## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

A	or the	e 2013 Calendar year, or tax year begin	, 2013	, and endin	9			, 20	
<b>B</b> Ch	eck if ap	C Name of organization				D Employer ide			
		SOUPMOBILE, INC				20-0154	193.	5	
	Addre: change	Doing Business As		T					
	Name	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite		E Telephone nu	ımbe	r	
	Initial	return 3017 COMMERCE ST				(214) 65	5 – 6	396	
	Termi	City or town, state or province, country,	and ZIP or foreign postal code						
	Ameno return	DALLAS, IA 73220				<b>G</b> Gross receipt	s \$	1,282,050.	
	Applic pendir		DAVID TIMOTHY			H(a) Is this a grou subordinates'		rn for Yes X No	
		3017 COMMERCE ST DALL	AS, TX 75226			H(b) Are all subordi		ncluded? Yes No	
1 7	Гах-ехе	empt status: X 501(c)(3) 501(c) (	) <b>◄</b> (insert no.) 4947(a)(1)	or 527	7	If "No," attac	h a list	t. (see instructions)	
J \	Nebsit	te: ▶ WWW.SOUPMOBILE.ORG				H(c) Group exemp	otion n	umber <b>&gt;</b>	
K	orm c	of organization: X Corporation Trust	Association Other >	L Year of	formati	ion: 2003 <b>M</b>	State	of legal domicile: TX	
Pa	rt I	Summary	•	•					
	1	Briefly describe the organization's mission of	or most significant activities: SOUPMo	OBILE IS	A N	ON-PROFIT	МО	BILE SOUP	
e		KITCHEN FEEDING, CLOTHING,							
Governance		AREA. IT ALSO PROVIDES HOUS	SING ASSISTANCE FOR QUA	ALIFING :	INDI'	VIDUALS.			
Jerr	2	Check this box ▶ if the organization d	discontinued its operations or dispose	ed of more tha	n 25%	of its net assets	 3.		
<u>်</u>	3	Number of voting members of the governing	body (Part VI, line 1a)				3	3.	
જ		Number of independent voting members of					4	2.	
Activities &		Total number of individuals employed in cale					5	1.	
Ĭ		Total number of volunteers (estimate if neces					6	3,200.	
Ac		Total unrelated business revenue from Part V	**				7a	0	
		Net unrelated business taxable income from					7b	0	
		THE CONTROL OF THE CO				Prior Year		Current Year	
	8	Contributions and grants (Part VIII, line 1h).				1,360,32	8.	1,191,219.	
ne l		Program service revenue (Part VIII, line 2g) .				_, ,	0	0	
Revenue	10	Investment income (Part VIII, column (A), line	es 3 4 and 7d)			8,18	_	370.	
		Other revenue (Part VIII, column (A), lines 5,				-19 <b>,</b> 93	$\overline{}$	19,584.	
		Total revenue - add lines 8 through 11 (mus		1,348,58		1,211,173.			
		Grants and similar amounts paid (Part IX, col			791,25		576,587.		
					731/23	0	<u> </u>		
			nefits paid to or for members (Part IX, column (A), line 4)						
						140,66	0	149,664.	
ben	10a	Professional fundraising fees (Part IX, column	(D) line 25) • 5/1 379					0	
Ϋ́		Total fundraising expenses (Part IX, column (				248,06		277,459.	
		Other expenses (Part IX, column (A), lines 11				1,179,97		1,003,710.	
		Total expenses. Add lines 13-17 (must equal				168,61	_	207,463.	
-	19	Revenue less expenses. Subtract line 18 from	m line 12		Pagin	ning of Current Y	-	End of Year	
ts o	00	Tatalassata (Dad V. Pasa 40)			Degiiii	486,62	_		
20.00		Total assets (Part X, line 16)				•	_	691,335.	
nd A		Total liabilities (Part X, line 26)				30,88 455,74	_	28,137.	
		Net assets or fund balances. Subtract line 21	1 from line 20			455,74	۷.	663,198.	
Pa		Signature Block							
true	er pen , corre	nalties of perjury, I declare that I have examined the ect, and complete. Declaration of preparer (other that	n officer) is based on all information of whi	uies and staterr ich preparer has	ients, a s any kn	nd to the best of nowledge.	my i	knowledge and belief, it is	
Sigi	n	Signature of officer				Date			
Her		Signature of officer				Date			
	•	To a second to the second title							
		Type or print name and title	Drangered signatur-	Det-			1.	OTINI	
Paid		Print/Type preparer's name	Preparer's signature	Date		Check	"	PTIN	
Prep						self-employe	ed	P01424343	
Use		Firm's name ▶BRUCE E BERNSTIEN	1 & ASSOC, PC			Firm's EIN			
		Firm's address ▶10440 N CENTRAL EXPRESSWA	·			Phone no. 2	14-	706-0840	
May	the IF	RS discuss this return with the preparer show	n above? (see instructions)			<u> </u>	<u> </u>	. X Yes No	
For I	Paper	rwork Reduction Act Notice, see the separate	te instructions.					Form <b>990</b> (2013)	

Form 990 (2013) Page 2 Part III **Statement of Program Service Accomplishments** Briefly describe the organization's mission: SOUPMOBILE, INC. IS A NON-PROFIT MOBILE SOUP KITCHEN FEEDING, CLOTHING, AND CARING FOR THE NEEDY AND HOMELESS IN THE DALLAS AREA. SOUPMOBILE ALSO PROVIDES HOUSING ASSISTANCE FOR QUALIFING INDIVIDUALS. 2 Did the organization undertake any significant program services during the year which were not listed on the Yes X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. <sub>523,457</sub> including grants of \$ 4a (Code: ) (Expenses \$ ) (Revenue \$ FEEDING: THE SOUPMOBILE SERVES 200,000 MEALS PER YEAR TO THE HOMELESS AND HUNGRY. 65,473. including grants of \$ 424,193. ) (Revenue \$ 4b (Code: HOUSING: THE SOUPMOBILE HOUSES THE HOMELESS IN OUR GROUP HOMES. 154,139. including grants of \$ 4c (Code: ) (Expenses \$ 88,003. ) (Revenue \$ CHRISTMAS: THE SOUPMOBILE TAKES 500 HOMELESS PEOPLE TO A HIGH END HOTEL FOR CHRISTMAS. 4d Other program services (Describe in Schedule O.) ATTACHMENT 1 85,062. including grants of \$ (Expenses \$ ) (Revenue \$ 6,834. **4e** Total program service expenses ▶ 828,131.

JSA 3E1020 2.000 Form 990 (2013)

Part IV Checklist of Required Schedules

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
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		Χ
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,			
	Part III	5		X
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	_		
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
9	complete Schedule D, Part III	8		
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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		Χ
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.			
а	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		Х
12.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		
1 Z a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Χ
h	• Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
~	·	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
	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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
_	for any foreign organization? 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 other			7.7
. –	assistance to or for foreign individuals? 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 on	47		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18	Х	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10	- 27	
ıIJ	If "Yes," complete Schedule G, Part III	19		Χ
20 a	·	20a		X
		20b		

Form 990 (2013)
Page 4

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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			
		23		Х
	employees? If "Yes," complete Schedule J	23		- 1
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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		256		v
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
2		28a		Х
		20a		
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	006		37
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
V-	complete Schedule N, Part II	32		Х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33		22		v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- •		
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		27		v
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	Χ	

Form 990 (2013) Page **5** 

#### Part V Statements Regarding Other IRS Filings and Tax Compliance 2 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 0 b 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 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 Χ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 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? . . . . . . . . Χ b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 Χ **b** If "Yes," enter the name of the foreign country: ▶ \_ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . . . Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . . . . . . . . Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c X Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 9 Sponsoring organizations maintaining donor advised funds. Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? . . . . . . . . . 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . Χ b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form **990** (2013)

Form 990 (2013) SOUPMOBILE, INC 20-0154935 Page 6

Part VI

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

Sect	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3			
	If there are 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.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with			
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person	on?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	·	5		X
6	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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) me	embers,			
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	ı during			
	the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real		_		.,
Cast	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	. 1	Х
Secu	ion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	Code	<i>:.)</i> Yes	No
		Γ	40-	163	X
	Did the organization have local chapters, branches, or affiliates?		10a		Λ.
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl		10b		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes		11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	TORM?	1 I a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>		12a	Х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that co		124		
b	rise to conflicts?	_	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?				
·	describe in Schedule O how this was done		12c	Χ	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and appr				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and de	- 1			
а	The organization's CEO, Executive Director, or top management official		15a	Χ	
b	Other officers or key employees of the organization		15b		Х
	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 arran	gement			
	with a taxable entity during the year?	- 1	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eval	uate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safegu	ard the			
	organization's exempt status with respect to such arrangements?	<u></u>	16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	501(	:)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	O)			
	Own website Another's website X Upon request Other (explain in Schedule of	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, continuous cont	flict of inte	erest	policy	, and
	financial statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books and recorganization: David Timothy 3017 COMMERCE ST DALLAS, TX 75226 214-655-639		е		
	Organization: ▶ David Timothy 3017 COMMERCE ST DALLAS, TX 75226 214-655-639	D			

JSA 3E1042 1.000 Form 990 (2013) SOUPMOBILE, INC 20-0154935 Page **7** 

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

Check if Schedule O contains a response or note to any line 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an amount of hours per compensation compensation from other week (list any officer and a director/trustee) from related compensation the organizations hours for Individual trustee or director Officer employee Highest compensated Institutional trustee from the organization (W-2/1099-MISC) related organization employee (W-2/1099-MISC) organizations and related below dotted organizations line) (1)DAVID TIMOTHY 60.00 PRESIDENT & TREASURER 58,750 0 X X 8,286. (2)CYNTHIA LEFTRICK SECRETARY 0 Х Λ Χ (3)MARGARET D BENSON 5.00 VICE PRESIDENT 0 Χ Χ \_(7)\_\_\_\_\_ \_(9)\_\_\_\_\_ (10)\_\_\_\_\_ (12) (13) (14)\_\_\_\_\_

JSA.

Page 8

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

	(A) Name and title	(B)  Average hours per week (list any hours for	box,	unles	Pos neck ss pe	more rson	e than o is both or/trust	an	(D) (E)  Reportable Report compensation compensat from relate the organiza		rtable Estimate amounted other compens			
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		froi orgai and	m the nization related nizations	
			-											
С	Sub-total	ection A .				 	 	<b>* * *</b>	58,750. 0 58,750.		0 0		8,28	0
	Total number of individuals (including but not reportable compensation from the organization	limited to t		iste				o re		\$100,000	of		•	
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		X
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15 	0,0	00? • •	. If	"Yes	i," (	complete Schedu	le J for	such · · ·	4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yestion B. Independent Contractors											5		X
1	Section B. Independent Contractors  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) Name and business add	Iress							(B) Description of se	ervices	C	(C) Compensa	ation	
														<u> </u>
	Total number of independent contractors (in				nited	d to	thos	se li	sted above) who	received				
10.1	more than \$100,000 in compensation from th	e organizat	tion 🕨	<u> </u>			0							

Form 990 (2013) SOUPMOBILE, INC 20-0154935 Page **9** 

#### Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns . . . . . . . . 1b 18,350. **d** Related organizations . . . . . . . 1d 1e Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above . 1f g Noncash contributions included in lines 1a-1f: \$ \_ 1,191,219 Program Service Revenue **Business Code** 2a f All other program service revenue . . . . g Total. Add lines 2a-2f . . . . . Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2 Income from investment of tax-exempt bond proceeds . . . > 4 5 (ii) Personal (i) Real 17,841. 6a Gross rents . . . . . . . **b** Less: rental expenses . . . 17,841 Rental income or (loss) . . d Net rental income or (loss) . . . . . . . 17,841 17,841. (ii) Other (i) Securities Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . . . . c Gain or (loss) . . . . . . . Other Revenue Gross income from fundraising ATCH 3 events (not including \$ \_\_\_\_\_18,350. of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . a b Less: direct expenses . . . . . . . . b c Net income or (loss) from fundraising events . ATCH . 4 . ▶ -5,278 -5,278. 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . . . . a c Net income or (loss) from gaming activities . . . . . . . ▶ 10a Gross sales of inventory, less returns and allowances . . . . . . . . . b Less: cost of goods sold . . ATCH . 5 .  $\,\textbf{b}$ Net income or (loss) from sales of inventory, 6,834 6,834 Miscellaneous Revenue **Business Code** REWARD POINTS PROGRAM 187 187 11a b **d** All other revenue . . . . . . Total revenue. See instructions . . . . . . . . .

Form 990 (2013) SOUPMOBILE, INC 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).

	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	21,614.	21,614.		·						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	554,973.	554,973.								
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0									
4	Benefits paid to or for members	0									
5	Compensation of current officers, directors, trustees, and key employees	58,750.	22,545.	36,205.							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0									
7	Other salaries and wages	78,336.	26,590.	1,674.	50,072.						
	Pension plan accruals and contributions (include section	,	,	,	•						
0	401(k) and 403(b) employer contributions)	n									
_		8,084.	3,102.	4,982.							
9	Other employee benefits	4,494.	1,725.	2,769.							
10	Payroll taxes	7,774.	1,123.	2,100.							
11	, , , , , , , , , , , , , , , , , , ,										
	Management	0									
	Legal	552.		550							
	Accounting	332.		552.							
	I Lobbying	0									
	Professional fundraising services. See Part IV, line 17.	0									
1	f Investment management fees	U									
g	Other. (If line 11g amount exceeds 10% of line 25, column	250	250.								
	(A) amount, list line 11g expenses on Schedule O.)	250. 27 <b>,</b> 262.	19,212.	6,376.	1,674.						
	Advertising and promotion	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	855.						
13	Office expenses	10,010.	1,441.	7,714.	43.						
14	Information technology	8,029.	3,902.	4,084.	43.						
15	Royalties	80,097.	65,050.	15,047.							
16	Occupancy	00,097.	03,030.	13,047.							
17	Travel	0									
18	Payments of travel or entertainment expenses	0									
4.0	for any federal, state, or local public officials	2,665.		2,600.	65.						
19	Conferences, conventions, and meetings	5,476.	916.	4,560.							
20	Interest	0, 170.	710.	4,500.							
21 22	Payments to affiliates	31,624.	28,990.	2,634.							
		19,258.	20/330.	19,258.							
23	Insurance	13,230.		13,230.							
24	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.)										
	AUTOMOBILE EXPENSES	38,156.	33,812.	4,344.							
	CELEBRATE JESUS EVENT	22,448.	22,448.	1,011.							
	SUPPLIES	20,470.	13,393.	5,407.	1,670.						
	PROGRAM EXPENSES-NONFOOD	7,057.	7,057.	J, 107.	<u> </u>						
		4,105.	1,111.	2,994.							
	All other expenses	1,003,710.	828,131.	121,200.	54,379.						
	Total functional expenses. Add lines 1 through 24e  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   if following SOP 98-2 (ASC 958-720)	0	020,131.	121,200	<u> </u>						
JSA	. ,	<u> </u>			F 000 (0040)						

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Form **990** (2013)

Form 990 (2013) Page **11** 

# Form 990 (2013) Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Par	rt X				
			11010		(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			212,926.	1	333,534.		
	2	Savings and temporary cash investments			43,973.	2	95,693.		
	3	Pledges and grants receivable, net			0	3	0		
	4	Accounts receivable, net			0	4	0		
	5	Loans and other receivables from current and the	forme	r officers, directors,					
		trustees, key employees, and highest co	ompei	nsated employees.					
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0	5	0		
	6	Loans and other receivables from other disqualified pers	ons (as	s defined under section					
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu							
10		organizations (see instructions). Complete Part II of Sche	dule L		0	6	0		
Assets	7	Notes and loans receivable, net			0	7	0		
Ass	8	Inventories for sale or use			23,885.	8	23,884.		
•	9	Prepaid expenses and deferred charges		<u>,</u> <u> </u>	0	9	0		
	10 a	Land, buildings, and equipment: cost or							
				295,340.					
	b	Less: accumulated depreciation			204,143.		211,703.		
	11	Investments - publicly traded securities		0	11 12	0			
	12		Investments - other securities. See Part IV, line 11						
	13	Investments - program-related. See Part IV, line 11	0	13	0				
	14	Intangible assets	0	14	0				
	15	Other assets. See Part IV, line 11			1,700.		26,521.		
	16	Total assets. Add lines 1 through 15 (must equal			486,627.		691,335.		
	17	Accounts payable and accrued expenses			30,885.		28,137.		
	18	Grants payable	0		0				
	19	Deferred revenue	0	19	0				
	20	Tax-exempt bond liabilities			0	20 21	0		
Liabilities	21	Escrow or custodial account liability. Complete Pa			U	21	U		
ij	22	Loans and other payables to current and for							
Lia		trustees, key employees, highest compen disqualified persons. Complete Part II of Schedule			0	22	0		
	23	Secured mortgages and notes payable to unrelate			0	23	0		
	24	Unsecured notes and loans payable to unrelated			0	24	0		
	25	Other liabilities (including federal income tax,			0				
		parties, and other liabilities not included on lines							
		of Schedule D		, ·	0	25	0		
	26	<b>Total liabilities.</b> Add lines 17 through 25			30,885.	26	28,137.		
s		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl		·				
ũ	27	Unrestricted net assets				27			
3ale	28	Temporarily restricted net assets				28			
β	29	Permanently restricted net assets				29			
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.							
ts c	30	Capital stock or trust principal, or current funds			455,742.	30	663,198.		
Net Assets	31	Paid-in or capital surplus, or land, building, or equ	 ıipmer	nt fund	0	31	0		
Š	32	Retained earnings, endowment, accumulated inco	ome,	or other funds	0	32	0		
Net	33	Total net assets or fund balances			455,742.	33	663,198.		
_	34	Total liabilities and net assets/fund balances	<u></u> .	<u> </u>	486,627.	34	691,335.		
_		Total liabilities and net assets/fund balances	<u> </u>						

Form **990** (2013)

Form 990 (2013) Page **12 Reconciliation of Net Assets** Part XI Х Check if Schedule O contains a response or note to any line in this Part XI . . . . . . . 1,211,173. 1,003,710. 2 207,463. 3 3 455,742. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . . 5 0 5 0 6 6 0 7 7 0 8 8 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 663,198. 10 Part XII Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Χ 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b Χ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 2c of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a Χ 

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2013)

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.

2013

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Part I	Reason for Pub	lic Charity Status	<b>s</b> (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions	i.			
he orga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	ck only	one bo	x.)					
1	A church, convention	on of churches, or	association of churches	describ	ed in <b>s</b>	ection	170(b)(	1)(A)(i)					
2	A school described	in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)									
3	A hospital or a coo	perative hospital s	ervice organization descri	bed in	sectio	n 170(b	)(1)(A)	(iii).					
4	A medical researc	h organization op	erated in conjunction wi	th a h	ospita	l descr	ibed in	sectio	n 170(b	o)(1)(A	A)(iii).	Enter	the
	hospital's name, cit	y, and state:											
5	An organization or	perated for the bea	nefit of a college or univer	ersity	owned	or ope	erated b	oy a go	vernme	ntal u	nit des	scribe	d in
	section 170(b)(1)(A		<del>-</del>	-									
6			or governmental unit des	cribed	in <b>sect</b>	ion 170	(b)(1)(	A)(v).					
7 X		_	es a substantial part of it						it or fro	om the	e gene	ral p	ublic
	described in section	=				Ü					Ü	•	
A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)													
9	=		es: (1) more than 331/3 %	-			contrib	outions.	membe	ership	fees, a	and c	ross
	_	-	exempt functions - subj									_	
	· · · · · · · · · · · · · · · · · · ·		ome and unrelated busi			-							
	· · ·		ne 30, 1975. See <b>section</b>				-			,			
0		=	ted exclusively to test for			-		-	).				
1	An organization of	rganized and ope	rated exclusively for the	bene	fit of,	to perf	orm the	e funct	ions of	, or to	o carry	/ out	the
	purposes of one o	r more publicly su	ipported organizations de	escribe	d in s	ection 5	509(a)(	1) or se	ection 5	09(a)	(2). See	e sec	tion
	509(a)(3). Check th	ne box that describ	es the type of supporting	organ	ization	and co	mplete	lines 1	1e throu	ugh 11	lh.		
	a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated												
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons												
	other than foundat	ion managers and	other than one or more	publicl	y supp	orted o	rganiza	itions d	escribe	d in s	ection	509(a	a)(1)
	or section 509(a)(2	2).											
f	If the organization	received a writte	n determination from the	e IRS	that it	is a Ty	уре І, Т	Type II,	or Type	e III s	upport	ing	
	organization, check	this box											
g	Since August 17, 2	2006, has the orga	nization accepted any gift	or co	ntributi	on from	any of	the					
	following persons?												
			tly controls, either alone									Yes	No
			the supported organization	on?							11g(i)		
											11g(ii)		
	• •		on described in (i) or (ii) a								11g(iii)		
h	Provide the following	ng information abo	ut the supported organiza	ation(s)	).								
(i) N	ame of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		ls the zation in		ou notify		s the	(vii) A	mount o		etary
	organization		above or IRC section	col. (i)	listed in overning		anization ) of your		zation in rganized		suppo	111	
			(see instructions))	docu	ment?	supp			U.S.?				
				Yes	No	Yes	No	Yes	No				
A)													
B)													
C)													
D)													
E)													
otal													
										1			

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Page **2** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	519,690.	735,202.	1,234,370.	1,360,328.	1,191,219.	5,040,809.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0			
4	Total. Add lines 1 through 3	519,690.	735,202.	1,234,370.	1,360,328.	1,191,219.	5,040,809.			
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)						309,799.			
6	Public support. Subtract line 5 from line 4.						4,731,010.			
	tion B. Total Support	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
_	Amounts from line 4	. ,					5,040,809.			
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	519,690.	735,202.	1,234,370. 7,678.	1,360,328. 19,797.	1,191,219.	61,110.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on		13,121.	7,070.	13,131.	10,211.	0			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0			
11	Total support. Add lines 7 through 10						5,101,919.			
12	Gross receipts from related activities, etc. (s	see instructions) .				12	36,409.			
13	First five years. If the Form 990 is f organization, check this box and stop here	<u></u>		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶			
Sec	tion C. Computation of Public Sup									
14	Public support percentage for 2013 (li					14	92.73%			
15	Public support percentage from 2012	•				15	92.86%			
16a	331/3% support test - 2013. If the o	-								
	this box and <b>stop here</b> . The organization									
D	331/3% support test - 2012. If the co									
170	check this box and stop here. The organization and singularity facts and singularity facts and singularity facts.									
1 <i>1</i> a	<b>10%-facts-and-circumstances test - 2</b> 10% or more, and if the organization									
	Part IV how the organization meets t									
	organization			=	-	•	apported			
h	10%-facts-and-circumstances test - 2						and line			
b	15 is 10% or more, and if the organic	-	-							
	Explain in Part IV how the organizati						-			
	supported organization				_	-	► □			
18	Private foundation. If the organization									
	instructions									
		<u> </u>		· · · · · · · · ·		<del></del>	<u>· · · · · · </u>			

Schedule A (Form 990 or 990-EZ) 2013

(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						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	<u> </u>					
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						
	to or expended on its behalf	<u> </u>					
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	<u> </u>					
6	Total. Add lines 1 through 5						
7 a	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	<u> </u>					
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	]					
С	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 organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8					15	%
16	Public support percentage from 2012 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2013 (li					17	%
18	Investment income percentage from 2012						%
19 a	331/3% support tests - 2013. If the org	ganization did n	ot check the box	c on line 14, and	d line 15 is mor	e than 331/3 %,	and line
	17 is not more than 331/3 %, check th	is box and <b>sto</b> r	<b>p here.</b> The org	anization qualifie	s as a publicly	supported organ	ization 🕨 🔃
b	331/3% support tests - 2012. If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16 is	s more than 331/	3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organ	ization 🕨 🔣
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this bo	ox and see insti	ructions >

Page 4

Schedule A (Form 990 or 990-EZ) 2013

Scriedule A (Folili 990 of 990-EZ) 201

**Supplemental Information.** 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 D** (Form 990)

Department of the Treasury

# 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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

**Open to Public** Inspection

Internal Revenue Service Name of the organization Employer identification number SOUPMOBILE, INC 20-0154935

Par	t I	Organizations Maintaining Donor Advise Complete if the organization answered "		Accounts.
			(a) Donor advised funds	(b) Funds and other accounts
1	Tota	I number at end of year		
2		regate contributions to (during year)		
3		regate grants from (during year)		
4		regate value at end of year		
5		the organization inform all donors and donor a	advisors in writing that the assets held i	n donor advised
•		s are the organization's property, subject to the	<del>-</del>	
6		the organization inform all grantees, donors, ar	= =	
•		for charitable purposes and not for the benefit	<u> </u>	
		erring impermissible private benefit?		
Par	t II	Conservation Easements. Complete if the	ne organization answered "Yes" to Fo	orm 990. Part IV. line 7.
1		pose(s) of conservation easements held by the		
		Preservation of land for public use (e.g., recre		of an historically important land area
		Protection of natural habitat		of a certified historic structure
		Preservation of open space		
2	Com	uplete lines 2a through 2d if the organization he	eld a qualified conservation contribution	in the form of a conservation
		ement on the last day of the tax year.		
		•		Held at the End of the Tax Year
а	Tota	I number of conservation easements		2a
b		I acreage restricted by conservation easements		
С		ber of conservation easements on a certified		
d		ber of conservation easements included in (c)		
		oric structure listed in the National Register	-	_ 2d
3		ber of conservation easements modified, trans		
		year ▶		, , ,
4	-	ber of states where property subject to conse	rvation easement is located	
5		s the organization have a written policy regard		
	viola	tions, and enforcement of the conservation ea	sements it holds?	L Yes L No
6	Staf	f and volunteer hours devoted to monitoring, in	specting, and enforcing conservation ea	sements during the year
7	Amo	ount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easeme	ents during the year
	▶\$			
8	Doe	s each conservation easement reported on line	e 2(d) above satisfy the requirements of s	section 170(h)(4)(B)
	(i) aı	nd section 170(h)(4)(B)(ii)?		Yes No
9	In Pa	art XIII, describe how the organization reports	conservation easements in its revenue a	nd expense statement, and
		nce sheet, and include, if applicable, the text of		cial statements that describes the
		nization's accounting for conservation easemen		
Pai	t III	Organizations Maintaining Collections Complete if the organization answered		er Similar Assets.
		<u> </u>		
1a	If the	e organization elected, as permitted under SF ss of art, historical treasures, or other simila ic service, provide, in Part XIII, the text of the fo	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	publ	ic service, provide, in Part XIII, the text of the fo	potnote to its financial statements that de	escribes these items.
b		e organization elected, as permitted under S		
	work	is of art, historical treasures, or other simila	er assets held for public exhibition, ed	
		ic service, provide the following amounts relati		
		Revenues included in Form 990, Part VIII, line 1		
		Assets included in Form 990, Part X		
2		e organization received or held works of ar		<u> </u>
		wing amounts required to be reported under S		
a		enues included in Form 990, Part VIII, line 1.		
b	ASS	ets included in Form 990, Part X		<b>&gt;</b> \$

Page 2

Schedule D (Form 990) 2013

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):  a Presentation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection?	Pai	t III Organizations Maintaining Colle	ections of	Art, Hist	orical T	reasu	es,	or Oth	er Similar	Asset	s (cont	inue	<u>d)</u>
b Scholarly research e Other Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and o	ther recor	ds, checl	k any c	of the	follow	ing that are	a signi	ificant u	se of	its
b Scholarly research e Other  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's scollection? Yes No Part IV Excova and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, rustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If Yes, "Explain the arrangement in Part XIII and complete the following table:  C Beginning balance 1c	а	Public exhibition		d	Loan	or exch	ange	prograr	ns				
C Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research		e			-						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	С	<u> </u>			_								
Sull	4		s collections	and expla	ain how t	thev fu	rther	the ord	anization's e	exempt	purpose	e in I	Part
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990. Part X?  □ If "Yes," explain the arrangement in Part XIII and complete the following table:  □ Beginning balance □ Geginning balance □ It □ Amount □ It □ It □ Amount □ It □ I						,			,				
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	5		or receive d	onations o	f art, histo	orical tr	easu	res. or o	other similar				
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	-									Г	Yes		No
or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par											/ lin	
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?				•	io organ		u.i.o.			000	,,	.,	00,
Included on Form 990, Part X?				,									
Included on Form 990, Part X?	1a	Is the organization an agent, trustee, custoo	dian or other	· intermedi	arv for co	ntributi	ons c	or other	assets not				
b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance											Yes		No
C   Beginning balance   1c   Ic   Ic   Ic   Ic   Ic   Ic   Ic	b	If "Yes." explain the arrangement in Part XIII	I and comple	ete the foll	owing tab	ole:				•• -			
c Beginning balance . 1d					g				Amo	ount			
d Additions during the year    Distributions during the year   16	С	Beginning balance					10						
e Distributions during the year   f Ending balance   1		<u> </u>											
f Ending balance	۰ و						-						
2a Did the organization include an amount on Form 990, Part X, line 21?	f	<u> </u>											
Buildings   Fire   F		<u> </u>					-				Vos		No
Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   Contributions						has he	en nr	ovided i	in Part XIII	•• -			.,,
Calc											· · · ·		
1a Beginning of year balance	ı aı	Ċ									(e) Four v	ears b	ack
b Contributions	1a		arront you.	(=)	,	(5)	o jou.	o buon	(a)ee year.	- Duoit	(0) . ou. ;	, 00.0 2	
c Net investment earnings, gains, and losses	_												
and losses	C												
d Grants or scholarships													
e Other expenditures for facilities and programs	d												
and programs		-											
f Administrative expenses	·	· · · · · · · · · · · · · · · · · · ·											
provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ %  Temporarily restricted endowment ▶ %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (iii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (c) Accumulated depreciation (investment) (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation	f												
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other) (other)  Description of property  (a) Cost or other basis (other)  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Land  Description of property  (a) Cost or other basis (other)  Description of property  (a) Cost or other basis (other)  Description of property  (a) Cost or other basis (other)  Description of property  (a) Cost or other basis (other)  Description of property  (a) Cost or other basis (other)  Description of property  (b) Cost or other basis (other)  Description of property  (c) Accumulated depreciation  (d) Book value  (d) Book		-											
a Board designated or quasi-endowment	_		rront year or	nd halance	lino 1a	column	(2))	hold ac					
b Permanent endowment	a		ment year er		tille ig,	COIGITII	i (a))	ileiu as	•				
Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Buildings (d) Buildin	h	· · · · · · · · · · · · · · · · · · ·	. – – – – – -										
The percentages in lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  b Buildings (a) Cost or other basis (investment)  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  (b) Cost or other basis (c) Accumulated depreciation  (c) Accumulated (d) Book value (		•											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iv) related organization (iv)	Ŭ	· · ·		<b>10%</b>									
Vest	3a	•	•		ation that	are hel	d and	d admin	istered for the	÷			
(i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land	-	-				u. u					V	<b>'06</b>	No
(ii) related organizations 3a(ii)   a   a   a   a   a   a   a   a   a		,										-	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (investment) (other) (other) (other) (a) Equipment (b) Equipment (c) Accumulated depreciation (d) Book value (other)													
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (o	h										-		
Land, Buildings, and Equipment.           Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           b Buildings         Buildings         168,152         10,774         157,378           c Leasehold improvements         6,705         3,166         3,539           d Equipment         39,445         28,210         11,235           e Other         81,038         41,487         39,551	1												
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           b Buildings         168,152         10,774         157,378           c Leasehold improvements         6,705         3,166         3,539           d Equipment         39,445         28,210         11,235           e Other         81,038         41,487         39,551	Dat					140.							
1a     Land     (investment)     (other)     depreciation       b     Buildings     168,152     10,774     157,378       c     Leasehold improvements     6,705     3,166     3,539       d     Equipment     39,445     28,210     11,235       e     Other     81,038     41,487     39,551	rai	Complete if the organization ans	swered "Ye	s" to Forn	n 990, Pa	art IV,	line 1	1a. Se	ee Form 990	), Part	X, line	10.	
1a Land		Description of property					asis			(d)	<b>)</b> Book valu	ie	
b Buildings       168,152.       10,774.       157,378.         c Leasehold improvements       6,705.       3,166.       3,539.         d Equipment       39,445.       28,210.       11,235.         e Other       81,038.       41,487.       39,551.	12	Land	(invest	ment)	(0	uiei)		aepro	eciation				
c Leasehold improvements					1	68 11	52		10 774		1 5	7 2	
d Equipment       39,445.       28,210.       11,235.         e Other       81,038.       41,487.       39,551.	ņ	-			1 -								
<b>e</b> Other	ر. ر	•											
		• •											
			t equal Form	1000 Part	Y colum								

Schedule D (Form 990) 2013

Page 3 Schedule D (Form 990) 2013

	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(3) Other			
<u>(A)</u>			
(B)			
(C)			
(D)			
( <u>E</u> )			
(F)			
( <u>_</u>			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		"Voc" to Form 000	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.  Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
	(a)	Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(5) (6)			
(6)			
(6) (7) (8) (9)			
(6) (7) (8) (9) <b>Total.</b> (Cold	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	
(6) (7) (8) (9)	Other Liabilities.		
(6) (7) (8) (9) Total. (Cold	Other Liabilities. Complete if the organization answered line 25.	"Yes" to Form 990	Part IV, line 11e or 11f. See Form 990, Part X,
(6) (7) (8) (9) Total. (Cold Part X	Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability		Part IV, line 11e or 11f. See Form 990, Part X,
(6) (7) (8) (9) Total. (Colo Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" to Form 990	Part IV, line 11e or 11f. See Form 990, Part X,
(6) (7) (8) (9) Total. (Cold Part X	Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability	"Yes" to Form 990	Part IV, line 11e or 11f. See Form 990, Part X,
(6) (7) (8) (9) Total. (Cold Part X	Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability	"Yes" to Form 990	Part IV, line 11e or 11f. See Form 990, Part X,
(6) (7) (8) (9) Total. (Color Part X 1. (1) Feder (2) (3) (4)	Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability	"Yes" to Form 990	Part IV, line 11e or 11f. See Form 990, Part X,
(6) (7) (8) (9) Total. (Color Part X 1. (1) Feder (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability	"Yes" to Form 990	Part IV, line 11e or 11f. See Form 990, Part X,
(6) (7) (8) (9) Total. (Color Part X 1. (1) Feder (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability	"Yes" to Form 990	Part IV, line 11e or 11f. See Form 990, Part X,
(6) (7) (8) (9) Total. (Color Part X 1. (1) Feder (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability	"Yes" to Form 990	Part IV, line 11e or 11f. See Form 990, Part X,
(6) (7) (8) (9) Total. (Cold Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability	"Yes" to Form 990	Part IV, line 11e or 11f. See Form 990, Part X,
(6) (7) (8) (9) Total. (Cold Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered line 25.  (a) Description of liability	"Yes" to Form 990	Part IV, line 11e or 11f. See Form 990, Part X,

Schedule D (Form 990) 2013 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains on investments **b** Donated services and use of facilities 2c d Other (Describe in Part XIII.) \_\_\_\_\_\_\_\_2d e Add lines 2a through 2d 2e 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990. Part IX. line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

 Schedule D (Form 990) 2013
 SOUPMOBILE, INC
 20-0154935
 Page 5

Part XIII Supplemental Information (continued)

#### **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

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

Inspection Employer identification number

SOU	PMOBILE, INC					20-0154935	
Par	Fundraising Activities. Com Form 990-EZ filers are not				"Yes" to Form 9	990, Part IV, line	17.
1	Indicate whether the organization rais	<u> </u>			activities. Check a	all that apply.	
а		е		_	non-government g		
b	Internet and email solicitations	f			government grant		
С	Phone solicitations	g	Spec	cial fundrai	ising events		
d	In-person solicitations						
2 a	Did the organization have a written o	r oral agreement v	with any inc	dividual (in	cluding officers, o	directors, trustees	
	or key employees listed in Form 990						Yes No
b	If "Yes," list the ten highest paid indicompensated at least \$5,000 by the		(fundraise	ers) pursua	int to agreements	under which the	fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Tota	<u> </u>	<u> </u>					
3	List all states in which the organiza registration or licensing.	tion is registered (	or licensed	d to solicit	contributions or	has been notified	it is exempt from

Page 2

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Schedule G (F	orm 990 or 990-EZ) 2013	
Part II	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18,	or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b	o. List events with
	gross receipts greater than \$5,000.	

		gross receipts greater than \$5,0	00.			
			(a) Event #1 SOUPER100	(b) Event #2 TOURNAMENT	(c) Other events	(d) Total events (add col. (a) through
<b>a</b>			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	12,350.	6,000.		18,350
œ	2	Less: Contributions	12,350.	6,000.		18,350
	3		,	, , , , , , ,		,
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs		3,760.		3,760
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	1,518.			1,518
	10 11	, , , , , , , , , , , , , , , , , , ,	4 through 9 in column (d)	) 		5,278 -5,278
Pa						·
		than \$15,000 on Form 990-E	Z, line 6a.		·	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
 Re	1	Gross revenue				
sesu	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)	)	▶	
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	<b>&gt;</b>	
	ıls	Enter the state(s) in which the organizates the organization licensed to operate of "No," explain:				. Yes No
		Vere any of the organization's gaming lf "Yes," explain:	licenses revoked, suspe			. Yes No

Sched	lule G (Form 990 or 990-EZ) 2013	3
11	Does the organization operate gaming activities with nonmembers? Yes No	_
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	,
13	Indicate the percentage of gaming activity operated in:	
а	The organization's facility	ó
b	An outside facility	ó
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	_
	Address ▶	_
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
<b>L</b>	revenue?	
b	amount of gaming revenue retained by the third party • • • • • • • • • • • • • • • • • • •	
С	amount of gaming revenue retained by the third party ► \$  If "Yes," enter name and address of the third party:	
·	in 165, Chief hame 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	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	,
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year ▶ \$	_
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	_

# SCHEDULEI (For

Grants and Other Assistance to Organizations

OMB No. 1545-0047

SCHEDOLE	,	2 2 2		מי שיוויפופר	o organizacions,	, 6113,		
(Form 990)	Ô	Governmer	its, and In	nts, and Individuals in the United States	the United	l States		2013
	Сощр	lete if the or	ganization ansv ▼ Atta	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▼ Attach to Form 990.	orm 990, Part IV,	line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service	► Informat	ion about Sc	hedule I (Form	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	uctions is at www	.irs.gov/form990.		Inspection
Name of the organization							Employer identification number	on number
SOUPMOBILE, INC							20-0154935	
Part   General In	Part   General Information on Grants and Assistance	Assistance						
1 Does the organize	Does the organization maintain records to substantiate the	stantiate the	amount of the g	yrants or assistan	se, the grantees' e	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and	
the selection crite	the selection criteria used to award the grants or assistance?	or assistance	?		Inited States			⊠ Yes No
art	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	overnments at received r	and Organiza nore than \$5,0	tions in the Unit	ed States. Compared if ac	olete if the organiz Iditional space is n	ration answered "Y	es" to Form 990,
1 (a) Name and a	1 (a) Name and address of organization or government	( <b>p</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	<u></u>							
PO BOX 190869 DALLAS,	LAS, TX 75219	75-1892059	501(C)(3)		10,307.	FMV	FOOD	FEEDING THE HUNGRY
-(2)								
(5)								
(7)								
(8)								
(6)								
(10)								

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table . . .

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

Schedule I (Form 990) (2013)

12:02:28 PM

(11)

(12)

3E1288 1,000

SOUPMOBILE, INC

Schedule I (Form 990) (2013)

20-0154935

Page 2

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. Part **Ⅲ** 

	י פור ווו ספון בס מפטווסמנסמ וו מממווסוומן כאמס וב ווכסמסמי	000000				
	(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 .	FOOD & CLOTHING FOR HOMELESS	5,250.	2,935.	421,258.	421.258. COST & FMV	FOOD & CLOTH
2 CHRIST	2 CHRISTMAS EVE EVENT	500.	2,240.	85,763.	COST	ROOM&BANQUET
3 HOMES	3 HOMES FOR HOMELESS	400.	300.	42,477. COST	COST	PROVIDING HOMES
4						
rc.						
9						
Part IV	Part IV Supplemental Information. Complete this part to	s part to prov	ide the informa	tion required in	Part I, line 2, Part III,	provide the information required in Part I, line 2, Part III, column (b), and any other additional

information

SCHEDULE I, PART I, LINE 2:

NO GRANTS WERE GIVEN WITH STIPULATIONS TO FUND USE.

# 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.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open To Public
Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SOUPMOBILE, INC

Employer identification number

20-0154935

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		122,179.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х		346,414.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received		nization during the tax ye	ar for contributions for				
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	ement	29			
							Yes	No
30 a	During the year, did the organizat			•	· ·			
	it must hold for at least three year							
	used for exempt purposes for the e		period?			30a		Χ
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a	gift accept	ance policy that require	s the review of any r	ion-standard			
	contributions?					31	Х	
32 a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	ell noncash			
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report ar describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a	) is checked,			

Schedule M (Form 990) (2013) Page **2** 

Part II Suppler

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) (2013)

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

2013
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Name of the organization
SOUPMOBILE, INC

Employer identification number 20-0154935

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.

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.

FORM 990, PART VI, LINES 15A:

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

FORM 990, PART VI, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST.

Name of the organization
SOUPMOBILE, INC
20-0154935

FORM 990, PART XI, LINE 9

ROUNDING: (\$7)

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION

PROVIDE EMPLOYMENT & TRAINING FOR HOMELESS

GRANTS

EXPENSES

REVENUE

64,305.

6,834.

PROVIDE CHAPEL SERVICES FOR THE HOMELESS

20,757.

TOTALS 85,062. 6,834.

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

(C) (A) (B) (D) TOTAL RELATED OR UNRELATED EXCLUDED DESCRIPTION REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE MISC INTEREST INCOME 370. 370. 370. 370. TOTALS

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u> <u>AMOUNT</u>

SOUPER 100 12,350.

GOLF TOURNAMENT 6,000.

TOTAL \_\_\_\_\_18,350.

Name of the organization	Employer identification number
SOUPMOBILE, INC	20-0154935
	ATTACHMENT A

### FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	DIRECT EXPENSES	NET INCOME
SOUPER 100	1,518.	-1,518.
GOLF TOURNAMENT	3,760.	-3,760.
TOTALS	5,278.	-5,278.

	ATTACHMENT 5
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	72,433.
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	. 65,599.
SUBTOTAL	65,599.
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	65,599.