Return of Organization E

Department of the Treasury

A For the 2011 calendar year, or tax year beginning C Name of organization

Under section 501(c), 527, or 4947(a)(1) of the I benefit trust or private

The organization may have to use a copy of t

2011, and ending	eporting requirements.	Inspection
2011, and ending	D Employer identificat	, 20
	20-0154935	on number
	20 0134333	
Room/suite	E Telephone number	
	(214) 655-63	96
	G Gross receipts \$	1,245,528
	H(a) Is this a group return for affiliates?	
u vin de la laca	H(b) Are all affiliates include	
(a)(1) or 527	If "No," attach a list. (se	
I Vegratif	ormation: 2003 M State of	
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2)	735,202. 735,202. 735,202. 735,202. 739,971. 454,396. 0 78,783. 43. 139,160. 672,382. 67,589. Beginning of Current Year	2 1 2,750 Current Year 1,234,370 31 -301 1,234,100 805,509 123,764 182,135 1,111,408 122,692 End of Year
2)	78 of its net assets. 3 4 5 6 7a 7b Prior Year 735,202. 0 -1,133. 5,902. 739,971. 454,396. 0 78,783. 43. 139,160. 672,382. 67,589. Beginning of Current Year 218,730.	2 1 2,750 Current Year 1,234,370 31 -301 1,234,100 805,509 123,764 182,135 1,111,408 122,692 End of Year 330,826
2)	735,202. 735,202. 735,202. 735,202. 739,971. 454,396. 0 78,783. 43. 139,160. 672,382. 67,589. Beginning of Current Year	2 1 2,750 Current Year 1,234,370 31 -301 1,234,100 805,509 123,764 182,135 1,111,408 122,692 End of Year

B Check if applicable SOUPMOBILE, INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 3017 COMMERCE ST Initial return City or town, state or country, and ZIP + 4 Terminated Amended return DALLAS, TX 75226 F Name and address of principal officer: DAVID TIMOTHY 3017 COMMERCE ST DALLAS. TX 75226 X 501(c)(3) 501(c) (Website: ▶ WWW.SOUPMOBILE.ORG Form of organization: X Corporation Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: SOUPMOBILE, INC. IS A NON-PROFIT MOBILE SOU Governance CLOTHING, AND CARING FOR THE NEEDY AND HOM SOUPMOBILE ALSO PROVIDES HOUSING ASSISTANCE 2 Check this box if the organization discontinued its operations or 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 4 Number of independent voting members of the governing body (Part VI, li 5 Total number of individuals employed in calendar year 2011 (Part V, line 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lin 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 ò Assets Balanc Total assets (Part X, line 16) 20 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, /declare that I have examined this return, including accompanying correct, and complete. Declaration of preparer (other than officer) is based on all information Sign Signature of office Here Type or print name and title Date Print/Type preparer's name Preparer's signature Check Paid self-employed P01424343 BRUCE E BERNSTIEN Preparer ▶ BRUCE E BERNSTIEN & ASSOC, PC Firm's EIN Use Only 214-706-0840 Firm's address ▶ 10440 N CENTRAL EXPRESSWAY STE 1040 DALLAS, TX 75231 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions. JSA 1E1010 1,000

Form 990 (2011)

Part	V Checklist of Required Schedules			Page 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	13	12	
	complete Schedule A	1	X	-
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Λ	-
	candidates for public office? If "Yes," complete Schedule C, Part I	3	144	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		-	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	44	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	13		
	Part III	5	-11	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		-	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	-2.		
-	"Yes,"complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	4.17	X
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		25
0	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
13	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			-
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	44.	X	11.5
	Schedule D, Part VI Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more	11a	Λ	-
ь	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
ć	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1852		0
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	40-		v
	complete Schedule D, Parts XI, XII, and XIII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1 11	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	125		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1		-
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			v
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17		X
19	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		24
18	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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	

Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 X in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 X 23 24 a 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 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X 25a 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? 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 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 X 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........ X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization receive any payment from or engage in any transaction with a controlled entity within the 35b X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and Form 990 (2011)

Page 5

Par	Check if Schedule O contains a response to any question in this Part V			
_	Shook in Sensualis & respense to any question in the Fart V. F.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	1
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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	- 1	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		X
b	If "Yes," enter the name of the foreign country: ▶		Mi	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			4
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	Х	
h	and services provided to the payor?	7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		
٠	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on Part VIII, line 12			N.
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			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
100	against amounts due or received from them.)	42-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
1	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	1Ja		
· ·	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	The state of the s			

Form 990 (2011)

	O. See instructions.			
• •	Check if Schedule O contains a response to any question in this Part VI			X
secti	on A. Governing Body and Management	-	Man	No
			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year. If there are 1a			
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O. Foter the number of voting members included in line 1a, above, who are independent.			
	Effect the flumber of voting members included in line 1a, above, who are independent			
	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		х
	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
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		х
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	. 4	X
	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	m		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	7.00		
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
	Did 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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
	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	16a		X
	with a taxable entity during the year?	Toa		100
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	401		
Cocti	organization's exempt status with respect to such arrangements?	160		-
_				
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request			
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f inte	rest	oolic
20	and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the presentation.			

								0101200		-3
Part VII	Compensation of Officers, Independent Contractors	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and	
	Check if Schedule O contain	s a respons	e to any qu	estio	n in this Part	VII	***********			

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.

- 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, if any. 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.

(A) Name and Title	(B) Average hours per week (describe hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1.2.1000 1.1100)	organization and related organizations
(1) DAVID TIMOTHY PRESIDENT & TREASURER	60.00	X		Х				58,750.	0	11,471
(2) CYNTHIA LEFTRICK SECRETARY	5.00	X	H	Х					0	
(3) MARGARET D BENSON VICE PRESIDENT	5.00	X		X				C	0	
(4)										
(5)					Ī					
(6)					İ					
(7)										
(8)					Ī					
(9)	4									
(10)				ī						
_(11)					Ī					
			i	ī						
(14)										

Form 990 (2011)

the bount for related organization and related organization shows the sum of the properties of the pr	Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (describe	(do not box, office	Position (do not check more than one box, unless person is both a officer and a director/trustee					(D) Reportable compensation from the	(E) Reportable compensation for related organizations	om	(F) Estimated amount of other compensation	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O Yes N 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		hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization			from organ and r	n the lization related
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O Yes N 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													
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O Yes N 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													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O Yes N 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		4											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O Yes N 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													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O Yes N 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													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 Yes No. 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	c Total from continuation sheets to Part VII, Sec	tion A .						* * *	C		0		
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 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 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	2 Total number of individuals (including but not	limited to t	hose	liste				re		\$100,000 of			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3 Did the organization list any former office	er, directo	or, or	tru	stee	e, I	key e	emp	loyee, or highes	t compensated	1		Yes No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes,"complete Schedule J for such person	organization and related organizations gre	eater than	\$15	0,00	00?	If	"Yes	s, "				4	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. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	5 Did any person listed on line 1a receive or	accrue co	mpen	satio	n f	from	any	un					Х
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)													
	compensation from the organization. Report of												
		ress								rvices	Co		tion
								-					

Form 990 (2011) SOUPMOBILE, INC 20-0154935 Page **9**

	t 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
Gra	b	Membership dues 1b				11/
ts,	C	Fundraising events 1c 32,882.			1	
ig ë	d	Related organizations 1d				A S
ins,	е	Government grants (contributions) 1e				
utio er S	f	All other contributions, gifts, grants,				
흡통		and similar amounts not included above . 1f 1,201,488.				
E P	g	Noncash contributions included in lines 1a-1f: \$ 772,322.				
	h	Total. Add lines 1a-1f	1,234,370.			
Program Service Revenue	2a	Business Code				
Re	b					
vice	c					
Ser	d					
E	e					
gre	f	All other program service revenue				
_ <u>P</u>	g	Total. Add lines 2a-2f	0			
	3	Investment income (including dividends, interest, and				
		other similar amounts) ATTACHMENT 1	31.			31.
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	0			
		(i) Real (ii) Personal				
	6a	Gross rents	203 1 1 1 1 1 1 1 1 1 1 1			
	b	Less: rental expenses				
	c	Rental income or (loss) 7,647.				
	d	Net rental income or (loss) ▶	7,647.			7,647.
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory			1 - 1	A Company
	b	Less: cost or other basis				
		and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)	0			
nue	8a	Gross income from fundraising				
		events (not including \$32,882. ATCH 2				
ě		of contributions reported on line 1c).				
2		See Part IV, line 18 a 3,480.				
Other Reve	b	Less: direct expenses b 11,428.				
ō	C	Net income or (loss) from fundraising events . ATCH . 3 . ▶	-7,948.			-7,948.
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a				77
	b	Less: direct expenses b				4
	C	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold b			A CONTRACTOR OF THE PARTY OF TH	
	С	Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue Business Code			100/2017	
	11a				-	
	b					
	C				-	
	d	All other revenue			-	
	e	Total. Add lines 11a-11d	0			
	112	Total revenue See instructions	1 1 101 100		1	270

20-0154935 Page 10

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).

Check if Schedule O contains a response to any question in this Part IX (B) Program service expenses Do not include amounts reported on lines 6b. (A) Total expenses (C) Management and (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . 18,374. 18,374. Grants and other assistance to individuals in the United States. See Part IV, line 22 787,135. 787,135. Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. . . . 0 0 Compensation of current officers, directors, trustees, and key employees 58,750. 14,687. 44,063 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 47,905. 16,039. 15,585. 16,281. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 12,615. 3,154. 9,461. 4,494. 1,124 3,370. 10 Fees for services (non-employees): 0 0 4,500. 4,500 0 0 e Professional fundraising services. See Part IV, line 17 0 f Investment management fees 0 1,198. 1,198. 12 Advertising and promotion 6,536. 6,511. 25. 13 Office expenses 74 6,536. 6,610. 14 Information technology 15 47,794. 34,993. 12,801. 16 Occupancy 0 17 Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 Conferences, conventions, and meetings 19 4,287. 289 3,998. 21 13,781. 11,712. 2,069 22 Depreciation, depletion, and amortization 10,180. 10,180 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a CELEBRATE JESUS EVENT 27,123. 27,123. 11,758 26,871. 15,113. b AUTOMOBILE EXPENSES c DONATIONS TO OTHER CHARITIES 17,372. 17,372. 6,768. 5,977. 791. d SUPPLIES 9,115. 2,109. 6,873. 133. e All other expenses _____ Total functional expenses. Add lines 1 through 24e 1,111,408. 954,853. 140,116. 16,439. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) 0

JSA 1E1052 1.000

art	X	Balance Sheet			
			(A) Beginning of year		(B) End of year
		Cash - non-interest-bearing	64,193.	1	156,016.
	2	Savings and temporary cash investments	39,009.	2	43,590
	3	Pledges and grants receivable, net	0	3	
110	4	Accounts receivable, net	0	4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
				5	
		Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
SIS	7	Notes and loans receivable, net	0	7	
in l	8	Inventories for sale or use	18,700.		18,700
-	9	Prepaid expenses and deferred charges	10,1001	9	107,00
- 1		Land, buildings, and equipment: cost or		-	
1:	va	other basis. Complete Part VI of Schedule D 10a 161,937.			
	h	Less: accumulated depreciation		100	112,520
1	1			11	112,520
110		Investments - publicly traded securities Investments - other securities. See Part IV, line 11		12	
112				13	
112	4	Investments - program-related. See Part IV, line 11		14	
11.0	5	Intangible assets		15	
11 6		Other assets. See Part IV, line 11	218,730.		330,826
_	6	Total assets. Add lines 1 through 15 (must equal line 34)			
.11.00	7	Accounts payable and accrued expenses		18	43,697
16	8	Grants payable		19	
1100	9	Deferred revenue		20	
MI C	20	Tax-exempt bond liabilities		21	
2 2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
5 4	22	Payables to current and former officers, directors, trustees, key			
Clabilities 2 2		employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L	18,500.		
	23	Secured mortgages and notes payable to unrelated third parties		23	
11.5	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		0.5	
		of Schedule D	E4 202	25	12 607
12	26	Total liabilities. Add lines 17 through 25	54,293.	26	43,697
ses		Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.			
8 2	27	Unrestricted net assets		27	
2	28	Temporarily restricted net assets		28	
2 2	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds	164,437.	30	287,129
38	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ 3	32	Retained earnings, endowment, accumulated income, or other funds	0	32	
3	33	Total net assets or fund balances	164,437.	33	287,129
	34	Total liabilities and net assets/fund balances	218,730.	34	330,826

For	990 (2011)			Pa	age 12
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,2	34,	100.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,1	11,	408.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	22,	692.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	64,	437.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		10	C
6	Net assets or fund balances at end of year, Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	5	87	129.
_	rt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.		2a		x
2a b			2b	-	X
C	Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization.	The second second			A
	of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.				1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yes issued on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ar were			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such audits explain why in Schedule Q and describe any steps taken to undergo such audits	rgo the	3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ne of the organization Employer identification number

SOUPMOBILE, INC	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	i).	
4 A medical research organization operated in conjunction with a hospital described in)(1)(A)(iii). Enter the
hospital's name, city, and state:		N-10-10-10-10-10-10-10-10-10-10-10-10-10-
An organization operated for the benefit of a college or university owned or operated by section 170(b)(1)(A)(iv). (Complete Part II.)	y a governmen	ital unit described in
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)	(4)	
7 X An organization that normally receives a substantial part of its support from a government		m the general nublic
described in section 170(b)(1)(A)(vi). (Complete Part II.)	ital unit of no	m the general public
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 contribureceipts from activities related to its exempt functions - subject to certain exceptions, a		
support from gross investment income and unrelated business taxable income (less acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III		tax) from businesses
10 An organization organized and operated exclusively to test for public safety. See section 509	The second secon	
11 An organization organized and operated exclusively for the benefit of, to perform the		or to carry out the
purposes of one or more publicly supported organizations described in section 509(a)(1)		The second section is a second of the second second section in
509(a)(3). Check the box that describes the type of supporting organization and complete li	ines 11e throu	gh 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 indire	ectly 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, Ty	ype II, or Type	e 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) Yes No
and (iii) below, the governing body of the supported organization?		11g(i)
(ii) A family member of a person described in (i) above?		11g(ii)
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)
h Provide the following information about the supported organization(s).		
(i) Name of supported (ii) EIN (iii) Type of organization (iv) is the (v) Did you notify	(vi) Is the	(vii) Amount of
organization (described on lines 1-9 organization in col. (i) listed in in col. (i) or organization	organization in col. (i) organized	support
(see instructions)) your governing document? your support?	in the U.S.?	
Yes No Yes No	Yes No	
(A)		
(B)		
(C)		
(D)		
(E)		
Total		

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

Schedule A (Form 990 or 990-EZ) 2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part II

Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	406,478.	271,633.	519,690.	735,202.	1,234,370.	3,167,373.
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	406,478.	271,633.	519,690.	735,202.	1,234,370.	3,167,373.
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.						3,167,373.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	406,478.	271,633.	519,690.	735,202.	1,234,370.	3,167,373.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				15,424.	7,678.	23,102.
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						3,190,475.
12	Gross receipts from related activities, etc. (see	e instructions) .				12	3,480.
13	First five years, If the Form 990 is fo organization, check this box and stop here						
Sec	tion C. Computation of Public Supp					1	00.00
14	Public support percentage for 2011 (line		the state of the s	column (f))	0 1 0 3 5 5 6 7 7 10	14	99.28%
15	Public support percentage from 2010 Sc					15	99.29%
16a	33 1/3 % support test - 2011. If the or	ganization did	not check the b	ox on line 13,	and line 14 is	33 1/3 % or more	e, check
	this box and stop here. The organization						
b	33 1/3 % support test - 2010. If the or check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2: 10% or more, and if the organization Part IV how the organization meets the	011. If the orga meets the "fac	anization did no ts-and-circumsta	t check a box of inces" test, che	on line 13, 16a eck this box an	or 16b, and lind stop here. Ex	ne 14 is oplain in
	그 그들은 가장에 있는데 가장 그 가장 하는 것 같아 그는 그들은데 하게 되었다.						AS
b	organization	010. If the orga	anization did no	t check a box	on line 13, 16a	, 16b, or 17a,	and line
	Explain in Part IV how the organization						
18	supported organization Private foundation. If the organization of	lid not check a b	ox on line 13, 16	6a, 16b, 17a, or	17b, check this	box and see	▶□
_	instructions	******		******		hadula A /Form 000	

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1							
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise				-	-	-
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
2	organization's tax-exempt purpose						+
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid						
5	to or expended on its behalf		-			1	
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5					_	
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 10 a	Amounts from line 6						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)		-			+	
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the state of the s					
	organization, check this box and stop here .						
Sec	tion C. Computation of Public Sup	The Rest of the Prince of the Paris of the P					
15	Public support percentage for 2011 (line 8, co					15	%
16	Public support percentage from 2010 Schedu					16	%
255	tion D. Computation of Investment						
17	Investment income percentage for 2011 (lin						%
18	Investment income percentage from 2010 S					18	%
19 a	33 1/3 % support tests - 2011. If the org 17 is not more than 33 1/3 %, check this						
b	33 1/3 % support tests - 2010. If the organ						
17	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of						

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

SOUPMOBILE, INC		Employer identification number
		20-0154935
Organization type (check of	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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 p	private foundation
	501(c)(3) taxable private foundation	
	on filing Form 990, 990-EZ, or 990-PF that received, during the ye y one contributor. Complete Parts I and II.	ear, \$5,000 or more (in money or
Special Rules	y one contributor. Complete Parts I and II.	
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 09(a)(1) and 170(b)(1)(A)(vi) and received from any one contribute \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line and II.	tor, during the year, a contribution of
during the year, t	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that recotal contributions of more than \$1,000 for use exclusively for reposes, or the prevention of cruelty to children or animals. Complete	religious, charitable, scientific, literary,
during the year, of not total to more year for an exclu	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that recontributions for use exclusively for religious, charitable, etc., purithan \$1,000. If this box is checked, enter here the total contributionsively religious, charitable, etc., purpose. Do not complete any of panization because it received nonexclusively religious, charitable rear	rposes, but these contributions did ons that were received during the the parts unless the General Rule e, etc., contributions of \$5,000 or
990-EZ, or 990-PF), but it	at is not covered by the General Rule and/or the Special Rules d nust answer "No" on Part IV, line 2, of its Form 990; or check the D-PF, to certify that it does not meet the filing requirements of Sch	loes not file Schedule B (Form 990, e box on line H of its Form 990-EZ or on

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

Name of organization SOUPMOBILE, INC

Employer identification number 20-0154935

-				
Dart I	Contributore	coo instructions)	Use duplicate copies of Part I if additional space is needed.	
raiti	CONTRIBUTION	SEE II ISU UCUOI IS).	Ose duplicate copies of Part I if additional space is needed.	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	QUAKER OATS 730 E TRINITY BLVD GRAND PRAIRIE, TX 75050	\$ <u>76,546.</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	NORTH TEXAS FOOD BANK 4500 S. COCKRELL HILL RD DALLAS, TX 75236	\$ 435,386.	Person X Payroll X Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3-	BIMBO BAKERIES 127 E. CENTERVILLE RD GARLAND, TX 75041	\$43,970.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4-	CORSICANA BEDDING, INC. 3001 S HIGHWAY 287	\$35,250.	Person X Payroll X Noncash X
	CORSICANA, TX 75109		(Complete Part II if there is a noncash contribution.)
(a) No.	CORSICANA, TX 75109 (b) Name, address, and ZIP + 4	(c) Total contributions	
	(b)		a noncash contribution.) (d)
No.	(b) Name, address, and ZIP + 4 PETTIT MACHINERY INC P.O. BOX 5976	Total contributions	a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Name of organization SOUPMOBILE, INC

Employer identification number 20-0154935

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FOOD		VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	FOOD	\$ 435,386.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3_	FOOD	\$	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	BLANKETS, MATTRESSES	\$	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization SOUPMOBILE, INC

Employer identification number

20-0154935

contri	ganizations completing Part III. e	nter the total of exclusively religious year. (Enter this information once.	n (e) and the following line entry. ss, charitable, etc., See instructions.) ▶\$
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	ationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	ationship of transferor to transferee
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
om	(b) Purpose of gift Transferee's name, address, and	(c) Use of gift (e) Transfer of gift d ZIP + 4 Re	(d) Description of how gift is held
om Irt I		(e) Transfer of gift	
No. om art I		(e) Transfer of gift	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

SOL	PMOBILE, INC			20-0154935
Par	Organizations Maintaining Donor Adv		Similar Funds or	AccountsComplete if the
	organization answered "Yes" to Form 9			
		(a) Donor advis	sed funds	(b) Funds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor			
	funds are the organization's property, subject to the			
5	Did the organization inform all grantees, donors, a	nd donor advisors in wr	iting that grant funds	s can be used
	only for charitable purposes and not for the benefit			
	conferring impermissible private benefit?			
Pai	t II Conservation Easements. Complete if			m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the c	organization (check all th	at apply).	
	Preservation of land for public use (e.g., recreation	ation or education)	Preservation of	an historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization hele	d a qualified conservation	n contribution in the f	form of a conservation
	easement on the last day of the tax year.		Г	
			-	Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified his			2c
d	Number of conservation easements included in (c) a			
	historic structure listed in the National Register			
3	Number of conservation easements modified, transf	ferred, released, extingui	shed, or terminated b	by the organization during the
	tax year ▶			
4	Number of states where property subject to conserv			
5	Does the organization have a written policy regarding			
	violations, and enforcement of the conservation eas			
6	Staff and volunteer hours devoted to monitoring, ins	specting, and enforcing of	onservation easemer	nts during the year
	•		STATE OF THE PARTY	
7	Amount of expenses incurred in monitoring, inspecti	ing, and enforcing conse	rvation easements du	uring the year
	> \$			Walleman
8	Does each conservation easement reported on line	the state of the s		
	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports of			
	balance sheet, and include, if applicable, the text of	THE COUNTY OF TH	nization's financial sta	atements that describes the
Da	organization's accounting for conservation easemer till Organizations Maintaining Collection		roscurse or Other	Similar Accore
Pa	till Organizations Maintaining Collection Complete if the organization answered			Similar Assets.
4				avenue statement and balance shoe
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simil	lar assets held for put	olic exhibition, educ	ation, or research in furtherance o
	public service, provide, in Part XIV, the text of the	footnote to its financial	statements that desc	cribes these items.
b	works of art, historical treasures, or other simil	lar assets held for put	to report in its re- olic exhibition, educ	venue statement and balance shee ation, or research in furtherance of
	public service, provide the following amounts relat			
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			
2	If the organization received or held works of a			
2	60 BLATILON, INCOMENTATION (INCOMENTATION CONTRACTORS) (INCOMENTATION CONTRACTORS) (INCOMENTATION CONTRACTORS)			
-	following amounts required to be reported under 8 Revenues included in Form 990, Part VIII, line 1			
h	Assets included in Form 990, Part X			

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

Par	t III Organizations Maintainin	g Collections of	f Art, Hist	orical Tre	easures, o	or Other	Similar A	ssets(c	continue	ed)	
3	Using the organization's acquisition collection items (check all that apply	, accession, and	other reco	rds, check	any of th	ne followin	g that are	e a sign	ificant (use o	of its
а	Public exhibition		d	Loa	n or exchai	nge progra	ims				
b	Scholarly research		e	Oth	er		222222				
C	Preservation for future gene	erations									
4	Provide a description of the organia XIV.		s and expl	ain how t	hey further	r the orga	anization's	exempt	purpos	e in	Part
5	During the year, did the organization	colinit or rossius	denetions .	of art bints	rical traca		han almilan				
	assets to be sold to raise funds rathe								7		7
Par	t IV Escrow and Custodial Ar	rangements.Co	mplete if t	he organi						V,	No
_	line 9, or reported an amo	unt on Form 990), Рап X, II	ne 21.							
	Is the organization an agent, trustee, included on Form 990, Part X?							[Yes		No
b	If "Yes," explain the arrangement in P	Part XI V and comp	olete the follo	owing table	e:	7					
						-	Am	ount			
C	Beginning balance										
d	Additions during the year										
e	Distributions during the year									_	
1	Ending balance							- 1	120	_	1
	Did the organization include an amou		Part X, line	21?				· · · L	Yes		No
	If "Yes," explain the arrangement in P									_	
Par	t V Endowment Funds. Comp										
4.1		(a) Current year	(b) Prid	or year	(c) Two ye	ars back	(d) Three year	ars back	(e) Four	years	back
	Beginning of year balance										
	Contributions										
C	Net investment earnings, gains,										
	and losses										
	Grants or scholarships										
е	Other expenditures for facilities .										
	and programs										
f	Administrative expenses										
g	End of year balance		1114								
2	Provide the estimated percentage of	the c urrent year	end balance	(line 1g, c	column (a))	held as:					
а	Board designated or quasi-endowme	nt 🕨	%								
b	Permanent endowment	%									
C	Temporarily restricted endowment	9	6								
	The percentages in lines 2a, 2b, and	2c sh ould equal	100%.								
3a	Are there endowment funds not in the	e pos session of t	the organiza	tion that a	re held and	administe	ered for the		1.0		
	organization by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organ	nizati ons listed as	required on	Schedule	R?				3b		H_
4	Describe in Part XIV the intended use	es of t he organiza	tion's endov	vment fund	ds.						
Par											
	Description of property	(a) Cost of	or other basis estment)	(b) Cost o	or other basis ther)	(c) Accur deprec		(0	l) Book val	lue	
1a	Land	2.42.4									
b	Buildings				84,322.		3,374.		(30,9	948.
C	Leasehold improvements										
d	Equipment				65,250.	4	0,575.		- 3		675.
е	Other	2.9.43			12,365.		5,468.			6,8	897.
Tota	I. Add lines 1a through 1e. (Column (d) must equal For	m 990, Part	X, column	(B), line 10	O(c).)			1:	12,5	520.

Part VII	Investments - Other Securities. See	Form 990, Part X, lin	e 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
(1) Financia	al derivatives		
	-held equity interests		
(3) Other_			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Part VIII	-	Form 990, Part X, lin	
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	A) 15 22 5 17 1 5 1		
Part IX	on (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X,	line 15	
I di LiA		(a) Description	(b) Book value
(1)		(a) Description	(b) book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)		▶
Part X	Other Liabilities. See Form 990, Part	X, line 25.	
1.	(a) Description of liability	(b) Book val	ue
	ral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)	mn /h) must oqual Form 000. Dort V and /D) line 0	5)	
	mn (b) must equal Form 990, Part X, col. (B) line 2	5.)	

2. FIN 48 (ASC 740) 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 (ASC 740).

Schedule D	(Form	990)	2011

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number SOUPMOBILE, INC 20-0154935 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g 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? 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. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (ii) Activity (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2011

		(a) Event #1 SOUPER 100	(b) Event #2 GOLF TOURNAMEN	(c) Other Events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1 2	Gross receipts	19,962.	16,400.		36,362
	Less: Charitable contributions	19,962.	12,920.		32,882
3	Gross income (line 1 minus line 2)		3,480.		3,480
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	3,157.	8,271.		11,428
7	Food and beverages				
8	B Entertainment				
	OIL				
9	Other direct expenses				
10	Direct expense summary. Add lines 4 Net income summary. Combine line 3 Gaming. Complete if the organical complete in the organical complete in the organical complete.	through 9 in column (d) , column (d), and line 10 anization answered "Y	es" to Form 990, Part		-7,948
10 11 art	Direct expense summary. Add lines 4 Net income summary. Combine line 3	through 9 in column (d) , column (d), and line 10 anization answered "Y			-7,948 ted more (d) Total gaming (add
10 11 art	Direct expense summary. Add lines 4 Net income summary. Combine line 3. Gaming. Complete if the orga than \$15,000 on Form 990-E.	through 9 in column (d) column (d), and line 10 anization answered "Y Z, line 6a.	es" to Form 990, Part	IV, line 19, or repor	-7,948 ted more (d) Total gaming (add
10 11 art	Direct expense summary. Add lines 4 Net income summary. Combine line 3 Gaming. Complete if the orga than \$15,000 on Form 990-E	through 9 in column (d) column (d), and line 10 anization answered "Y Z, line 6a.	es" to Form 990, Part	IV, line 19, or repor	-7,948 ted more (d) Total gaming (add
10 11 art	Direct expense summary. Add lines 4 Net income summary. Combine line 3. Gaming. Complete if the orga than \$15,000 on Form 990-E.	through 9 in column (d) column (d), and line 10 anization answered "Y Z, line 6a.	es" to Form 990, Part	IV, line 19, or repor	-7,948 ted more (d) Total gaming (add
10 11 art	Direct expense summary. Add lines 4 Net income summary. Combine line 3. Gaming. Complete if the orga than \$15,000 on Form 990-E. Gross revenue	through 9 in column (d) column (d), and line 10 anization answered "Y Z, line 6a.	es" to Form 990, Part	IV, line 19, or repor	-7,948 ted more (d) Total gaming (add
10 11 art	Direct expense summary. Add lines 4 Net income summary. Combine line 3 Gaming. Complete if the orga than \$15,000 on Form 990-E. Gross revenue	through 9 in column (d) column (d), and line 10 anization answered "Y Z, line 6a.	es" to Form 990, Part	IV, line 19, or repor	
10 11 art	Direct expense summary. Add lines 4 Net income summary. Combine line 3 Gaming. Complete if the orgathan \$15,000 on Form 990-Ex Gross revenue Cash prizes Noncash prizes Rent/facility costs	through 9 in column (d) column (d), and line 10 anization answered "Y Z, line 6a.	es" to Form 990, Part (b) Pull tabs/instant bingo/progressive bingo	IV, line 19, or repor	-7,948 ted more (d) Total gaming (add
10 11 art	Direct expense summary. Add lines 4 Net income summary. Combine line 3 Gaming. Complete if the orgathan \$15,000 on Form 990-Ei Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	through 9 in column (d), column (d), and line 10 anization answered "YoZ, line 6a. (a) Bingo	es" to Form 990, Part (b) Pull tabs/instant bingo/progressive bingo	IV, line 19, or repor	-7,948 ted more (d) Total gaming (add
100 111 art	Direct expense summary. Add lines 4 Net income summary. Combine line 3 Gaming. Complete if the orgathan \$15,000 on Form 990-E. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	through 9 in column (d), column (d), and line 10 anization answered "YoZ, line 6a. (a) Bingo Yes	(b) Pull tabs/instant bingo/progressive bingo	V, line 19, or report (c) Other gaming Yes% No	-7,948 ted more (d) Total gaming (add

	SOUPMOBILE, INC	20-0154935
77.7	dule G (Form 990 or 990-EZ) 2011	Page 3
11 12	Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnershiformed to administer charitable gaming?	
13	Indicate the percentage of gaming activity operated in:	
a	그 보다 마시장 전에서 가지 않는데 하나 이렇게 하나 하다 보다 하다 나를 하는데 하는데 하는데 모든데 모든데 되었다.	
b		
14	Enter the name and address of the person who prepares the organization's gaming/spec records:	ial events books and
	Name ▶	
	Address ►	***************************************
15 a	Does the organization have a contract with a third party from whom the organ	
h	revenue?	Yes No
	amount of gaming revenue retained by the third party	and the
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	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а		n the gaming proceeds to
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to o	other exempt organizations
Do	or spent in the organization's own exempt activities during the tax year > \$	a seeded by Dard I line Ob
Par	Supplemental Information. Complete this part to provide the explanation columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b part to provide any additional information (see instructions).	

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Internal Revenue Service

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

▶ Attach to Form 990.

Open to Public Inspection

Schedule I (Form 990) (2011)

Name of the organization						Employer identifica	tion number
SOUPMOBILE, INC						20-015493	5
Part I General Information on Grants and	Assistance	е					
 Does the organization maintain records to substitute selection criteria used to award the grants of Describe in Part IV the organization's procedure 	r assistance	?					X Yes No
Part II Grants and Other Assistance to Go to Form 990, Part IV, line 21, for any Part II can be duplicated if additional	recipient th	at received me	ore than \$5,000.	Check this box	if no one recipient r	ation answered "Y eceived more than	es" 1 \$5,000.
(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
(1) AIDS RESOURCE CENTER	7						
PO BOX 190869 DALLAS, TX 75219	75-1892059	501 (C) (3)		12,565.	FMV	FOOD	FEEDING THE HUNGRY
(2) DALLAS INTERNATIONAL STREET CHURCH		2105-005					
2706 SOUTH 2ND AVE. DALLAS, TX 75210-2070 (3)	75-2736730	501 (C) (3)	220.	5,589.	FMV	FOOD	FEEDING THE HUNGRY
_(4)							
_(5)							
_(6)							
_(7)							
_(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and gov			in the line 1 table				2.

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

Schedule I (Form 990) (2011)

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
FOOD & CLOTHING FOR HOMELESS	5,000.		699,645.	COST & FMV	FOOD & CLOTH
2 CHRISTMAS EVE EVENT	500.		69,991.	COST	ROOM&BANQUET
3 HOMES FOR HOMELESS	21.		17,499.	COST	HOME TO STAY
4					
5					
6					
7					

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

THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2:

NO GRANTS WERE GIVEN WITH STIPULATIONS TO FUND USE.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

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

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SOUPMOR	BILE, INC							20	-015	4935	,			
Part I	Excess Benefit Transactions (Complete if the organization answer	section 50 red "Yes"	01(c)(on F	3) and orm 99	section 501(c)(4) o 0, Part IV, line 25a	rganizatior or 25b, or	ns only). Form 99	0-EZ,	Part V	, line	40b.			
1	(a) Name of disqualified person				(b) Description of transaction							-	(c) Corrects	
(1)				-						-	_	- 1	es N	
(2)		-	_									_	+	
(3)												_	+	
(4)														
(5)												1		
(6)														
und	er the amount of tax imposed on the ler section 4958 er the amount of tax, if any, on line 2									\$_				
Part II	Loans to and/or From Interest Complete if the organization answ Name of interested person and purpose	ered "Yes	" on F	-	90, Part IV, line 26, (c) Original principal amount	or Form 9		T	line 38	(f) App	proved ard or	(g) V		
			the organization?							committee?				
/41			То	From				Yes	No	Yes	No	Yes	No	
(1)		_	-					-				-	-	
(3)								+					\vdash	
(4)													_	
(5)								-					-	
(6)							_							
(7)														
(8)														
(9)														
(10)														
Total					▶\$									
Part III	Grants or Assistance Benefit Complete if the organization answ													
	(a) Name of interested person	(b)	Relati	ionship b	etween interested person organization	n and the	(c)	Amou	nt and	type of	assis	tance		
(1)														
(2)	× The second													
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														

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

Schedule L (Form 990 or 990-EZ) 2011

Page 2

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) DAVID TIMOTHY	EXECUTIVE DIRECTOR	1,259.	BUY 500 COPIES OF HIS BOOK		x	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SOUPMOBILE, INC 20-0154935 Part I Types of Property (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 3 Art - Fractional interests Books and publications 4 Clothing and household goods....... X 152,295. **FMV** 6 Cars and other vehicles Boats and planes...... Intellectual property 8 9 Securities - Publicly traded Securities - Closely held stock . . . 10 Securities - Partnership, LLC. 11 Securities - Miscellaneous 12 13 Qualified conservation contribution - Historic structures Qualified conservation 14 contribution - Other 15 Real estate - Residential Real estate - Commercial 16 17 Collectibles 18 620,027. FMV 19 20 Drugs and medical supplies 21 22 Scientific specimens 23 Archeological artifacts 24 25 Other ►(_____) 26 Other ►(_____) 27 Other ►(_____) 28

Yes No 30 a 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? 30a X b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

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

Schedule M (Form 990) (2011)

Page 2

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOUPMOBILE, INC

Employer identification number 20-0154935

RETURN REVIEW PROCESS

FORM 990, PART VI, LINE 11B:

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 BY THE EXECUTIVE DIRECTOR.

CONFLICT OF INTEREST POLICY ENFORCEMENT AND MONITORING FORM 990, PART VI, LINE 12C: AT BOARD MEETINGS, THE BOARD DISCUSSES ANY ACTIVITIES THAT MIGHT HAVE EVEN A REMOTE POSSIBILITY OF CAUSING A CONFLICT OF INTEREST.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINES 15A:

THE ORGANIZATION COMPARES THE SALARY OF THE EXECUTIVE DIRECTOR WITH OTHER COMPARABLE ORGANIZATIONS TO MAKE SURE IT IS IN LINE WITH CONTEMPORARY FIGURES. FURTHERMORE THE SOUPMOBILE ADVISORY BOARD MONITORS AND ADVISES ON SALARY FIGURES TO VERIFY THAT THEY ARE BASED ON FAIR COMPENSATION VALUES IN THE MARKETPLACE. TYPICALLY COMPENSATON FOR THE EXECUTIVE DIRECTOR OF THE SOUPMOBILE AVERAGES SUBSTANTIALLY LESS THAN OTHER COMPARABLE NON-PROFITS SO THAT THE SOUPMOBILE'S PRIMARY FINANCIAL FOCUS IS ON ITS MISSION.

PUBLIC DISCLOSURE

FORM 990, PART VI, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

Name of the organization			Employer identification	Page	
SOUPMOBILE, INC	20-0154935				
STATEMENTS ARE AVAILABLE FOR RE	EVIEW UPON REQUEST.		ATTACHMENT 1		
FORM 990, PART VIII - INVESTMENT	INCOME				
DESCRIPTION		(B) RELATED OR EMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDE REVENUE	
MISC INTEREST INCOME	31.			31	
TOTALS	31.			31	
FORM 990, PART VIII - EXCLUDED C	CONTRIBUTIONS		ATTACHMENT 2		
DESCRIPTION	AMOUNT				
SOUPER 100	19,962.				
GOLF TOURNAMENT	12,920.				
TOTAL	32,882.				
FORM 990, PART VIII - FUNDRAISIN	NG EVENTS		ATTACHMENT 3		
DESCRIPTION	GROSS	DIRECT		NET INCOME	
SOUPER 100			3,157.	-3,157.	
GOLF TOURNAMENT	3,480.		8,271.	-4,791.	