### **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 0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

201/
Open to Public
Inspection

A F	or the	e 2017	calendar year, or tax year beginning		, 2017,	and ending				, 20			
B Check if applicable:			C Name of organization					D Employer iden	tificatio	on numbe	r		
<b>B</b> 0	_		SOUPMOBILE, INC					20-0154	935				
Χ	Addre chang		Doing business as										
	Name	change	Number and street (or P.O. box if mail is	not delivered to street addre	ss)	Room/suite		E Telephone nun	nber				
	Initial	l return	2423 S. GOOD LATIMER H	EXPRESSWAY				(214) 655	5-63	96			
	Final termi	return/ nated	City or town, state or province, country, a	and ZIP or foreign postal cod	le								
	Amen		DALLAS, TX 75215					<b>G</b> Gross receipts \$897,513					
	Applie pendi	cation ing	F Name and address of principal officer:	DAVID TIMOTH	Y			H(a) Is this a grou subordinates?	p return f	for	Yes X No		
			2848 HARBINGER LN, DAI	LLAS, TX 75287				H(b) Are all subordin		ded?	Yes No		
I	Tax-ex	empt st	atus: X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1)	or 52	7	If "No," atta	ach a list.	(see instru	ctions)		
J	Websi	ite: 🕨	WWW.SOUPMOBILE.ORG					H(c) Group exemp	tion num	ber 🕨			
K	Form	of organ	nization: X Corporation Trust	Association Other	>	L Year of	f formati	on: 2003 <b>M</b> s	state of	legal dom	nicile: TX		
Pá	art I		ımmary			·							
	1	Briefly	y describe the organization's mission o	r most significant activitie	s: SOUPM	OBILE IS	A NO	ON-PROFIT	MOB	ILE SO	OUP		
e			CHEN FEEDING, CLOTHING, CA										
Jan		ARE	A.IT ALSO PROVIDES HOUSI	ING ASSISTANCE	FOR QUA	LIFING I	NDIV	IDUALS.					
Governance	2	Check	this box ▶ if the organization di	iscontinued its operatio	ns or dispose	ed of more tha	an 25%	of its net assets					
Ô	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3		3.		
	4		er of independent voting members of t						4		2.		
Activities &	5		number of individuals employed in cale						5		5.		
ΞΞ	6		number of volunteers (estimate if necess						6		3,500.		
¥	7a		unrelated business revenue from Part V					I	7a		0.		
			nrelated business taxable income from I						7b				
						Prior Year		Curre	ent Year				
ø.	8	Contri	ibutions and grants (Part VIII, line 1h) .					922,65	1.	8	370,243.		
ž	9		am service revenue (Part VIII, line 2g) .						0.		0.		
Revenue	10		tment income (Part VIII, column (A), line					32,03	2.		15,719.		
œ	11		revenue (Part VIII, column (A), lines 5,					-8,30	3.		9,291.		
	12		revenue - add lines 8 through 11 (must					946,38	0.	3	395,253.		
	13		s and similar amounts paid (Part IX, colu					598,87	0.		542,220.		
	14		nefits paid to or for members (Part IX, column (A), line 4)										
ø	15		es, other compensation, employee bene					90,20	1.	1	128,551.		
Expenses	16 a		ssional fundraising fees (Part IX, column						0.		0.		
ç	b	Total 1	fundraising expenses (Part IX, column (I										
Ш	17		expenses (Part IX, column (A), lines 11.					375,38	7.	3	328,284.		
	18		expenses. Add lines 13-17 (must equal					1,064,45	8.	Ç	999,055.		
	19		nue less expenses. Subtract line 18 from					-118,07	8.	-1	L03,802.		
or			·				Beginn	ning of Current Y	ear	End o	of Year		
sets	20	Total a	assets (Part X, line 16)					654,56	5.		575,383.		
Ass	21		liabilities (Part X, line 26)					50,64	5.		75,425.		
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21					603,92	0.	4	499 <b>,</b> 958.		
	rt II	Sig	gnature Block										
Und	der pei	nalties o	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	is return, including accomp	panying sched	ules and stater	nents, ai	nd to the best of	my kno	owledge a	nd belief, it is		
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all info	rmation of whi	ch preparer ha	s any kn	owledge.					
								06/30	)/201	18			
Sig			Signature of officer					Date					
He	re		DAVID TIMOTHY		EXECUT	IVE DIRE	CTOR						
			Type or print name and title										
_	_	Print/	Type preparer's name	Preparer's signature		Date		Check	if PTI	N			
Paid		BRUG	CE E BERNSTIEN					self-employe		P0142	4343		
-	oarer	Firm's	s name ▶BRUCE E BERNSTIEN		Firm's EIN ▶								
use	Only		s address >10440 N CENTRAL EXPRESSWA		Phone no. 214-706-0840								
May	/ the		iscuss this return with the preparer							X Yes	s No		
			Reduction Act Notice, see the separat	,	,						990 (2017)		

SOUPMOBILE, INC

Form 990 (2017) Page 2 Part III **Statement of Program Service Accomplishments** 1 Briefly describe the organization's mission: SOUPMOBILE, INC. IS A NON-PROFIT MOBILE SOUP KITCHEN FEEDING, CLOTHING, AND CARING FOR THE NEEDY AND HOMELESS IN THE DALLAS AREA. SOUPMOBILE ALSO PROVIDES HOUSING ASSISTANCE FOR QUALIFING INDIVIDUALS. 2 Did the organization undertake any significant program services during the year which were not listed on the 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. 4a (Code: ) (Expenses \$ 435,308. including grants of \$ 17,536. ) (Revenue \$ FEEDING: THE SOUPMOBILE SERVES 250,000 MEALS PER YEAR TO THE HOMELESS AND HUNGRY. ) (Expenses \$ 4b (Code: 152,005. including grants of \$ 2,430. ) (Revenue \$ CHRISTMAS: THE SOUPMOBILE TAKES 500 HOMELESS PEOPLE TO A HIGH END HOTEL FOR CHRISTMAS. 19,573. ) (Revenue \$ 4c (Code: ) (Expenses \$ 97,833. including grants of \$ CHURCH: THE SOUPMOBILE PROVIDES A NON-DENOMINATIONAL CHURCH FOR THE HOMELESS. ATTACHMENT 1 **4d** Other program services (Describe in Schedule O.) (Expenses \$ 136,811. including grants of \$ 1,490. ) (Revenue \$ 8,824. ) 821,957. **4e** Total program service expenses ▶

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#### Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?...... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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, 5 Χ 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 Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . . . . . 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . . . 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . . . . . . . Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... b 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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . . . . . . . . . . . . . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).......... 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ

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Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	······································	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Х	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Λ	
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			Х
04-	employees? If "Yes," complete Schedule J	23		- /\
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		Х
L	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		21
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
ام	to defease any tax-exempt bonds?	24d		
d 250	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	252		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	204		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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		Х
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,"			
	complete Schedule N, Part II	32		X
33	$ \hbox{Did the organization own 100\% of an entity disregarded as separate from the organization under Regulations } \\$			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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		Х
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			37
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
••	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	,	Х	
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	000	

#### SOUPMOBILE, INC 20-0154935 Form 990 (2017) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance 6 1a 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . 0. **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . . . . . <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and Χ 1c 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 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)...... Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3b 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

	Form \$	9 <b>90</b> (20 PAGI
e an explanation in Schedule O	14b	000 (00
uring the tax year?	14a	
	1.45	2
the states in which		
st report on Schedule O.		
one state?	138	
no etete?	13a	
ring the year [12b]		
_	u	
filing Form 990 in lieu of Form 1041?	12a	
id to other sources		
11a		
of club facilities 10b		
,		
dvisor, or related person?	9b	
ection 4966?	9a	
g the year?	8	Σ
donor advised fund maintained by the		
les, did the organization file a Form 1098-C?	7h	
the organization file Form 8899 as required?	7g	
on a personal benefit contract?	7f	Σ
emiums on a personal benefit contract?	7e	Σ
, ,	7c	Σ
le personal property for which it was		
r services provided?	7b	
	7a	Σ
as a contribution and partly for goods		
n 170(c).		
	6b	
ss statement that such contributions or		
ritable contributions?	6a	Σ
greater than \$100,000, and did the		
	5с	
to a prohibited tax shelter transaction?	5b	Σ
ny time during the tax year?	5a	Σ
	_	,
of Foreign Bank and Financial Accounts		
	4a	Σ

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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	ion 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 <u>1a</u>	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			
b	committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Χ
2	Did the organization delegate control over management duties customarily performed by or under the direct			
3		3		Χ
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		21
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			X
	one or more members of the governing body?	7a		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		3.7
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
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? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
~	rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	Χ	
		14	X	
14	Did the organization have a written document retention and destruction policy?	17		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Χ	
a	The organization's CEO, Executive Director, or top management official		4.5	X
b	Other officers or key employees of the organization	15b		21
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		X
	with a taxable entity during the year?	16a		Λ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<b>)</b> - 1	organization's exempt status with respect to such arrangements?	16b		<u> </u>
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	า 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	, and
	financial statements available to the public during the tax year.		. ,	
20				

State the name, address, and telephone number of the person who possesses the organization's books and records: JSA 7E1042 1.000 Form **990** (2017) Form 990 (2017) SOUPMOBILE, INC 20-0154935 Page 7

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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.

( <b>A</b> ) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Former Highest employe Key emp Officer Institutic Individu or direct				is both or/trust	an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)DAVID TIMOTHY	60.00									
PRESIDENT & TREASURER	0.	Х		Х				79,000.	0.	0.
(2)CYNTHIA LEFTRICK	5.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(3)MARGARET D BENSON	5.00									
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										

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Рa	rt VII Section A. Officers, Directors, Tru	istees, Ke	y En	ipic	ye	es,	and F	ııgı	nest Compensat	ea Emplo	yees (c	continue	d)	
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than on						Reportable	Reporta			mated	
		hours per	,						compensation	compensati			ount of	
		week (list any hours for					is both or/trust		from	relate			ther ensation	1
		related							the organization	organiza (W-2/1099			m the	
		organizations	d vi	stitu	Officer	y e	ghe	Former	(W-2/1099-MISC)	(00-2/1099	-WII3C)	orga	nization	
		below dotted	dua	l tior	<u> </u>	Key employee	st c	4	(W 2, 1000 mico)				related	
		line)	~ <u>E</u>	l al t		oye	omp					orgar	nizations	
			Individual trustee or director	Institutional trustee		O	ens							
				ee			Highest compensated employee							
							۵							
			1											
			-											
		t												
4 1-	Out total					<u> </u>		_	79,000.		0.			0.
	Sub-total							•	73,000.		0.			0.
	Total from continuation sheets to Part VII, S	_									0.			
	Total (add lines 1b and 1c)							<u> </u>	79,000.					0.
2	Total number of individuals (including but not		hose	liste	d al	bove	e) who	o re	ceived more than	\$100,000	of			
	reportable compensation from the organization	n ▶	0.											
													Yes	No
3	Did the organization list any former office	er, directo	r, or	trı	uste	e.	kev e	emp	lovee, or highes	t compens	ated			
	employee on line 1a? If "Yes," complete Schede											3		Χ
4	• •													
4	For any individual listed on line 1a, is the organization and related organizations gro	sulli OI (ep	Ooitab 44	) HE	เบบว เดเม	iper	15atioi "Voo	ıı al	nu otner compens	sauon irom <i>la I for</i>	uie			
	individual										Jucii	4		Χ
_											 اماریما	-		
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		Χ
٠.	ction B. Independent Contractors	o, comple	1 <del>0</del> 301	icul	iie J	101	Sucil	per.	3011			J		
	•	man==4:-1:	a al - ··	ادیر	- L- I		tua - t	mc '	hat magained	tha: 0100				
1	Complete this table for your five highest com													
	compensation from the organization. Report of	ompensati	וסו ווט	ιπe	: ca	ien(	ıar ye	ai e	muling with or with	iiii iiie orga	ai iiZäliO	กร เสX		
	year.							_						
	(A) (B)											(C)		
	Name and business address Description of services										compens	ation		
								+						
								+						
<u> </u>	Total number of independent contractors (in	acluding by	ıt nat	مزا ا	nito:	d +-	than		isted above) who	received				
2	Total number of independent contractors (in more than \$100,000 in compensation from the				ше		inos	e II	isieu above) who	received				
	more man wroo,000 in compensation noill th	o organizal	IUII	-		U	•							

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#### Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	y line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c					
	d e f	Related organizations					
	g	and similar amounts not included above . 1f  Noncash contributions included in lines 1a-1f: \$	870,243. 401,916.	070.000			
	h	Total. Add lines 1a-1f	Business Code	870,243.			
Program Service Revenue	2a b c d						
	e f g	All other program service revenue Total. Add lines 2a-2f		0.			
	3 4	Investment income (including divider and other similar amounts). ATTACHMENT Income from investment of tax-exempt bond	[ . <sup>2</sup> ▶	78. 0.			78
	5	Royalties		0.			
	6a b c	Cross rents					
	d 7a	Net rental income or (loss)	(ii) Other	0.			
	b	Less: cost or other basis and sales expenses Gain or (loss)	15,641.				
une	d 8a	Net gain or (loss)	▶	15,641.			15,641
Other Revenue	<u> </u>	of contributions reported on line 1c).  See Part IV, line 18					
ŏ	c 9a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19		0.			
	b c	Less: direct expenses		0.			
	10a	Gross sales of inventory, less returns and allowances	0.000				
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory.  Miscellaneous Revenue		8,824.	8,824.		
	11a	MISC. INCOME	900099	467.			467
	b						
	d	All other revenue					
	e	Total. Add lines 11a-11d		467.	0.004		10 100
	12	Total revenue. See instructions		895,253.	8,824.		16,186

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#### 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 respe	onse or note to any line	e 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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	30,449.	30,449.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	511,771.	511,771.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. 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	79,000.	49,375.	29,625.	
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	34,023.	15,982.	18,041.	
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	5,654.	958.	4,696.	
10	Payroll taxes	9,874.	5,527.	4,347.	
11	Fees for services (non-employees):				
а	ı Management	13,644.	11,258.	2,386.	
b	Legal	0.			
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
	f Investment management fees	0.			
Q	Other. (If line 11g amount exceeds 10% of line 25, column	0.			
40	(A) amount, list line 11g expenses on Schedule O.)	36,190.	99.	36,091.	
	Advertising and promotion	3,394.	959.	2,435.	
	Office expenses	9,298.	3,451.	5,757.	90.
	Royalties	0.	,	,	
	Occupancy	117,655.	100,599.	17,056.	
	Travel	1,616.	520.	1,096.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	9,349.	214.	9,135.	
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	26,003.	24,931.	1,072.	
23	Insurance	21,897.		21,897.	
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.)	25 750	20.702	4 0 4 0	1.0
-	AUTOMOBILE EXPENSES	35,750.	30,792.	4,948.	10.
	SUPPLIES CELEBRATE TESTIS EVENT	29,301.	24,026.	5,275.	
-	CELEBRATE JESUS EVENT	11,284.	1,092.	6,841.	3,351.
-	MISC.	2,993.	44.	2,949.	٥,٥٥١.
	All other expenses	999,055.	821,957.	173,647.	3,451.
	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	333,033.	021,337.	1,3,011.	3,401.
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

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#### Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X									
					(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing			259,966.	1	173,908.			
	2	Savings and temporary cash investments		[	31,131.	2	1,132.			
	3	Pledges and grants receivable, net			0.	3	0.			
	4	Accounts receivable, net			0.	4	0.			
	5	Loans and other receivables from current and t	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 personal schedule.	-		0.	5	0.			
	6	Loans and other receivables from other disqualified personal	ons (as	defined under section						
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu	, and (	contributing employers						
		organizations (see instructions). Complete Part II of Sche			0.	6	0.			
ets	7	Notes and loans receivable, net			0.	7	0.			
Assets	8	Inventories for sale or use			23,884.	8	23,885.			
~	9	Prepaid expenses and deferred charges			0.	9	0.			
	10 a	Land, buildings, and equipment: cost or								
		other basis. Complete Part VI of Schedule D	10a	548,179.						
	b	Less: accumulated depreciation			333,803.	10c	374,762.			
	11	Investments - publicly traded securities			0.	11	0.			
	12	Investments - other securities. See Part IV, line 11			0.	12	0.			
	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			5,781.	15	1,696.			
	16	Total assets. Add lines 1 through 15 (must equal			654,565.	16	575,383.			
	17	Accounts payable and accrued expenses			50,645.	17	75,425.			
	18	Grants payable			0.	18	0.			
	19	Deferred revenue			0.	19	0.			
	20	Tax-exempt bond liabilities			0.	20	0.			
	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	0.	21	0.			
S	22	Loans and other payables to current and for	ormer	officers, directors,						
Liabilities		trustees, key employees, highest compen								
abi		disqualified persons. Complete Part II of Schedule	L		0.	22	0.			
	23	Secured mortgages and notes payable to unrelate			0.	23	0.			
	24	Unsecured notes and loans payable to unrelated	third p	arties	0.	24	0.			
	25	Other liabilities (including federal income tax,	payab	les to related third						
		parties, and other liabilities not included on lines	17-2	4). Complete Part X						
		of Schedule D			0.	25	0.			
_	26	Total liabilities. Add lines 17 through 25			50,645.	26	75,425.			
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here ▶ 🔛 and						
au	27	Unrestricted net assets				27				
Bal	28	Temporarily restricted net assets				28				
p	29	Permanently restricted net assets		<u></u> <u>.</u>		29				
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here ► X and						
ts	30	Capital stock or trust principal, or current funds .			603,920.	30	499,958.			
SSe	31	Paid-in or capital surplus, or land, building, or equ	0.	31	0.					
Ä	32	Retained earnings, endowment, accumulated inco	or other funds	0.	32	0.				
Se	33	Total net assets or fund balances			603,920.	33	499,958.			
	34	Total liabilities and net assets/fund balances	<u> </u>		654,565.	34	575,383.			

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			95,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2	999,055.			
3	Revenue less expenses. Subtract line 2 from line 1	3			03,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		603,920.		
5	Net unrealized gains (losses) on investments				0.	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8			-1	60.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4	99,9	58.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	counta	nt?	2c		
	If the organization changed either its oversight process or selection process during the tax year, e	explain	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
	the Single Audit Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo 1	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ıdits.		3b		

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

Department of the Treasury

Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

20 17

Open to Public Inspection

Name of the organization SOUPMOBILE, INC

Employer identification number 20-0154935

Pa	rt I	Reason for Public Cha	rity Status (All d	organizations must c	omplet	e this pa	art.) See instructions		
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)		
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	section 1	70(b)(1)(A)(i).		
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	I-EZ).)		
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).		
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	ate:						
5		An organization operated t		a college or universit	y owne	d or ope	rated by a governme	ntal unit described in	
		section 170(b)(1)(A)(iv). (C	complete Part II.)						
6		A federal, state, or local go	•			•			
7	Х	An organization that norma			pport fr	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)		•					
8		A community trust describe			-				
9		An agricultural research org	=			-	=		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or	
		university:							
10		An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).		
12		An organization organized	•	•					
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).	
	_	_Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.	
а		<u> Type I</u> . A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the	
		supporting organization. <b>\</b>	ou must complet	e Part IV, Sections A	and B.				
b		Type II. A supporting org control or management of organization(s). You must	of the supporting o	rganization vested in					
С		Type III functionally integ	•		ited in c	onnectio	n with, and functional	lv integrated with.	
		its supported organization							
d		Type III non-functionally		•				ted organization(s)	
		that is not functionally inte			-				
		requirement (see instruct	-		-		Tell control of the c		
е		Check this box if the orga	•	=				I, Type III	
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.	•	
f	En	ter the number of supported	organizations						
g	Pre	ovide the following information	on about the suppo	orted organization(s).					
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
				azere (500 menacione))	Yes	No			
(A)									
(~)									
(B)									
(C)									
(D)									
(E)									
	-1								
Tot	aı								

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,191,219.	1,259,497.	1,480,032.	922,651.	870,243.	5,723,642.
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	1,191,219.	1,259,497.	1,480,032.	922,651.	870,243.	5,723,642.
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)						431,755.
6	Public support. Subtract line 5 from line 4						5,291,887.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4	1,191,219.	1,259,497.	1,480,032.	922,651.	870,243.	5,723,642.
9	similar sources	18,211.	19,224.	2,145.	566.	78.	40,224.
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	187.	688.	1,000.	544.	467.	2,886. 5,766,752.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	191,428.
13	First five years. If the Form 990 is forganization, check this box and stop here.	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2017 (lin	ne 6, column (f)	divided by line	11, column (f)).		14	91.77 <b>%</b>
15	Public support percentage from 2016	Schedule A, Pa	rt II, line 14			15	91.08%
16a	331/3% support test - 2017. If the org	ganization did n	ot check the box	x on line 13, an	nd line 14 is 33	1/3 % or more, cl	
	box and <b>stop here.</b> The organization qu						
b	<b>33</b> 1/3% <b>support test - 2016.</b> If the org						
	this box and <b>stop here</b> . The organization	•		•			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization						
	Part VI how the organization meets t			ŭ	•		
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organization Explain in Part VI how the organization	on meets the "	facts-and-circum	stances" test. <sup>-</sup>	The organizatio	n qualifies as a	publicly
18	Private foundation. If the organization instructions	did not check a	a box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	
						obodulo A (Form 0	

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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						
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						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3		1				
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
·	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	. ,		,	. ,		
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	′						
_	acquired after June 30, 1975						
	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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	46 '	Line Sin 1		5:511 1		F04(-)(0)
14	First five years. If the Form 990 is f	_			-		
<u></u>	organization, check this box and stop here			<u> </u>		<u> </u>	🚩 🔃
	Public support percentage for 2017 (line 9			mn (f\)		45	0/
15	Public support percentage for 2017 (line 8					15	%
16	Public support percentage from 2016 Sche			<u> </u>		16	%
	tion D. Computation of Investmen			10 1 (2)		1	0/
17	Investment income percentage for 2017 (lin					17	%
18	Investment income percentage from 2016					18	%
19 a	331/3% support tests - 2017. If the organization						
	17 is not more than 331/3%, check th		_				
b	331/3% support tests - 2016. If the orga						
	line 18 is not more than 331/3 %, check		-	•			<u> </u>
20	<b>Private foundation.</b> If the organization	did not check	a box on line	14, 19a, or 19b	o, check this bo	ox and see insti	uctions >

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	NO
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20-0154935

Schedule A (Form 990 or 990-EZ) 2017 Page **5** 

				<u> </u>
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
<b>h</b>	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11b		
	ion B. Type I Supporting Organizations	110		
3001	on b. Type i dupper unig di gui neutrone		Yes	Nο
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		V	NI -
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations	•		
	- Jransafra Januara		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	,		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	one)	
a	The organization satisfied the Activities Test. Complete line 2 below.	ucu	0113).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	-
_			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	6.		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3.0		
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization			
Ocation A. Adimeted Nat Income		(A) Drien Veen	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Dries Vees	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3.	3 4		
	5		
5 Income tax imposed in prior year	3		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		tod Type III ayınınadir.	a organization (ass
	y integra	iteu Type iii supportinį	y organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Part	V Type III Non-Functionally Integrated 509(a)(3)	<b>Supporting Organizat</b>	ions (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2017

Excess from 2017....

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	· ·	<u> </u>		•		
				<u> </u>	ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME	}		_		
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
OTHER INCOME	187.	688.	1,000.	544.	467.	2,886.
TOTALS	187.	688.	1,000.	544.	467.	2,886.

#### SCHEDULE D (Form 990)

#### Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SOUPMOBILE, INC 20-0154935 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year....... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: ▶ \$ \_ Assets included in Form 990, Part X.....

Schedule D (Form 990) 2017 Page **2** 

Par	t III Organizations Maintaini	ng Collections of	Art, Historical	Treasure	s, or Oth	ner Similar Asse	ts (continu	ied)
3	Using the organization's acquisition	on, accession, and	other records, chec	ck any of	the follow	ing that are a sign	nificant use	of its
	collection items (check all that app	ly):						
а	Public exhibition		d Loan		ige prograi			
b	Scholarly research		e Othe	r				
С	Preservation for future gene	rations						
4	Provide a description of the organ	nization's collections	and explain how	they furth	ner the or	ganization's exemp	t purpose ir	Part
	XIII.							
5	During the year, did the organization					_		_
	assets to be sold to raise funds rath		ained as part of the	organizat	ion's collec	ction? L	Yes	No
Par	t IV Escrow and Custodial Ar Complete if the organiza 990, Part X, line 21.	•	s" on Form 990, F	Part IV, lin	ie 9, or re	ported an amoun	t on Form	
1 a	Is the organization an agent, truste	ee, custodian or othe	er intermediary for	contributio	ns or othe	r assets not		
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the following ta	able: _				
						Amount		
С	Beginning balance				lc			
d	Additions during the year				ld			
е	Distributions during the year				le			
f	Ending balance				f			٦
	Did the organization include an am					_	Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanatio	n has beer	n provided	on Part XIII		
Par	Endowment Funds. Complete if the organization	ion answered "Ver	s" on Form 000 E	Oart IV/ lin	o 10			
	Complete ii the organiza	(a) Current year	(b) Prior year	_	years back	(d) Three years back	(e) Four year	
		(a) Current year	(b) Prior year	(C) TWO	years back	(u) Three years back	(e) Four years	S DACK
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance				- \			
2 a	Provide the estimated percentage Board designated or quasi-endown			j, column (	a)) neid as	:		
	Permanent endowment >	%						
	Temporarily restricted endowment	<u> </u>						
_	The percentages on lines 2a, 2b, a		100%.					
3a	Are there endowment funds not in			t are held	and admir	nistered for the		
	organization by:	•	· ·				Yes	No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	ed as required on Sc	hedule R?			3b	
4	Describe in Part XIII the intended u	uses of the organiza	tion's endowment fu	ınds.				
Par	t VI Land, Buildings, and Equ	ipment.		D4 IV / II:	11- 0	Farms 000 Day	4 V line 40	
	Complete if the organiza  Description of property			or other basis			は入、IIII色 10 d) Book value	•
		(inves		other)		eciation	a) Book value	
1 a	Land							
b	Buildings			378,653	_	24,488.	354,	165.
С	Leasehold improvements			6,705		6,705.		
d	Equipment			53,105		44,118.		987.
e	Other			109,716		98,106.		610.
Tota	I. Add lines 1a through 1e. <i>(Column</i>	(d) must equal Forr	n 990, Part X, colun	nn (B), line	10c.)	▶	374 <b>,</b>	762.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Page 3

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on 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 valua Cost or end-of-year mar	tion:
(1) Financia	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.		. D . N . II	D ()/ II (0)
	Complete if the organization answered	l "Yes" on Form 990		
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)				
_(2)				
(3)				
_(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered	l "Vec" on Form 000	Dart IV line 11d See Form 000	Dart V line 15
-			r, Fait IV, lille 1 Id. See Form 990	
-/4\	(a) De	scription		(b) Book value
(1)				
(2)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	•	
Part X	Other Liabilities.			
Turex	Complete if the organization answered line 25.	l "Yes" on Form 990	), Part IV, line 11e or 11f. See For	rm 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie l	
	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>		
	or uncertain tax positions. In Part XIII, provide the		the organization's financial statements t	hat reports the
,	•		-	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	, ego 1
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	- 1	
С	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	2e	
e	Add lines 2a through 2d	3	
3 4	Subtract line <b>2e</b> from line <b>1</b>		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	-	
b	Thoryean adjustments 111111111111111111111111111111111111	1	
C C	Other losses         2c           Other (Describe in Part XIII.)         2d	1	
d e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III,	art V li	ne 4: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr		

JSA Schedule D (Form 990) 2017

 Schedule D (Form 990) 2017
 SOUPMOBILE, INC
 20-0154935
 Page 5

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2017

#### **SCHEDULE I** (Form 990)

Department of the Treasury

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

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017 Open to Public

Inspection

Internal Revenue Service

Name of the organization Employer identification number SOUPMOBILE, INC 20-0154935 Part I General Information on Grants and Assistance

1 Does the organization maintain records to so			•			·	
the selection criteria used to award the grant							X Yes No
Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part    Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Ye	es" on Form
990, Part IV, line 21, for any recipi	ent that rec	eived more that	an \$5,000. Part II	can be duplicat	ed if additional spa	ce is needed.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RESOURCE CENTER OF DALLAS INC.							
PO BOX 190869 DALLAS, TX 75219	75-1892059	501(C)(3)		5,110.		FOOD	SHARE EXCESS FOOD
(2) EQUAL HEARTS							
1604 AL LIPSCOMB WAY DALLAS, TX 75215	46-2846816	501(C)(3)		7,717.		FOOD	SHARE EXCESS FOOD
(3) CORNERSTONE CHURCH							
1819 MARTIN L KING JR BLVD DALLAS, TX 75215	75-1882212	501(C)(3)		7,189.		FOOD	SHARE EXCESS FOOD
(4)	-						
(5)							
(6)	-						
(7)							
(8)							-
1.7	7						
(9)							
(10)							
(11)							-
,	†						
12)							
2 Enter total number of section 501(c)(3) and	government i	nraanizations lis	ted in the line 1 tal	<u> </u>			2.
3 Enter total number of other organizations list	•	•					1.
For Paperwork Reduction Act Notice, see the Instruction							edule I (Form 990) (2017

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Page 2

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FOOD & CLOTHING FOR HOMELESS	8,500.	17,536.	317,198.	COST & FMV	FOOD & CLOTHING
2 CHRISTMAS EVE EVENT	500.	121,764.		COST	ROOM & BANQUET
3 HOMES FOR HOMELESS	11.	1,490.	17,098.	COST	PROVIDING HOMES
4 CHURCH SERVICES	12,500.	19,573.	17,112.	COST	FOOD
5					
-					
6					
•					
7					
1					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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

SCHEDULE I PART I LINE 2:

NO GRANTS WERE GIVEN WITH STIPULATIONS TO FUND USE.

Schedule I (Form 990) (2017)

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## 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.

► Go to www.irs.gov/Form990 for the latest information.

X

OMB No. 1545-0047

20 17

Open to Public Inspection

Department of the Treasury Internal Revenue Service

5 Clothing and household

goods.......

Historical artifacts . . . . . . . . .

Scientific specimens.....

Archeological artifacts . . . . . .

Employer identification number

173,158.

FMV

Name of the organization					Employer identification number			
SOUPMOBILE, INC					20-0154935			
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, li	on	(d) Method of determining noncash contribution amounts		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							

6 Cars and other vehicles . . . . . . 7 Boats and planes..... Securities - Publicly traded. . . . . 10 Securities - Closely held stock . . . Securities - Partnership, LLC, 11 or trust interests . . . . . . . . . . . . . . . Securities - Miscellaneous . . . . . 12 Qualified conservation contribution - Historic structures....... 14 Qualified conservation contribution - Other . . . . . . . 15 Real estate - Residential . . . . . . Real estate - Commercial . . . . . 16 Real estate - Other . . . . . . . . . 17 Collectibles...... 18 Χ 794. 228,758. FMV 19 Food inventory . . . . . . . . . . . . 20 Drugs and medical supplies . . . . 21

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through			
	28, that it must hold for at least three years from the date of the initial contribution, and which isn't required			
	to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard			
	contributions?	31	Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		Х
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			

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

Schedule M (Form 990) (2017)

22

23 24

25

26

27

Other ►(

Other ►( \_Other ►( \_

SOUPMOBILE, INC 20-0154935

Schedule M (Form 990) (2017) Page **2** 

Part II Supplem

**Supplemental Information.** 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) (2017)

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

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

20 17

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 20-0154935

SOUPMOBILE, INC

RETURN REVIEW PROCESS

FORM 990, PART VI, LINE 11B:

FORM 990 IS DISTRIBUTED TO EACH BOARD MEMBER PRIOR TO THE BOARD MEETING.

DURING THE MEETING, ANY QUESTIONS OR CONCERNS ARE DISCUSSED AND RESOLVED.

THE FORM 990 IS THEN APPROVED BY THE EXECUTIVE DIRECTOR.

CONFLICT OF INTEREST POLICY ENFORCEMENT AND MONITORING

FORM 990, PART VI, LINE 12C:

AT BOARD MEETINGS, THE BOARD DISCUSSES ANY ACTIVITIES THAT MIGHT HAVE

EVEN A REMOTE POSSIBILITY OF CAUSING A CONFLICT OF INTEREST.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINES 15A & 15B:

THE ORGANIZATION COMPARES THE SALARY OF THE EXECUTIVE 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 ARE BASED ON FAIR COMPENSATION VALUES

IN THE MARKETPLACE. TYPICALLY COMPENSATION FOR THE EXECUTIVE 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.

PUBLIC DISCLOSURE

FORM 990, PART VI, LINE 19:

Name of the organization

SOUPMOBILE, INC

Employer identification number
20-0154935

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

CEASE CONDUCTING ANY PROGRAM SERVICES

FORM 990, PART III, LINE 3:

THE THRIFT STORE WAS CLOSED IN LATE 2017.

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

DESCRIPTION GRANTS EXPENSES REVENUE

PROVIDE EMPLOYMENT & TRAINING FOR HOMELESS 44,568. 8,824.

PROVIDE HOUSING FOR HOMELESS 1,490. 92,243.

TOTALS 1,490. 136,811. 8,824.

ATTACHMENT 2 FORM 990, PART VIII - INVESTMENT INCOME (A) (B) (C) (D) TOTAL RELATED OR UNRELATED EXCLUDED DESCRIPTION REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE INTEREST INCOME 78. 78.

TOTALS 78. 78.