The organization's facility | 13b | % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| Name ► _____ | | |
| Address ► _____ | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | X |
| b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____. | | |
| c If "Yes," enter name and address of the third party: | | |
| Name ► _____ | | |
| Address ► _____ | | |
| 16 Gaming manager information: | | |
| Name ► _____ | | |
| Gaming manager compensation ► \$ _____ | | |
| Description of services provided ► _____ | | |
| <input type="checkbox"/> Director/officer | <input type="checkbox"/> Employee | <input type="checkbox"/> Independent contractor |
| 17 Mandatory distributions: | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 17a | X |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____ | | |

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

SoupMobile, Inc

Employer identification number

20-0154935

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and

Schedule I-1 (Form 990) if additional space is needed ►

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Central Dallas Ministries 511 N Akard St 302 Dallas, TX 75201 | | 501 (c) 3 | 100 | | | | assist in feeding the hungry |
| Central Dallas Ministries 511 N Akard St 302 Dallas, TX 75201 | | 501 (c) 3 | | 72 | FMV | paper products | assist in feeding the hungry |
| Central Dallas Ministries 511 N Akard St 302 Dallas, TX 75201 | | 501 (c) 3 | | 645 | FMV | baby food | assist in feeding the hungry |
| Central Dallas Ministries 511 N Akard St 302 Dallas, TX 75201 | | 501 (c) 3 | | 8,312 | FMV | food, drinks | assist in feeding the hungry |

- 2 Enter total number of section 501(c)(3) and government organizations ► **5**
- 3 Enter total number of other organizations ► **8**

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

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service**Transactions With Interested Persons**

OMB No. 1545-0047

2009Open To Public
InspectionName of the organization
SoupMobile, Inc.Employer Identification number
20-0154935**Part I****Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|---|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year

under section 4958 ► \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

Part II **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.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|--|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| David Timothy Acquisition of condo fo housing for homeless | X | | 25,000 | 24,500 | X | X | | | X | |
| Total | | | | ► \$ 24,500 | | | | | | |

Total**Part III** **Grants or Assistance Benefiting 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 organization | (c) Amount and type of assistance |
|-------------------------------|---|-----------------------------------|
| | | |

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |

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)

Department of the Treasury
Internal Revenue Service

Name of the organization
SoupMobile, Inc.

Part I Types of Property

| | (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 | X | | 1,237 | Actual costs |
| 5 Clothing and household goods | X | | 25,036 | Salvation Army |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | X | 1 | 4,200 | FMV |
| 9 Securities -- Publicly traded | | | | |
| 10 Securities -- Closely held stock | | | | |
| 11 Securities -- Partnership, LLC, or trust interests | | | | |
| 12 Securities -- Miscellaneous | | | | |
| 13 Qualified conservation contribution -- Historic structures | | | | |
| 14 Qualified conservation contribution -- Other | | | | |
| 15 Real estate -- Residential | | | | |
| 16 Real estate -- Commercial | | | | |
| 17 Real estate -- Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 6 | 171,052 | Actual costs |
| 20 Drugs and medical supplies | X | 1 | 25 | Actual costs |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (_____) | | | | |
| 26 Other ► (_____) | | | | |
| 27 Other ► (_____) | | | | |
| 28 Other ► (See attachment #5) | | | | |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | | | 29 | |

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

| | Yes | No |
|-----|-----|----|
| 30a | | X |

| | Yes | No |
|----|-----|----|
| 31 | | X |

| | Yes | No |
|-----|-----|----|
| 32a | | X |

- 30b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- 32b If "Yes," describe in Part II.
- 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

OMB No. 1545-0047

2009

Open To Public
Inspection

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

SoupMobile, Inc

Employer Identification number

20-0154935

Part VI, Line 11 - Form 990 is distributed to each Board member prior to the Board meeting. During the meeting, any questions or concerns are discussed and resolved. The Form 990 is then approved and signed by the Executive Director.

Part VI, Line 19 - Examination of open documents begins with a written request made by the individual wanting the examination. Copies of the items requested are then provided at no charge.

Part VI Governance, Management, and Disclosure, Sect B, Line 12c - At Board meetings, the Board discusses any activities that might have even a remote possibility of causing a conflict of interest.

Part VI Governance, Management, and Disclosure, Sect B, Lines 15a & 15b - The Advisory Board to SoupMobile recommended a salary for the Executive Director based on comparable salaries of Executive Directors of other charitable organizations and based on SoupMobile's ability to provide the compensation. The salary agreed to is substantially less than Executive Directors of comparable non-profit organizations, however, the SoupMobile Executive Director accepted the lower compensation package in order to help SoupMobile financially focus on its mission.

Part III, Line 4d - Other Program Services expenses total \$122,396 which includes transportation, wages, interest, drug tests, toys, repairs/maintainance, and supplies.

PRIMARY EXEMPT PURPOSE

Attachment 1: Form 990 Page 1, Part I

| | |
|---|---|
| Open to Public Inspection | For calendar year 2009 or tax period beginning , and ending . |
| Name of Organization SoupMobile, Inc | Employer Identification Number 20-0154935 |

Primary Purpose

SoupMobile, Inc. is a non-profit mobile soup kitchen feeding, clothing, and caring for the needy and homeless in the Dallas area. SoupMobile also provides housing assistance for qualifying individuals.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: Form 990 Page 2, Part III

| | | | |
|---|---|----------------------|----------|
| Open to Public Inspection | For calendar year 2009, or tax period beginning | , and ending | |
| Name of Organization SoupMobile, Inc | Employer Identification Number 20-0154935 | | |
| Part III - Statement of Program Service Accomplishments | | | |
| Code: | Expenses: 202,081 | including Grants of: | Revenue: |
| Exempt Purpose Achievements Provide meals, clothing, & personal items to the homeless | | | |

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: Form 990 Page 2, Part III

| | | |
|---|--|--------------------------------|
| Open to Public Inspection | For calendar year 2009, or tax period beginning , and ending | Employer Identification Number |
| Name of Organization SoupMobile, Inc | | 20-0154935 |
| Part III - Statement of Program Service Accomplishments | | |
| Code: | Expenses: 4,220 including Grants of: Exempt Purpose Achievements | Revenue: |
| Temporary lodging and housing for homeless men and women | | |

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: Form 990 Page 2, Part III

| | | | |
|---|---|---|----------|
| Open to Public Inspection | For calendar year 2009, or tax period beginning | , and ending | . |
| Name of Organization SoupMobile, Inc | Employer Identification Number 20-0154935 | | |
| Part III - Statement of Program Service Accomplishments | | | |
| Code: | Expenses: 71,015 | including Grants of: Exempt Purpose Achievements | Revenue: |

Christmas Angel Project provides 500 homeless with a Christmas event and hope as well as spotlighting the issue of homelessness

PART III – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: Form 990 Page 2, Part III

| | | | |
|---|---|---|----------|
| Open to Public Inspection | For calendar year 2009, or tax period beginning | , and ending | |
| Name of Organization SoupMobile, Inc | Employer Identification Number 20-0154935 | | |
| Part III - Statement of Program Service Accomplishments | | | |
| Code: | Expenses: 122,396 | including Grants of: Exempt Purpose Achievements | Revenue: |
| All other program services | | | |

BOOKS ARE IN CARE OF

Attachment 3: Form 990 Page 6, Part VI, Section C, Line 20

| | | |
|--|---|--------------|
| Open to Public Inspection | For calendar year 2009 or tax period beginning | , and ending |
| Name of Organization SoupMobile, Inc | Employer Identification Number 20-0154935 | |
| Part VI - Line 91a | | |

Individual Name
or

Business Name:
SoupMobile, Inc

Street Address **3017 Commerce St**

U.S. Address:

Zip code **75226** City **Dallas** State **TX**
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number **(800) 375-5022**

Fax Number

SCHEDULE OF OTHER EXPENSES

Attachment 4: Form 990 Page 10, Line 24 - Other Expenses

| Open to Public Inspection | For calendar year 2009 or tax period beginning | , and ending | | |
|-----------------------------|--|----------------------|----------------------------|--------------------------------|
| Name of Organization | | | | Employer Identification Number |
| SoupMobile, Inc | | | | 20-0154935 |
| Other Expenses | (A) Total | (B) Program Services | (C) Management and General | (D) Fundraising |
| Drug testing and handouts | 2,870 | 2,870 | | |
| Summer barbecue project | 1,559 | 1,559 | | |
| Repairs & maintenance equip | 1,452 | 1,452 | | |
| Uniforms | 1,118 | | 1,118 | |
| Warehouse supplies | 1,109 | 1,109 | | |
| Volunteer expenses | 1,098 | 1,098 | | |
| Fundraising expenses | 867 | | | 867 |
| Kitchen supplies & small ap | 804 | 804 | | |
| Liquid coolers | 619 | 619 | | |
| Professional fees/membershi | 250 | | 250 | |
| Books and subscriptions | 162 | | 162 | |
| Miscellaneous | -1,082 | -1,082 | | |
| Total | 10,826 | 8,429 | 1,530 | 867 |

SCHEDULE M - PART I - OTHER TYPES OF PROPERTY

Attachment 5: Sch M, Part I - Types of Property

| | | |
|--|---|--|
| Open to Public Inspection | For calendar year 2009 or tax period beginning _____, and ending _____. | |
| Name of Organization SoupMobile, Inc | Employer Identification Number 20-0154935 | |

Part I Other Types of Property

| Description | (a) Check if applicable | (b) number of contributions | (c) Revenues reported on Form 990 Part VIII, line 1g | (d) Method of determining revenues |
|------------------------|-------------------------|-----------------------------|--|------------------------------------|
| Toys, sch sup, entrtnm | X | 7 | 5,555 | Actual costs |
| Toiletries | X | 6 | 1,065 | Actual costs |
| Equipment | X | 6 | 3,003 | FMV |
| Furniture | X | 4 | 775 | FMV |
| Kitchen & servg suppls | X | 11 | 1,200 | Actual costs |
| Baby supplies | X | 1 | 25 | Actual costs |
| Dental services & sup | X | 1 | 13,472 | Actual costs |

Depreciation and Amortization (Including Information on Listed Property)

2009

Attachment
Sequence No. 67Department of the Treasury
Internal Revenue Service (99)Name(s) shown on return
SoupMobile, Inc.Business or activity to which this form relates
FOR FORM 990Identifying number
20-0154935**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|---|----------------------------------|-------------------------|
| 1 Maximum amount. See the instructions for a higher limit for certain businesses | 1 | \$250,000 |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | \$800,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | 250,000 |
| 6 (a) Description of property | (b) Cost (busn. use only) | (c) Elected cost |
| | | |
| | | |
| 7 Listed property. Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | 250,000 |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

| | | |
|--|----|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

| Section A | | | | | | |
|---|----|-------|--|--|--|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2009 | 17 | 7,230 | | | | |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | | | | | |

Section B -- Assets Placed In Service During 2009 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depr. (business/investment use only -- see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|---|---|----------------------------|-----------------------|-------------------|-----------------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | See Statement | | | | | 134 |
| c 7-year property | See Statement | | | | | 440 |
| d 10-year property | | | | | | |
| e 15-year property | | 365 | 15 | HY | 150 DB | 18 |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | 10-2009 | 14,198 | 27.5 yrs. | MM | S/L | 108 |
| i Nonresidential real property | | | 27.5 yrs. | MM | S/L | |
| | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C -- Assets Placed In Service During 2009 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | |
|--|----|-------|
| 21 Listed property. Enter amount from line 28 | 21 | 162 |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions | 22 | 8,092 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate Instructions.

Form 4562 (2009)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A -- Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

| 24a | Do you have evidence to support business/investment use claimed? | | | | | 24b | If "Yes," is the evidence written? | | 24c | 24d |
|-----|--|-------------------------------|-------------------------------------|-------------------------|--|---------------------|------------------------------------|----------------------------|------------------------------|-----|
| | (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Busn./investment use percentage | (d) Cost or other basis | (e) Basis for depr. (busn./investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost | |
| 25 | Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | 25 | | | | |
| 26 | Property used more than 50% in a qualified business use: | | | | | | | | | |
| 88 | Crown | V08-17-2009 | 100.0% | 812 | 812 | 200DBHY | 162 | | | |
| | | | % | | | | | | | |
| | | | % | | | | | | | |
| 27 | Property used 50% or less in a qualified business use: | | | | | | | | | |
| | | | % | | | | S/L- | | | |
| | | | % | | | | S/L- | | | |
| | | | % | | | | S/L- | | | |
| 28 | Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | 28 | | | 162 | |
| 29 | Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | 29 | |

Section B -- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| 30 | Total business/investment miles driven during the year (do not include commuting miles) | (a) Vehicle 1 | (b) Vehicle 2 | (c) Vehicle 3 | (d) Vehicle 4 | (e) Vehicle 5 | (f) Vehicle 6 |
|----|---|---------------|---------------|---------------|---------------|---------------|---------------|
| 31 | Total commuting miles driven during the year | 10400 | | | | | |
| 32 | Total other personal (noncommuting) miles driven | | | | | | |
| 33 | Total miles driven during the year. Add lines 30 through 32 | 10400 | | | | | |
| 34 | Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No |
| 35 | Was the vehicle used primarily by a more than 5% owner or related person? | X | | | | | |
| 36 | Is another vehicle available for personal use? | X | | | | | |

Section C -- Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

| | | | |
|----|---|-----|----|
| 37 | Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 | Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. | X | |
| 39 | Do you treat all use of vehicles by employees as personal use? | X | |
| 40 | Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | X | |
| 41 | Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) | X | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

| 42 | (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|----|--|------------------------------|------------------------|------------------|---------------------------------------|--------------------------------|
| 42 | Amortization of costs that begins during your 2009 tax year (see instructions) | | | | | |
| 43 | Amortization of costs that began before your 2009 tax year | | | | | 43 |
| 44 | Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |