

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2003 calendar year, or tax year beginning AUGUST 13TH, 2003, and ending DECEMBER 31ST, 20 03

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SOUPMOBILE INC.

Number and street (or P.O. box, if mail is not delivered to-street address) Room/suite
345, BARNES BRIDGES ROAD, #16

City or town, state or country, and ZIP + 4
SUNNYVALE, TEXAS -75182

D Employer identification number
20 0154935

E Telephone number
(800) 375-5022

F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.soupmobile.org

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9
Revenue	1	Contributions, gifts, grants, and similar amounts received						1881.90								
	2	Program service revenue including government fees and contracts														
	3	Membership dues and assessments														
	4	Investment income														
	5a	Gross amount from sale of assets other than inventory														
	5b	Less: cost or other basis and sales expenses														
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)														
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>														
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)														
6b	Less: direct expenses other than fundraising expenses															
6c	Net income or (loss) from special events and activities (line 6a less line 6b)															
7a	Gross sales of inventory, less returns and allowances															
7b	Less: cost of goods sold															
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)															
8	Other revenue (describe ▶ _____)															
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)							1881.90								
Expenses	10	Grants and similar amounts paid (attach schedule)														
	11	Benefits paid to or for members														
	12	Salaries, other compensation, and employee benefits							2309.50							
	13	Professional fees and other payments to independent contractors							241.71							
	14	Occupancy, rent, utilities, and maintenance							1002.13							
	15	Printing, publications, postage, and shipping														
	16	Other expenses (describe ▶ <u>Miscellaneous Expense, Soupmobile runs Interest, Depreciation</u>)							10638.8							
17	Total expenses (add lines 10 through 16)							14192.14								
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)						(12310.24)								
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														
	20	Other changes in net assets or fund balances (attach explanation)														
	21	Net assets or fund balances at end of year (combine lines 18 through 20)							(12310.24)							

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments		2742.08
23	Land and buildings		
24	Other assets (describe ▶ <u>Van and Prepaid Expenses</u>)		1993.82
25	Total assets		4735.90
26	Total liabilities (describe ▶ <u>Accounts payable and Loan</u>)		17046.14
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		(12310.24)

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? Mobile kitchen dedicated to provide food for needy
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	<u>The Mobile Soup Kitchen, dedicated for providing food and care for homeless and needy individuals served 4711 number of people as of December 31st, 2003</u>	(Grants \$)	28a	7949.05
29		(Grants \$)	29a	
30		(Grants \$)	30a	
31	Other program services (attach schedule)	(Grants \$)	31a	
32	Total program service expenses (add lines 28a through 31a)		32	7949.05

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>Mr. David Timothy, 345, Barnes Bridges Rd, #16, Sunnyvale, Texas, 75182</u>	<u>PRESIDENT, VICE PRESIDENT, TREASURER, DIRECTOR, 50 hours/week</u>	<u>1.00</u>		
<u>Ms. Peggy Timothy, 345, Barnes Bridge Rd, #16, Texas-75182</u>	<u>SECRETARY, 1 hour/week</u>	<u>-0-</u>		
<u>Ms. Cynthia Lettrick, 11439 Oakfield Dr, Texas-75180</u>	<u>DIRECTOR, 10 hours/week</u>	<u>2308.50</u>		
<u>Ms. Margaret DeLoe, 4611 Samuel Rd, #135, Texas-75228</u>	<u>DIRECTOR,</u>	<u>-0-</u>		

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		X
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions: ▶ <u>37a</u> <u>0</u>		X
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	X	
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. <u>38b</u> <u>13709.76</u>		X
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 <u>39a</u> <u>0</u>		X
b Gross receipts, included on line 9, for public use of club facilities <u>39b</u> <u>0</u>		X
40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		X
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		X
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ <u>0</u>		X
d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ <u>0</u>		X
41 List the states with which a copy of this return is filed. ▶ <u>TEXAS</u>		
42 The books are in care of ▶ <u>Mr. David Timothy</u> Telephone no. ▶ <u>(800) 375-5022</u> Located at ▶ <u>345, Barnes Bridges road, #16, Sunnyvale, Texas</u> ZIP + 4 ▶ <u>75182</u>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		

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.

Signature of officer: David Timothy Date: MAY 13, 2004
Type of print name and title: DAVID TIMOTHY, PRESIDENT

Paid Preparer's Use Only: Preparer's signature: SELF PREPARED Date: _____ Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): _____
Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

Form 990 E2

Schedule of Loan-990ez

2003

Att. # 38B

Soup Mobile Inc
20-0154935

SoupMobile Inc
Schedule of Loan

For the Fiscal Year Ended December

31st 2003

S.no	Month	Lender Name	original Amount
Interest rate	Balance Due		
Maturity Date	Repayment Terms	Security provided	Pu
Description			
1	August	David Timothy	5299.6 1% for 3 y
rs	5458.59 july 31 st		
2006	Installment payable	36 months equal payment	none me
et the expense	Cash		
2	September	David Timothy	2742.32 1%
for 3 yrs	2824.59 aug 31 2006	36	
months equal payment	none	meet the expense	Cash
3	october	David Timothy	3607.79 1%
for 3 yrs	3716.02 sept 30 2006	36	
months equal payment	none	meet the expense	Cash
4	November	David Timothy	1307.05 1%
for 3 yrs	1346.26 oct 31 2006	36	
months equal payment	none	meet the expense	Cash
5	December	David Timothy	753 1%
for 1 yr	760.53 nov 30 2004	12 months	
equal payment	none	meet the expense	Cash