

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)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning , 2006, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
SOUPMOBILE, INC
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3017 COMMERCE ST
 City or town, state or country, and ZIP + 4
DALLAS TX 75226

D Employer identification number
20-0154935

E Telephone number
(800) 375-5022

F Acctg. method: Cash Accrual
 Other (specify) ▶

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

G Website: **www.soupmobile.org**

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H & I are not applicable to sec. 527 organization

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

M Check if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **223,024**

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

1 Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a		
b	Direct public support (not included on line 1a)	1b	223,024	
c	Indirect public support (not included on line 1a)	1c		
d	Government contributions (grants) (not included on line 1a)	1d		
e	Total (add lines 1a through 1d) (cash \$ 108,647/noncash \$ 114,377)	1e		223,024
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		
5	Dividends and interest from securities	5		
6a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		
7	Other investment income (describe ▶)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b	Less: cost or other basis & sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
8d				
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a		
b	Less: direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		223,024
13	Program services (from line 44, column (B))	13		121,033
14	Management and general (from line 44, column (C))	14		105,875
15	Fundraising (from line 44, column (D))	15		
16	Payments to affiliates (attach schedule)	16		
17	Total expenses. Add lines 16 and 44, column (A)	17		233,085
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-10,061
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		-3,167
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		-13,228

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 5b, 9b, 9c, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a	Grants paid from donor advised funds (attach sched.) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) #1 (cash \$ _____ noncash \$ 26,106) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22b	26,106	26,106		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) #2	25a	4,480	4,480		
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	18,869	18,869		
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29	214	214		
30	Professional fundraising fees	30				
31	Accounting fees	31	100	100		
32	Legal fees	32				
33	Supplies	33	5,023	5,023		
34	Telephone	34	2,718	2,718		
35	Postage and shipping	35	2,447	2,447		
36	Occupancy	36	11,400	11,400		
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule) #3	42	6,177			
43	Other expenses not covered above (itemize):					
a	See attachment #4	43a	155,551	94,927	60,624	
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D); carry these totals to lines 13-15)	44	233,085	121,033	105,875	0

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) aggregate amount of these joint costs \$ _____; (ii) amount allocated to Program services \$ _____

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ See attachment #5	Program Service Expenses
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)</p>
<p>a See attachment #6</p> <hr/> <hr/> <hr/>	
<p>(Grants and allocations \$ 72,731) If this amount includes foreign grants, check here <input type="checkbox"/></p>	72,731
<p>b</p> <hr/> <hr/> <hr/>	
<p>(Grants and allocations \$ 22,196) If this amount includes foreign grants, check here <input type="checkbox"/></p>	22,196
<p>c</p> <hr/> <hr/> <hr/>	
<p>(Grants and allocations \$ 26,106) If this amount includes foreign grants, check here <input type="checkbox"/></p>	26,106
<p>d</p> <hr/> <hr/> <hr/>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	121,033

Part IV Balance Sheets (See the instructions.)

Notes: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
ASSETS	45 Cash -- non-interest-bearing	7,771	45	24,503
	46 Savings and temporary cash investments		46	
	47a Accounts receivable		47a	
	b Less: allowance for doubtful accounts	2,368	47b	
	47c		47c	
	48a Pledges receivable		48a	
	b Less: allowance for doubtful accounts		48b	
	48c		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	#7	50a	500
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)		51a	
	b Less: allowance for doubtful accounts		51b	
	51c		51c	
	52 Inventories for sale or use	2,466	52	966
	53 Prepaid expenses and deferred charges		53	
	54a Investments -- publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments -- other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55a Investments -- land, buildings, and equipment: basis		55a	
b Less: accumulated depreciation (attach schedule)		55b		
55c		55c		
56 Investments -- other (attach schedule)		56		
57a Land, buildings, and equipment: basis		57a		
b Less: accumulated depreciation (attach schedule)		57b		
57c	5,770	57c		
58 Other assets, including program-related investments (describe ►		58		
59 Total assets (must equal line 74). Add lines 45 through 58	18,375	59	25,969	
LIABILITIES	60 Accounts payable and accrued expenses	11,481	60	35,423
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	#8	63	5,422
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ►		65	
66 Total liabilities. Add lines 60 through 65	21,542	66	40,845	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	12,605	70	25,969
	71 Paid-in or capital surplus, or land, building, and equipment fund	5,770	71	28,104
	72 Retained earnings, endowment, accumulated income, or other funds	-21,542	72	-40,845
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	-3,167	73	13,228	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	18,375	74	54,073	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	
b Amounts included on line a, but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): _____	b4	
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 8b	d1	
2	Other (specify): _____	d2	
Add lines d1 and d2		d	
e Total revenue (Part I, line 12). Add lines c and d		e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements		a	
b Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): _____	b4	
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 8b	d1	
2	Other (specify): _____	d2	
Add lines d1 and d2		d	
e Total expenses (Part I, line 17). Add lines c and d		e	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
See attachment #9				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 3		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part V Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	N/A
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VII Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 182(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(a)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(a)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed		N/A
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	N/A
91a	The books are in care of ▶ See attachment #10 Telephone no. ▶ Located at ▶ ZIP + 4 ▶		
b	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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued)

Yes No
X

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

If "Yes," enter the name of the foreign country

N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here

92

N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

- a
b
c
d
e

f Medicare/Medicaid payments
g Fees & contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

- a debt-financed property
b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue: a

- b
c
d
e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership int.; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No
X

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes No
X

Note: If "Yes" to (b), file Form 9870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? N/A

Please Sign Here

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*
 DAVID TIMOTHY
 Type or print name and title

Date: *8/15/2007*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 08-14-2007 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X):

Firm's name (or yours if self-employed), address, and ZIP + 4: THELEMANN BOOKKEEPING & TAX SVC
 2829 SATURN RD 102A
 Garland TX 75041

EIN: Phone no. 972-840-0035

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information --- (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

SOUPMOBILE, INC

Employer identification number

20-0154935

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶ 0

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
See attachment #11 See attachment #12		

Total number of others receiving over \$50,000 for professional services ▶ 0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶ 0

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

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities . . . ▶ \$ _____ (Must equal amounts on line 36, Part VI-A, or line 1 of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		
c Did the organization make a distribution to a donor, donor advisor, or related person?		
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions -- subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III -- Functionally Integrated Type III -- Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total <input type="checkbox"/>					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IVA Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	148,956	117,704	1,882		268,542
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.					
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	148,956	117,704	1,882	0	268,542
24 Line 23 minus line 17	148,956	117,704	1,882		268,542
25 Enter 2% of line 23	1,490	1,177	19		

26 Organizations described on lines 10 or 11:	a	Enter 2% of amount in column (e), line 24	26a	5,371
b	Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	90,658
c	Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	268,542
d	Add: Amounts from column (e) for lines:	18 _____ 19 _____	26d	90,658
		22 _____ 26b 90,658	26e	177,884
e	Public support (line 26c minus line 26d total)		26e	177,884
f	Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	66.24 %

27 Organizations described on line 12:	a	For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:	(2005) _____ (2004) _____ (2003) _____ (2002) _____
b	For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 13b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2005) _____ (2004) _____ (2003) _____ (2002) _____	
c	Add: Amounts from column (e) for lines:	15 _____ 16 _____	27c
		17 _____ 20 _____ 21 _____	27d
d	Add: Line 27a total _____ and line 27b total _____		27e
e	Public support (line 27c total minus line 27d total)		27e
f	Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	
g	Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g
h	Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See the Instructions.)
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV) N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
.....		
.....		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
.....		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
.....		
.....		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
.....		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 557, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5706)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount. Enter the amount from the following table --		
	If the amount on line 40 is --		
	The lobbying nontaxable amount is --		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (50% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
- (ii) Other assets
- b** Other transactions:
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations

	Yes	No
51a(i)		<input checked="" type="checkbox"/>
a(ii)		<input checked="" type="checkbox"/>
b(i)		<input checked="" type="checkbox"/>
b(ii)		<input checked="" type="checkbox"/>
b(iii)		<input checked="" type="checkbox"/>
b(iv)		<input checked="" type="checkbox"/>
b(v)		<input checked="" type="checkbox"/>
b(vi)		<input checked="" type="checkbox"/>
c		<input checked="" type="checkbox"/>

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Supplementary information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

Employer identification number

SOUPMOBILE, INC

20-0154935

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule -- see instructions.)**General Rule --** For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)**Special Rules --** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization: SOUPMOBILE, INC
 Employer identification number: 20-0154935

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WALMART/SAMS CLUB 702 SW ITH ST BENTONVILLE, AR 72716	\$ 6,500	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BARON & BLUE FOUNDATION 5950 DELOACHE AVE DALLAS, TX 75225	\$ 10,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	KROGER 532 W I-30 GARLAND, TX 75043	\$ 15,820	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	NORTH TEXAS FOOD BANK 45005 COCKRELL HILL DALLAS, TX 75236	\$ 8,362	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	TOM THUMB 18212 PRESTON RD DALLAS, TX 75252	\$ 16,766	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BAKERY OUTLET 127 E CENTERVILLE GARLAND, TX 75041	\$ 10,505	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
SOUPMOBILE, INC

Employer identification number
20-0154935

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	FOOD	\$ 15,820	
4	FOOD	\$ 8,362	
5	FOOD	\$ 16,766	
6	FOOD	\$ 10,505	
		\$	
		\$	

SCHEDULE NONCASH GRANTS AND ALLOCATIONS

Attachment 1: page 1 - 990 Page 2, Part II, line 22b

Open to Public Inspection

Name of Organization: **SOUPMOBILE, INC**

Employer Identification Number: **20-0154935**

For Calendar year 2006, or tax year period beginning

and ending

Class of Activity	Donor's Name and Address	Fair Market Value	How Fair Market Value Was Determined	Relationship/Organizational Status
LOCAL CHARITIES AND HOMELESS INDIVIDUALS	VARIOUS			
LOCAL CHARITY	DALLAS, TX AUSTIN STREET CENTER 2929 HICKORY ST DALLAS, TX 75226	3,388	NONE	
CHURCH RELATED	CENTRAL DALLAS MINISTRY 409 N HASKELL DALLAS, TX 75246	10,925	NONE	
LOCAL CHARITY	DALLAS INTERNATIONAL 2706 52ND AVE DALLAS, TX 75210	4,215	NONE	
CHURCH RELATED	UNION GOSPEL MISSION 3211 IRVING BLVD DALLAS, TX 75247	4,398	NONE	
	Total	26,106		
Description of Property	Book Value	How Book Value Was Determined	How Fair Market Value Was Determined	Date of Gift
FOOD, CLOTHING AND MISCELLANEOUS	3388	SALVAGE STORE VALUE	SALVAGE STORE VALUE	
CLOTHING		SALVAGE STORE VALUE	SALVAGE STORE VALUE	
CLOTHING AND FOOD	10,925	SALVAGE STORE VALUE	SALVAGE STORE VALUE	
CLOTHING AND FOOD	4,215	SALVAGE STORE VALUE	SALVAGE STORE VALUE	
CLOTHING AND FOOD	4,398	SALVAGE STORE VALUE	SALVAGE STORE VALUE	
CLOTHING AND FOOD	3,180	SALVAGE STORE VALUE	SALVAGE STORE VALUE	
Total	26106			

Open to Public Inspection

Name of Organization
SOUPMOBILE, INC

For Calendar year 2004, or tax year period beginning

and ending

Employer Identification Number
20-0154935

Name of Officer	Program Services				Management and General	
	Compensation	Employee Benefit Plan	Expense Account	Compensation	Employee Benefit Plan	
DAVID TIMOTHY				4,480		
Total				4,480		
	Mgmt & General Expense Account	Compensation	Fundraising Employee Benefit Plan	Expense Account		
TOTAL						

SCHEDULE OF DEPRECIATION AND DEPLETION

Attachment 3 page 1 of 990 page 2 Part III Line 42

Open to Public Inspection

For Calendar year 2006, or tax year period beginning and ending

Name of Organization: **SOUPMOBILE, INC**
 Employer Identification Number: **20-0154935**

Description of Property	Date Acquired	Cost or Other Basis	First Year Depreciation	Method of Computation	Rate (%) of Life (Years)	Depreciation This Year
DELL COMPUTER	2004-12	1,111	241	STRAIGHT LINE	5	222
dell computer	2005-01	1,076	215	STRAIGHT LINE	5	215
DELL COMPUTER	2005-10	873	175	STRAIGHT LINE	5	175
ICE MAKER	2005-03	2,000	286	STRAIGHT LINE	7	286
FREEZER	2005-06	418	60	STRAIGHT LINE	7	60
SIDE BY SIDE REFRIGERATOR - #6	2006-05	500		STRAIGHT LINE	7	71
ENCLOSE KITCHEN	2006-12	5,000		STRAIGHT LINE	15	333
HP4500 LASER JET PRINTER	2006-11	600		STRAIGHT LINE	5	120
2006 CHEVROLET VAN	2006-11	17,680		STRAIGHT LINE	5	3,536
WHITE REFRIGERATOR - #3	2005-01	199		STRAIGHT LINE	7	28
SMALL FREEZER - #7	2005-01	125		STRAIGHT LINE	7	18
SIDE BY SIDE REFRIGEATOR - #5	2005-01	300		STRAIGHT LINE	7	43
INDUSTRIAL FREEZER	2005-11	4,000		STRAIGHT LINE	7	571
BLACK REFRIGERATOR - #2	2005-11	199		STRAIGHT LINE	7	28
VAN	2003-08	2,355	1,178	STRAIGHT LINE	5	471
Total		36,436	2,155			6,177

SCHEDULE OF OTHER EXPENSES

Attachment 4: page 1 - 990 Page 2, Part II, Line 43

Open to Public Inspection	For calendar year 2006 or tax period beginning	, and ending
Name of Organization SOUPMOBILE, INC		Employer Identification Number 20-0154935

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Food to the Homeless	72,731	72,731		
CHRISTMAS ANGEL PROJECT	22,196	22,196		
ACCOUNT FEES	619		619	
Auto Insurance	4,179		4,179	
Auto Expense	3,108		3,108	
BUILDING INSURANCE	1,924		1,924	
BUILDING MAINTENANCE	1,723		1,723	
FINANCE CHARGES	2,170		2,170	
MISCELLANEOUS EXPENSE	124		124	
OFFICE EXPENSE	5,563		5,563	
ADVERTISING AND PUBLICITY	2,960		2,960	
SALES TAX	128		128	
UNIFORMS	16		16	
Utilities	7,471		7,471	
Volunteer Expenses	314		314	
CREDIT CARD PROCESSING	665		665	
INTERNET SERVICE PROVIDER	510		510	
INTERNET WEB FEES	547		547	
Depreciable Assets Purchas	680		680	
DEPRECIABLE ASSETS DONATED	27,923		27,923	
Total	155,551	94,927	60,624	

PRIMARY EXEMPT PURPOSE

Attachment 5: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 or tax period beginning	, and ending	Employer Identification Number
			20-0154935

Name of Organization
SOUPMOBILE, INC

Primary Purpose

THE SOUPMOBILE IS A MOBILE SOUP KITCHEN DEDICATED TO PROVIDING FOOD AND CARING FOR THE HOMELESS IN THE DALLAS, TEXAS, AREA, SERVED APPROXIMATELY 100,000 MEALS DURING 2006.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 6: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
SOUPMOBILE, INC	20-0154935	
Part III - Statement of Program Service Accomplishments		
Grants and allocations	72,731	Amount includes foreign grants Program service expenses 72,731
Exempt Purpose Achievements		

APPROXIMATELY 100,000 MEALS WERE PROVIDED TO HOMELESS INDIVIDUALS IN DALLAS, TEXAS

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 6: page 2 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 or tax period beginning	and ending
Name of Organization	Employer Identification Number	
SOUPMOBILE, INC	20-0154935	

Part III - Statement of Program Service Accomplishments

Grants and allocations	22,196	Amount includes foreign grants	Program service expenses	22,196
------------------------	--------	--------------------------------	--------------------------	--------

Exempt Purpose Achievements

CHRISTMAS ANGEL PROJECT 2006, IN WHICH 200 HOMELESS INDIVIDUALS WERE GIVEN A CHRISTMAS EVE DINNER AND PROVIDED ONE NIGHT LODGING AT THE HYATT REGENCY HOTEL, DALLAS. EACH WAS ALSO GIVEN CLOTHING AND A CHRISTMAS GIFT.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 6: page 3 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 or tax period beginning	, and ending	Employer Identification Number
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Name of Organization	20-0154935
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Part III - Statement of Program Service Accomplishments	Amount Includes foreign grants	Program service expenses	26,106
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Grants and allocations	26,106	Exempt Purpose Achievements	
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FOOD, CLOTHING GIVEN TO VARIOUS LOCAL CHARITIES AND HOMELESS INDIVIDUALS

SCHEDULE OF RECEIVABLES FROM OFFICERS, DIRECTORS, TRUSTEES, AND OTHER KEY EMPLOYEES

Attachment 7, page 1 - 990, page 4, Part IV, Line 50

Open to Public Inspection

For Calendar Year 2005, or tax year period beginning

and ending

Name of Organization
SOUPMOBILE, INC

Employer Identification Number
20-0154935

Borrower's Name and Title	Original Amount	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate		
DAVID TIMOTHY PRES	500	500			SHORT TERM PAYROLL ADVANCE (PAYROLL ERROR)			
Total	500	500						
Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration					Consideration FMV	Ending FMV (990-PF Only)
	PAYROLL ADVANCE							
Total								

Travel advances for official business of the organization

SCHEDULE OF LOANS FROM OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 8: page 1 of 990 Page 4, Part IV, Line 63

Open to Public Inspection

For calendar year 2006, or tax year period beginning

and ending

Name of Organization
SOUPMOBILE, INC

Employer Identification Number
20-0154935

Lender's Name and Title	Original Amount	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate
DAVID TIMOTHY PRES/TRRA	17,071	5,422			NO NOTE - OPEN TERMS	
Total	17,071	5,422				
Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration			
			FMV			
Total						

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 9: page 1 - 990 Page 5, Part V-A

Open to Public Inspection For calendar year 2006 or tax period beginning , and ending

Name of Organization: SOUPMOBILE, INC Employer Identification Number: 20-0154935

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
DAVID TIMOTHY 3017 COMMERCE ST Dallas, TX 75226	PRES/DIR 60.00	4,480	0	0
CYNTHIA LEFTRICK 11439 OAKFIELD DR Balch Springs, TX 75180	0.00	0	0	0
MARGARET D BENSON 4611 SAMUELL RD Dallas, TX 75228	0.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 10 - 990 Page 7, Part VI, Line 91a

For calendar year 2006 or tax period beginning		, and ending	
Name of Organization SOUPMOBILE, INC		Employer Identification Number 20-0154935	
Part VI - Line 91a			

Individual Name David Timothy
or
Business Name:

Street Address 3017 Commerce St, Dallas, TX

U.S. Address:
Zip code 75226 City Dallas State TX
or

Foreign Address
City
Province or State
Country
Postal code
Phone Number (800) 375-5022
Fax Number

**COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS
FOR PROFESSIONAL SERVICES**

Attachment 11: page 1 Schedule A Page 1, Part II-A

Open to Public Inspection	For calendar year 2006 or tax period beginning	and ending
Name of Organization SOUPMOBILE, INC		Employer Identification Number 20-0154935

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SHERION CORPORATION See Contractor Comp. Expl. #1	ADMINISTRATIVE	18,869

CONTRACTOR COMPENSATION EXPLANATION

Attachment 12: page 1 Schedule A-Page 1, Part II-A Contractor Compensation Explanation
 Open To Public Inspection For Calendar year 2005, or tax year period beginning and ending

Name of Organization: SOUPMOBILE, INC. Employer Identification Number: 20-0154935

Contractor Comp. Expln. #1	Name	Explanation
STERION CORPORATION		ADMINISTRATIVE AND BOOKKEEPING WORK IN THE BUSINESS OFFICE

LIST OF CONTRIBUTORS WHOSE TOTAL GIFTS EXCEED THE 2% LIMITATION

DO NOT FILE, KEEP FOR YOUR RECORDS - Sch A Page 3, Part IV-A, Line 26B

Keep for Your Records

Keep For Your Records For Calendar Year 2006, or tax year period beginning and ending

Name of Organization: **SOUPMOBILE, INC** Employer Identification Number: **20-0154935**

(a) Name	(b) 2002	(c) 2003	(d) 2004	(e) 2005	(f) Total	(g) Excess Contributions
PANTERA BREAD			63,802	12,501	63,802	58,431
KROGER			15,324	8,714	27,825	22,454
SPORTS SERVICE/AMERICAN AIRLINES CTR			5,651	6,150	14,365	8,994
WALMART/SAMS CLUB					6,150	779
Total			84,777	27,365	112,142	90,658

LIST OF CONTRIBUTORS WHOSE TOTAL GIFTS EXCEED THE 2% LIMITATION
 DO NOT FILE, KEEP FOR YOUR RECORDS - Sch A Page 3, Part IV-A, Line 26b

Keep for Your Records

Keep For Your Records For Calendar year 2006, or tax year period beginning and ending

Name of Organization: **SOUPMOBILE, INC** Employer Identification Number: **20-0154935**

(a) Name	(b) 2002	(c) 2003	(d) 2004	(e) 2005	(f) Total	(g) Excess Contributions
PANTERA BREAD			63,802	12,504	63,802	58,431
KROGER			15,324	8,714	27,825	22,454
SPORTS SERVICE/AMERICAN AIRLINES CTR			5,651	6,150	14,365	8,994
WALMART/SAMS CLUB					6,150	779
Total			84,777	27,365	112,142	90,658