Form	99	90	Return of Org	janization Exe	mpt Fr	om Inco	ome	Тах	OMB No. 154
			Under section 501(c), 527,				e (exc	ept black	2004
		of the Treasury nue Service	The organization may have	g benefit trust or priv			nortir	a requirements.	Open to P Inspecti
-			ar year, or tax year beginning	to use a copy of this f		2004, and	-		, 20
B CH	eck if	Pleas	C Name of organization						entification nur
la el Contra de la	dress c	I USO II	SCOUDMODILE IN	С	A			20-01549	35
Na	me cha	print	or Number and street (or P.O. bo	x if mail is not delivered to a	treet addres	s) R s	oam/ iuite	E Telephone r	umber
Ini	tial retu	500	BOIT COMMERCE) ×			(800)375	
Fir	ial retur	m Speci	C-					F Acctg. meth	
An	ended	return tions	DALLAS TX 7522				_	Other (sp	- Alexia
	1110-0100		Section 501(c)(3) organization charitable trusts must attach a (Form 990 or 990-EZ).	s and 4947(a)(1) none a completed Schedule	xempt A	H(a) is	this a	t applicable to se group return for affi	liates? Ye
territori anticipation i se	the second s	where the second se	soupmobile.órg eckonlysne) ► 🛛 501(c)(3) ◄	(insertno.) 4947(a)(1) or 52			enter number of affi filiates included?	liates Ye
			eck only one) ▶ 여 501(C)(5) ▲	· · · · · · · · · · · · · · · · · · ·		17 H(c) Ar	"No,"	attach a list. See ins	tructions.)
\$2	5,000.	The organiza	tion need not file a return with th	ne IRS; but if the organ	ization	H(d) is	thisa	separate return filed tion covered by a gr	by an oup ruling? Ye
rex	ceived	a Form 990 P	ackage in the mail, it should file	a return without finance	ial data.			Exemption Num	
	nie si	area require	a complete return.		_		heck	11	ation is not requ
L Gr	oss re	ceipts: Add lin	es 6b, 8b, 9b, and 10b to line 1	2 1	17,704			Sch. B (Form 99)	
Pa	- proceeding -		Expenses, and Change	the second se			s (Se	e instructions.)	
	1	the second s	s, gifts, grants, and similar amou	the state of the s		2000			
	a	Direct public	support		1a	117,	,70	4	
	b	Indirect pub	lic support		1b				
	c		contributions (grants)		1c				
	d		nes 1a through 1c) (cash \$	the second s			And in case of the local division of the loc		117,
	2		vice revenue including governm		VALUE OF CONCEPTENT				
	3		dues and assessments					the second se	
	4		avings and temporary cash inve					the second se	
	5		nd interest from securities		1 1		1.8.1.8	. 5	
	6a		expenses		6a 6b				
	b		come or (loss) (subtract line 6b 1			0.000	000000	. 6c	
R	7		ment income (describe >				12) 7	
REVEN	8a		nt from sales of assets other	(A) Securities	TT	(B) Oth	er		
EN	192		ry	N. 2	8a				
UE	b	Less: cost or	other basis & sales expenses		8b				
-	c	Gain or (loss) (attach schedule)		8c				
	d		loss) (combine line 8c, columns					. 8d	
	9	Special even	ts and activities (attach schedul	e). If any amount is from	m gaming	, check here	₽►		
	а		ue (not including \$	of	Des L				
	1		reported on line 1a)		9a			_	
	b		expenses other than fundraising		9b				
	C		or (loss) from special events (sul		1 1	*******		90	
	10a		of inventory, less returns and all goods sold		10a 10b		_		
	b		goods sold)b from line	10.8)	10c	
	11		e (from Part VII, line 103)						
	12		e (add lines 1d, 2, 3, 4, 5, 6c, 7						117,
E	13	the second s	vices (from line 44, column (B)).						92,
EXPEZ	14		and general (from line 44, colu						13,
EN	15		(from line 44, column (D))						
SES	16	Payments to	affiliates (attach schedule)					. 16	
S	17		ses (add lines 16 and 44, colum						106,
	18	1200 201	aficit) for the year (subtract line t						11,
ASSET	19		fund balances at beginning of						-15,
ŦĘ	20	-	es in net assets or fund balance	\$0.000 DA 500 DA					
Ś	21	Net assets or	fund balances at end of year (c	combine lines 18, 19, a	nd 20)		23124	21	-3,5

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-	art II Statement of All organizations		d postion 4047/a//d	annound charite	and (D) are required	for section 5
	Functional Expenses instructions.)	uons an	d section 4947(a)(1)		and (D) are required ble trusts but option	au ior otners.
Don	not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		. (A) Total	(B) Program services	(C) Management	(D) Fundr
22.	Grants and allocations (attach schedule) #.1.		1.	Sand South		
	(cash \$ noncash \$ 10,117)	22	10,117	10,117		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	2,241		2,241	
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	1,003		1,003	
34	Telephone	34	969		969	
35	Postage and shipping	35	349		349	
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38	1,948		1,948	
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41	475		475	
42	Depreciation, depletion, etc. (attach schedule) #.2	42	471		471	
43	Other expenses not covered a Volunteer Ex	43a	475		475	
	Web Processing Fees	43b	1,076		1,076	
	Membership Fees	43c	60	-	60	
	d Misc Cash Distributions	43d	108	108		
	e See attachment 5	43e	86,820	82,361	4,459	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	106,112	92,586	13,526	
Are . If "Y (III) 1	any joint costs from a combined educational campaign a 'es," enter (I) aggregate amount of these joint costs \$; (II) the ar ; and (Iv	mount allocated to F) the amount alloca	ram services? Program services \$ ted to Fundraising\$	
Pa	rt III Statement of Program Service Acco	mpilsi	ments (See instr	uctions.)		Program Se
Wha All o serv	at is the organization's primary exempt purpose?	ements are not r mount o	n a clear and conci neasurable. (Section f grants and allocati	se manner. State th n 501(c)(3) and (4) ions to others.)	e number of clients organizations and	Expenses (F for 501(c)(3) & (& 4947(a)(1) tru optional for p
4041	The soupmobile, a mobile sou	ıp ki	tchen ded	icated to	providing	
a			and the second se	the second s		
a	food and caring for the home		in the Da	allas, TX	ares,	
a		meal	in the Da s during 2	allas, TX 2004.	ares,	10.000
a	food and caring for the home served approximately 34,420	meal (Gr	in the Da s during 2 ants and allocations	allas, TX 2004. \$)	82,3
a	food and caring for the home	meal (Gr	in the Da s during 2 ants and allocations	allas, TX 2004. \$)	82,3
a	food and caring for the home served approximately 34,420	meal (Gr harit	in the Da s during 2 ants and allocations	allas, TX 2004. \$ neir progr	ams.	
a b	food and caring for the home served approximately 34,420 Food given to other local ch	meal (Gr harit	ants and allocations ants and allocations	allas, TX 2004. s neir progr) ams. 10,117)	82,3
a b c	food and caring for the home served approximately 34,420	meal (Gr harit	ants and allocations ants and allocations	allas, TX 2004. s neir progr) ams. 10,117)	
a b c	food and caring for the home served approximately 34,420 Food given to other local ch Misc cash given to homeless	meal (Gr harit (Gr for	ants and allocations ants and allocations	allas, TX 2004. s neir progr s and incide) ams. 10,117)	10,3
a b c	food and caring for the home served approximately 34,420 Food given to other local ch Misc cash given to homeless	meal (Gr harit (Gr for	in the Da s during 2 ants and allocations ies for th ants and allocations bus fare a	allas, TX 2004. s neir progr s and incide) ams. 10,117)	
a b cl	food and caring for the home served approximately 34,420 Food given to other local ch Misc cash given to homeless	meal (Gr harit (Gr for	in the Da s during 2 ants and allocations ies for th ants and allocations bus fare a	allas, TX 2004. s heir progr s and incide \$) ams. 10,117)	10,3

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JVA

Form 990 (2004)

Form 990 (2004)

Part IV	Balance Sheets (See Specific Instructions.)
	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

Not		/here required, attached schedules and amounts within the description olumn should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
- 1	45	Cash non-interest-bearing	599	45	12,812
	46	Savings and temporary cash Investments		46	
1	5.00		21		
_	47a	Accounts receivable	and the second second		
	b	Less: allowance for doubtful accounts 47b	- Y-	47c	
-					
1	48a	Piedges receivable 48a			
	b	Less: allowance for doubtful accounts 48b		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees			
		(attach schedule)		50	
	51a	Other notes and loans receivable (attach			
S		schedule)			
	b	Less: allowance for doubtful accounts 51b		51c	
SET	52	Inventories for sale or use		52	
s	53	Prepaid expenses and deferred charges	and the second s	53	
1.00	54	Investments securities (attach schedule) E Cost FMV	and the second	54	
	55a	Investments land, buildings, and			
		equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule)		55c	
12	56	Investments other (attach schedule)		56	
102	57a	Land, buildings, and equipment: basis #.3 57a 2,355	The second second		
	b	Less: accumulated depreciation (attach	0 110		1 640
	58	schedule)	2,119	570	1,648
	00	Other assets (describe >)		58	
		and the state of t	2,718	59	14,460
	59	Total assets (add lines 45 through 58) (must equal line 74)	1,236	60	1,836
	60	Accounts payable and accrued expenses	1,250	61	2,000
1	61	Grants payable		62	
A	62	Loans from officers, directors, trustees, and key employees (attach		0.0000000	
B	63		17,071	63	16,621
L	64a	schedule)	21/012	64a	
+	b	Mortgages and other notes payable (attach schedule)	Sec. 1	64b	
i	65	Other		65	
ES		liabilities (describe			
3	66	Total liabilities (add lines 60 through 65)	18,307	66	18,457
-	14.4	Inizations that follow SFAS 117, check here > and complete lines 67			
	orga	through 69 and lines 73 and 74.	and the second second		
	67	Unrestricted	The second se	67	
FUN	68	Temporarily restricted		68	
N	69	Permanently restricted		69	
D		inizations that do not follow SFAS 117, check here FX and complete			
A B S A E A S A		lines 70 through 74.			
A	70	Capital stock, trust principal, or current funds	599	70	12,812
Ā	71	Paid-in or capital surplus, or land, building, and equipment fund	2,119	71	1,648
ANC	72	Retained earnings, endowment, accumulated income, or other funds	-18,307	72	-18,457
DE	73	Total net assets or fund balances (add lines 67 through 69 or lines			
D E R S		70 through 72;			
		column (A) must equal line 19; column (B) must equal line 21)	-15,589	73	-3,997
1000	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	2,718	74	14,460

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

TWF 12283 ' Copyright Forms (Software Only) - 2004 TW 4 99034 JVA

LE, INC 20-015	4935			Page 4
tevenue per Audited ts with Revenue per	Part IV-B Recon Finance		ses th E	per Audited xpenses per
nstructions.) t a b b b b b b b b b b b b b b b b b b	a Total expenses and I financial statements b Amounts included or on line 17, Form 990 (1) Donated services & use of facilities (2) Prior year adjust- ments reported on line 20, Form 990 (3) Losses reported on line 20, Form 990 (4) Other (specify): Add amounts on line c Line a minus line b d Amounts included o	s s s s s s s s s s s s s s s s s s s	a b c	
• • 0	 (1) Investment expense not included on line 6b, Form 990 (2) Other (specify): Add amounts on line Total expenses per (line c plus line d). 	\$ \$ es (1) and (2)	d	0
tors, Trustees, and Ke		(D) Contributions to	10	d; see Specific
		& deferred comp.		d other allowances
Sec/Dir	1		-	
_Dir	2,240			
	It a a a b b c b c b c c d b c d b c d b c d b c d b c d d d d b c d	his with Revenue per Instructions.) Finance Return Return a Total expenses and financial statements b Amounts included on on line 17, Form 990 (1) Donated services & use of facilities (2) Prior year adjust- ments reported on line 20, Form 990 (3) Losses reported on line 20, Form 990 (4) Other (specify):	bits with Revenue per Instructions.) Financial Statements with Return a Total expenses and losses per audited financial statements. b Amounts included on line a but not on line 17, Form 990: (1) Donated services & use of facilities \$ (2) Prior year adjust- ments reported on line 20, Form 990 \$ (3) Losses reported on line 20, Form 990 \$ (4) Other (specify): • </td <td>bits with Revenue per Instructions.) Financial Statements with E Return a Total expenses and losses per audited financial statements a b Amounts included on line a but not on line 17, Form 990: (1) Donated services & use of facilities \$ a (2) Prior year adjust- ments reported on line 20, Form 990 \$ (3) (3) Losses reported on line 20, Form 990 \$ (4) (4) Other (specify): </td>	bits with Revenue per Instructions.) Financial Statements with E Return a Total expenses and losses per audited financial statements a b Amounts included on line a but not on line 17, Form 990: (1) Donated services & use of facilities \$ a (2) Prior year adjust- ments reported on line 20, Form 990 \$ (3) (3) Losses reported on line 20, Form 990 \$ (4) (4) Other (specify):

77	Other Information in the Interview			age
43	VI Other Information (See Specific Instructions.)		Yes	N
	Did the organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	76	-	A
	Vere any changes made in the organizing or governing documents but not reported to the IRS?	77		Δ
	"Yes," attach a conformed copy of the changes.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	h . / .	X
	"Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	-
	Vas there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	-	X
n	s the organization related (other than by association with a statewide or nationwide organization) through common nembership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
11	"Yes," enter the name of the organization >			
Ē	and check whether it is exempt or nonexempt inter direct and indirect political expenditures. See line 81 instructions			
	id the organization file Form 1120-POL for this year?	81b		x
D	id the organization receive donated services or the use of materials, equipment, or facilities at no charge or at			
	ubstantially less than fair rental value?	82a		A
	"Yes," you may indicate the value of these items here. Do not include this amount			
	s revenue in Part I or as an expense in Part II. (See instructions in Part III.)			88
	id the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	_
	id the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
D	Id the organization solicit any contributions or gifts that were not tax deductible?	84a		X
1	"Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	x deductible?	84b	N/A	
54	01(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
D	Id the organization make only In-house lobbying expenditures of \$2,000 or less?	85b	N/A	
It	"Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
W	aiver for proxy tax owed for the prior year.			88
D	ues, assessments, and similar amounts from members			
S	ection 162(e) lobbying and political expenditures			
A	ggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
Ta	axable amount of lobbying and political expenditures (line 85d less 85e)			
		85g	N/A	
	section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its		-	
	asonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
	D1(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
	ross receipts, included on line 12, for public use of club facilities			
	D1(c)(12) orgs. Enter: a Gross income from members or shareholders			
	ross income from other sources. (Do not net amounts due or paid to other sources			111
17	gainst amounts due or received from them.)			
	any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	artnership, or an entity disregarded as separate from the organization under Regulations sections			ļΠ
	01.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	2	<u> </u>
	1(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	ction 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A	000	1111	
	11(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction		- 1	
	iring the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
		89b	P	ŝ.,
	nter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
0	ctions 4912, 4955, and 4958		N/A	
n	ster: Amount of tax on line 89c, above, reimbursed by the organization	1	A/N	
is	st the states with which a copy of this return is filed >	1	A/N	
	Imber of employees employed in the pay period that includes March 12, 2004 (See instructions.)	Contraction in the second second	A/I	
h	e books are in care of ► David Timothy Telephone no.► (800) 375-5	022	2	
0	cated at ▶ 3017 Commerce St, Dallas, TX ZIP+4 ▶ 75226			
e	ction 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here	1	A/V	*
n	d enter the amount of tax-exempt interest received or accrued during the tax year	1	A/N	COLO
		orm 9	90 (2	004
				▶ 92 N/A Form 990 (2

Form 990	(200

SOUPMOBILE, INC 20-0154935

Note: Ent	ter gross amounts unless	Unrelate	ed business Income	Exclude	d by section 512, 513, ar 514	(E)
otherwise	indicated.	(A) Business	(B)	(C)	(D)	Related or exempt
93 Prog	ram service revenue:	code	Amount	Excl. code	Amount	function income
a Nor						
b		-				
c				1		
d		_				
e		-				
f Medi	icare/Medicaid payments					
	& contracts from govt. agencies,					
	bership dues & assessments					
	st on savings and temporary cash investment:					
96 Divid	lends & interest from securities					
97 Net r	ental income or (loss) from real estate	:				
a debt-	-financed property					
b not d	lebt-financed property					
98 Netze	ental income or (loss) from personal property. ,					
99 Othe	r investment income	14				
100 Gain o	or (loss) from sales of assets other than invent	tory				
101 Net in	ncome or (loss) from special events .	Se				
102 Gros	s profit/(loss) from sales of inventory, .			0		
103 Othe	r revenue: a					
b						
c						
d		_				
е		_				
104 Subt	otal (add columns (B), (D), and (E))		0		0	0
Une No. ♥	Explain how each activity for which organization's exempt purposes (oth N/A	her than by provid	ling funds for such purpo	oses).		
Part IX	Information Regarding Tax	And a state of the second s				
Name, part	(A) address, and EIN of corporation, tnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities		(D) Total income	(E) End-of-year assets
		%				
		.70				
		%				
		% % %				
Part X	Information Regarding Tra	% % %	ated with Persona	l Bene	fit Contracts (See S	pecific Instructions.)
	Information Regarding Tran	% % nsfers Associ				ract? Yes X No
(a) Did o (b) Did th	rganization, during the year, receive a he organization, during the year, pay p	% % nsfers Associ ny funds, directly premiums, directly	or indirectly, to pay prem or indirectly, on a person	niums on	a personal benefit cont	ract? Yes X No
(a) Did o (b) Did th	rganization, during the year, receive a he organization, during the year, pay p 'Yes" to (b), file Form 8870 and Form	% % nsfers Associ ny funds, directly premiums, directly 4720 (see instruc	or indirectly, to pay pren or indirectly, on a persor tions).	niums on nal bene	a personal benefit cont fit contract?	ract? Yes X No Yes X No
(a) Did o (b) Did th Note: If "	rganization, during the year, receive a he organization, during the year, pay p	% % nsfers Associ ny funds, directly premiums, directly 4720 (see instruc	or indirectly, to pay pren or indirectly, on a persor tions).	niums on nal bene	a personal benefit cont fit contract?	ract? Yes X No Yes X No
(a) Did o (b) Did th Note: If " Please	rganization, during the year, receive a he organization, during the year, pay p 'Yes" to (b), file Form 8870 and Form	% % nsfers Associ ny funds, directly premiums, directly 4720 (see instruc	or indirectly, to pay pren or indirectly, on a persor tions).	niums on nal bene	a personal benefit cont fit contract?	ract? Yes X No Yes X No
(a) Did o (b) Did th	Provide the sear, receive a sear of the organization, during the year, pay point of the sear, pay point of the sear of the sea	% % nsfers Associ ny funds, directly premiums, directly 4720 (see instruction of preparer (standing) standing of preparer (standing)	or indirectly, to pay prem or indirectly, on a person tions). turn, including accompanying other than officer) is based or	niums on nal bene schedule nall inform	a personal benefit cont fit contract? s and statements, and to the sation of which prepaper has /////0 Date	ract? Yes X No Yes X No
(a) Did o (b) Did th Note: If " Please Sign	rganization, during the year, receive a ne organization, during the year, pay p 'Yes" to (b), file Form 8870 and Form Under penalties of derivery, I declare that I) belief, it is true, object, and complete. Dec	% % nsfers Associ ny funds, directly premiums, directly 4720 (see instruction of preparer (standing) standing of preparer (standing)	or indirectly, to pay prem or indirectly, on a person tions). turn, including accompanying other than officer) is based or	niums on nal bene schedule nall inform	a personal benefit cont fit contract? s and statements, and to the sation of which preparer has	ract? Yes X No Yes X No
(a) Did o (b) Did th Note: If " Please Sign	Provide the sear, receive a sear of the organization, during the year, receive a sear organization, during the year, pay point of the sear	% % nsfers Associ ny funds, directly premiums, directly 4720 (see instruction of preparer (standing) standing of preparer (standing)	or indirectly, to pay prem or indirectly, on a person tions). turn, including accompanying other than officer) is based or DI	niums on nal bene schedule nall inform	a personal benefit cont fit contract? s and statements, and to the sation of which prepaper has /////0 Date	ract? Yes X No Yes X No
(a) Did o (b) Did th Note: If " Please Sign	Preparer's	% % nsfers Associ ny funds, directly premiums, directly 4720 (see instruction of preparer (standing) standing of preparer (standing)	or indirectly, to pay prem or indirectly, on a person tions). turn, including accompanying of ther than officer) is based or DI	niums on nal bene schedule nall inform RECT	a personal benefit cont fit contract? s and statements, and to the ation of which prepaper has ////// Date OR/PRESIDENT	Nor PTIN (See Gen Inst. W
(a) Did o (b) Did th Note: If " Please Sign Here	rganization, during the year, receive a ne organization, during the year, pay p 'Yes" to (b), file Form 8870 and Form Under penalties of deriver, I declare that I) belief, it is true, object, and complete. Dec Signature of officer DAVID TIMOTHY Type or print name and title. Preparer's signature	% % nsfers Associ ny funds, directly foremiums, directly 4720 (see instruction are examined this re- liar ation of persparer (see Month States) Month States	or indirectly, to pay prem or indirectly, on a person tions). turn, including accompanying at per than officer) is based or DI	niums on nal bene schedule nall inform RECT	a personal benefit cont fit contract? s and statements, and to the ation of which preparer has ///// Date OR/PRESIDENT cx if Preparer's SS loyed X P00114	Nor PTIN (See Gen Inst. W)
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(a) Did o (b) Did th Note: If " Please Sign Here	rganization, during the year, receive a ne organization, during the year, pay p 'Yes" to (b), file Form 8870 and Form Under penalties of perjury, I declare that I) belief, it is true, object, and complete. Dec Signature of officer DAVID TIMOTHY Type or print name and title. Preparer's signature Firm's name (or yours if self-employed), address and ZIP + 4	% % nsfers Associ ny funds, directly foremiums, directly 4720 (see instruction are examined this re- liar ation of persparer (see Month States) Month States	or indirectly, to pay prem or indirectly, on a person tions). turn, including accompanying other than officer) is based or DI DI Date <u>1/7/C</u> KEEPING & TA 102A	niums on nal bene schedule nall inform RECT	a personal benefit cont fit contract? s and statements, and to the ation of which preparer has ///// Date OR/PRESIDENT cx if Preparer's SS loyed X P00114	Nor PTIN (See Gen Inst. W)

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SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust OMB No. 1545-0047

2004

Supplementary	Information	- (See	separate	instructions.	ļ

Department of the Treasury Internal Revenue Service MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization Employer Identification number

Name of the organization 20-0154935 SOUPMOBILE, INC Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (b) Title and average hours (a) Name and address of each employee paid more account and ampl, benefit plans & (c) Compensation per week devoted to position other allowances than \$50,000 deferred compensation NONE Total number of other employees paid over 0 \$50,000. Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (See the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for 0

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

Schedule A (Form 990 or 990-EZ) 2004

JVA 4 990A12 TWF 8918 ' Copyright Forms (Software Only) - 2004 TW

10000	irt III	Statements About Activities (See the instructions.)		Yes	
			T		
1		he year, has the organization attempted to influence national, state, or local legislation, including any to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid			
3					
		ed in connection with the lobbying activities,	1	i	
		A, or line I of Part VI-B.)	-		i
	organiza	ations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the activities.			000000000000000000000000000000000000000
2	18.15	he year, has the organization, either directly or indirectly, engaged in any of the following acts with any			Š
		tial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any			
		organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal			
		ary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	Derramon	ay i (ii me anover te any decessine i teo, analar a astance statistical separation of			
a	Sale, ex	change, or leasing of property?	2a		
b		of money or other extension of credit?	2b		
c		ng of goods, services, or facilities?	2c		1
d		t of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		
		of any part of its income or assets?	2e		
3a		make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
11000		ermine that recipients qualify to receive payments.)	За		
b	and the second sec	nave a section 403(b) annuity plan for your employees?	3b		
4a		maintain any separate account for participating donors where donors have the right to provide advice		1	ļ
	Contraction of the second second	se or distribution of funds?	4a		
b		provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		ŝ
7 8 9	A Fee	pital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
	A me	deral, state, or local government or governmental unit. Section 170(b)(1)(A)(v). dical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's n	iame, d	ity,	
	and s	dical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's n state ►			
10	and s	dical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's n state > ganization operated for the benefit of a college or university owned or operated by a governmental unit. Section 17			0
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	An or (Also	dical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's natate > ganization operated for the benefit of a college or university owned or operated by a governmental unit. Section 17 complete the Support Schedule in Part IV-A.) ganization that normally receives a substantial part of its support from a governmental unit or from the general pub	70(b)(1)		
10 11a	An or (Also) (Also) (Also) Section	dical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's notate ganization operated for the benefit of a college or university owned or operated by a governmental unit. Section 17 complete the Support Schedule in Part IV-A.) ganization that normally receives a substantial part of its support from a governmental unit or from the general pub for 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	70(b)(1)		0
10 11a 11b	An or (Also An or Section	dical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's restate > ganization operated for the benefit of a college or university owned or operated by a governmental unit. Section 17 complete the Support Schedule in Part IV-A.) ganization that normally receives a substantial part of its support from a governmental unit or from the general pub on 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) nmunity trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	70(b)(1) lic.		0
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10 11a 11b 12	An or (Also (Also An or Section An or receip support organ An or descri	dical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's netate > ganization operated for the benefit of a college or university owned or operated by a governmental unit. Section 17 complete the Support Schedule in Part IV-A.) ganization that normally receives a substantial part of its support from a governmental unit or from the general pub on 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) mmunity trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) ganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and go ons from activities related to its charitable, etc., functions subject to certain exceptions, and (2) no more than 33 ort from gross investment income and unrelated business taxable income (less section 511 tax) from businesses activities of a to controlled by any disqualified persons (other than foundation managers) and supports organi idadi n: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (n 509(a)(3).)	ro(b)(1) lic. 1/3% c quired zations See	(A)(iv if its by th	
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Schedule A (Form 990 or 990-EZ) 2004 SOUPMOBILE, INC 20-0154935

Page 3

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

15	dar year (or fiscal year beginning in) 🏲	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,882				1,882
16 17	Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	2				
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	10				
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	10				
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	1,882	0	0	0	1,882
24	Line 23 minus line 17,	1,882				1,882
25	Enter 1% of line 23,	19				
26	Organizations described on li	nes 10 or 11: a	Enter 2% of amount i	n column (e), line 24,	▶ 26a	38
b	Prepare a list for your records t					
	amount shown in line 26a. Do	not file this list with y		otal of all these exces	s amounts 🕨 26b	
c	amount shown in line 26a. Do Total support for section 509(a)	not file this list with y)(1) test: Enter line 24,	column (e)	otal of all these exces	s amounts 26b	
c d	amount shown in line 26a. Do	not file this list with y)(1) test: Enter line 24, for lines: 18	column (e)	otal of all these exces	s amounts 26b	1,882
c d	amount shown in line 26a. Do Total support for section 509(a) Add: Amounts from column (e)	not file this list with y)(1) test: Enter line 24, for lines: 18 22	our return. Enter the to column (e)	otal of all these excess 19 26b	s amounts 26b 26c 26c 26c 26c	1,882
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Schedule A (Form 990 or 990-EZ) 2004 SOUPMOBILE, INC 20-0154935

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

15	dar year (or fiscal year beginning in) 🏲	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,882				1,882
16 17	Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	2				
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	10				
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	10				
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	1,882	0	0	0	1,882
24	Line 23 minus line 17,	1,882				1,882
25	Enter 1% of line 23,	19				
26	Organizations described on li	nes 10 or 11: a	Enter 2% of amount i	n column (e), line 24,	▶ 26a	38
b	Prepare a list for your records t					
	amount shown in line 26a. Do	not file this list with y		otal of all these exces	s amounts 🕨 26b	
c	amount shown in line 26a. Do Total support for section 509(a)	not file this list with y)(1) test: Enter line 24,	column (e)	otal of all these exces	s amounts 26b	
c d	amount shown in line 26a. Do	not file this list with y)(1) test: Enter line 24, for lines: 18	column (e)	otal of all these exces	s amounts 26b	1,882
c d	amount shown in line 26a. Do Total support for section 509(a) Add: Amounts from column (e)	not file this list with y)(1) test: Enter line 24, for lines: 18 22	our return. Enter the to column (e)	otal of all these excess 19 26b	s amounts 26b 26c 26c 26c 26c	1,882
c d e	amount shown in line 26a. Do Total support for section 509(a) Add: Amounts from column (e) Public support (line 26c minus	not file this list with y)(1) test: Enter line 24, for lines: 18 22 line 26d total)	column (e)	otal of all these excess 19 26b	s amounts 26b 26c 26c 26c 26c 26c 26c 26c	1,882
c d e f	amount shown in line 26a. Do Total support for section 509(a) Add: Amounts from column (e) Public support (line 26c minus Public support percentage (line	not file this list with y (1) test: Enter line 24, for lines: 18 22 line 26d total) ne 26e (numerator) d	vour return. Enter the to column (e)	otal of all these excess 19 26b	s amounts	1,882 1,882 1,882 100.00 %
c d f 27	amount shown in line 26a. Do Total support for section 509(a) Add: Amounts from column (e) Public support (line 26c minus	not file this list with y)(1) test: Enter line 24, for lines: 18 22 line 26d total) ne 26e (numerator) d ine 12: a For a records to show the n	vour return. Enter the to column (e) Ivided by line 26c (der amounts included in line ame of, and total amou	otal of all these excess 19 26b nominator)). es 15, 16, and 17 that nts received in each	s amounts 26b 26c	1,882 1,882 1,882 100.00 % a "disqualified
c d f 27	amount shown in line 26a. Do to Total support for section 509(a) Add: Amounts from column (e) Public support (line 26c minus Public support percentage (line Organizations described on line person," prepare a list for your Do not file this list with your to (2003)	not file this list with y (1) test: Enter line 24, for lines: 18 22 line 26d total) ne 26e (numerator) d ine 12: a For a records to show the n return. Enter the sum (2002)	vour return. Enter the te column (e) ivided by line 26c (den amounts included in line ame of, and total amou of such amounts for ea	otal of all these excession 19 26b nominator)). es 15, 16, and 17 that nts received in each y ch year:	s amounts 26b 26c	1,882 1,882 100.00 % a "disqualified ualified person."
c d f 27	amount shown in line 26a. Do Total support for section 509(a) Add: Amounts from column (e) Public support (line 26c minus Public support percentage (line Organizations described on line person," prepare a list for your Do not file this list with your in	not file this list with y (1) test: Enter line 24, for lines: 18 22 line 26d total) ne 26e (numerator) d ine 12: a For a records to show the n return. Enter the sum (2002) 17 that was received t received for each years a described in lines 5 to sen the amount received	ivided by line 26c (der amounts included in line ame of, and total amou of such amounts for ea (2001 from each person (oth ar, that was more than through 11, as well as in	otal of all these excess 19 26b nomInator))	s amounts 26b 26c	1,882 1,882 1,882 100.00 % a "disqualified ualified person." ist for your records to the year or (2) \$5,000. return. After
c d f 27 b	amount shown in line 26a. Do to Total support for section 509(a) Add: Amounts from column (e) Public support (line 26c minus Public support percentage (line Organizations described on line person," prepare a list for your Do not file this list with your (2003) For any amount included in line show the name of, and amount (Include in the list organizations computing the difference betwee excess amounts) for each year; (2003) Add: Amounts from column (e)	not file this list with y (1) test: Enter line 24, for lines: 18 22 line 26d total) ne 26e (numerator) d ine 12: a For records to show the n return. Enter the sum (2002) (2002) a 17 that was received t received for each year a described in lines 5 t sen the amount received (2002) (2002)	vour return. Enter the te column (e) lvided by line 26c (der amounts included in line ame of, and total amou of such amounts for ea (2001 from each person (oth ar, that was more than t hrough 11, as well as in ed and the larger amou	otal of all these excession 19 26b nominator))	s amounts 26b 26c 26c	1,882 1,882 1,882 100.00 % a "disqualified ualified person." ist for your records to the year or (2) \$5,000 return. After of these differences (the
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c d f 27 b c d	amount shown in line 26a. Do to Total support for section 509(a) Add: Amounts from column (e) Public support (line 26c minus Public support percentage (line Organizations described on line person," prepare a list for your Do not file this list with your (constraints) (2003) For any amount included in line show the name of, and amount (Include in the list organizations) computing the difference betwee excess amounts) for each years (2003) Add: Amounts from column (e) 17 Add: Line 27a total	not file this list with y (1) test: Enter line 24, for lines: 18	vour return. Enter the te column (e) ivided by line 26c (der amounts included in lin ame of, and total amou of such amounts for ea (2001 from each person (oth ar, that was more than te hrough 11, as well as in ed and the larger amou (2001	otal of all these excessions 19 26b mominator)) es 15, 16, and 17 that nts received in each y ch year: 1) er than "disqualified p the larger of (1) the and int described in (1) of 16 21 	s amounts 26b 26c 26c	1,882 1,882 1,882 100.00 % a "disqualified ualified person." ist for your records to the year or (2) \$5,000 return. After of these differences (the
c d f 27 b c d e f	amount shown in line 26a. Do to Total support for section 509(a) Add: Amounts from column (e) Public support (line 26c minus Public support percentage (line Organizations described on line person," prepare a list for your Do not file this list with your of (2003) For any amount included in line show the name of, and amount (Include in the list organizations computing the difference betwee excess amounts) for each years (2003) Add: Amounts from column (e) 17 Add: Line 27a total Public support (line 27c total m	not file this list with y (1) test: Enter line 24, for lines: 18 22 line 26d total) ne 26e (numerator) d Ine 12: a For a records to show the nor- records to show the nor- n	vour return. Enter the te column (e) ivided by line 26c (den amounts included in line ame of, and total amou of such amounts for ea (2001 from each person (oth ar, that was more than te hrough 11, as well as in ed and the larger amound (2001) d line 27b total	otal of all these excess 19 26b nominator))	s amounts 26b 26c	1,882 1,882 1,882 100.00 % a "disqualified ualified person." ist for your records to the year or (2) \$5,000 return. After of these differences (the
c d f 27 b c d e f d	amount shown in line 26a. Do to Total support for section 509(a) Add: Amounts from column (e) Public support (line 26c minus Public support percentage (line Organizations described on line person," prepare a list for your Do not file this list with your (constraints) (2003) For any amount included in line show the name of, and amount (Include in the list organizations) computing the difference betwee excess amounts) for each years (2003) Add: Amounts from column (e) 17 Add: Line 27a total	not file this list with y (1) test: Enter line 24, for lines: 18	vour return. Enter the te column (e) ivided by line 26c (der amounts included in line ame of, and total amou of such amounts for ea (2001 from each person (oth ar, that was more than te hrough 11, as well as in ed and the larger amou (2001) d line 27b total	19 26b nomInator)). 26b es 15, 16, and 17 that nts received in each y ch year: 1) er than "disqualified p the larger of (1) the and y int described in (1) of 11 12 13 14 15 16 21 21 21 21 21 221	s amounts 26b 26c	1,882 1,882 1,882 100.00 % a "disqualified ualified person." ist for your records to the year or (2) \$5,000. return. After of these differences (the

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Contra	dule A (Form 990 or 990-EZ) 2004 SOUPMOBILE, INC 20-0154935)	P	age 4
Pa		N/A		
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other		Yes	No
1	governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and	30		
	scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	30		
31	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
	II 185, please describe, II No, please explain, (II you need more space, alloch a opparate statistically			
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with			
	student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
280				
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
1	Use of facilities?	331		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		
IVA	4 990A34 TWF 8918 Copyright Forms (Software Only) - 2004 TW Schedule A (Form 99	-	0-F7	2004

*

26 To 7 To 88 To	(To be co	ng Expenditure mpleted ONLY by nization belongs to a	s by Electing Put an eligible organizatio an affiliated group.	on that filed Form 5768	3)		1.001		N/A
96 To 97 To 98 To		nization belongs to a	an affiliated group.	Check b b if	Andrea Sectories				
87 To			and the second se	CHOCK P 0 1	you crie			nited o	control" provisions apply
87 To			ying Expenditure			(a Affiliated tot		>	(b) To be completed for ALL electing
87 To	(The ter	m "expenditures" m	eans amounts paid or i	ncurred.)					organizations
8 To	tal lobbying expendit	ures to influence pul	blic opinion (grassroots	lobbying)	36				
	tal lobbying expendit	ures to influence a le	egislative body (direct l	abbying)	37				
9 Ot			nd 37)		38				
			1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +		39				
		- AY	es 38 and 39)		40				
			ount from the following						
if t	the amount on line 4	10 Is	The lobbying nontax						
	t over \$500,000		20% of the amount or						
	ver \$500,000 but not (\$100,000 plus 15% of the		10000			000	
	er \$1,000,000 but no		\$175,000 plus 10% of the		41				
	/er \$1,500,000 but no		\$225,000 plus 5% of the e	STATES PRIMA DURANCE AND STREET					
	ver \$17,000,000		\$1,000,000	NAR TRUE OF CLASS AND A DAMAGE	100000				
			of line 41)		42				
			e 42 is more than line :		43				
4 Su	ibtract line 41 from lir	ie 38. Enter -0- if lin	e 41 is more than line :	38	44				
		10 10 201	a 43 or line 44, you mu	the Ferry 1700					
			Lobbying E	xpenditures During 4	-Year A	veraging P	eriod		
	idar year (or fiscal beginning in) ►	(a) 2004	(b) 2003	(c) 2002			d) 101		(e) Total
5 Lo	bbying								
no	ntaxable amount					**********			
6 Lo an of	bbying ceiling nount (150% line 45(e))								
	tal lobbying	<u></u>							
ex	penditures							-	
	assroots								
no	ntaxable amount								
9 Gr an of	assroots ceiling nount (150% line 48(e))								
0 Gr	assroots lobbying								
өх	penditures								
Part	VI-B Lobbyi	ng Activity by I	Nonelecting Publi	c Charities		and a second second			
	(For repo	rting only by organia	zations that did not con	npiete Part VI-A) (See	the inst	ructions.)			
uring	the year, did the org	anization attempt to	influence national, sta	te or local legislation, i	noiuaing	1 any	Yes	No	Amount
			ive matter or referendu						
							-		
	11750		ensation in expenses re				-		
			ublic						
e			tatements						
121			purposes						
	Direct contact with le		government officials, o						
g			states and the second s	watching which the state of the state of the state of the	FLEX -				
g (h	Rallies, demonstratio		ntions, speeches, lectu through h.)						

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Schedule A (Form 990 or 990-EZ) 20

Part VI	A (Form 990 or 990-E2		the second statement of the	MOBILE, INC 20-015493 Ions and Relationships With Non			age
	Exempt Orga	anizations (See the in	structions.)				
				ving with any other organization described in	n section	501(¢) 01
				ng to political organizations?			1000
a Tran	sters from the reporting	g organization to a nonc	haritable exempt organizat	tion of:	-	Yes	No
(1)	Cash			-**+**+*******************************	51a(l)		X.
(11)		*****************		$= \mathbf{x} \cdot \mathbf{x} - \mathbf{x} \cdot \mathbf{x} \cdot \mathbf{x} - \mathbf{x} \cdot \mathbf{x} \cdot \mathbf{x} - \mathbf{x} - \mathbf{x} \cdot \mathbf{x} - \mathbf{x} $	a(II)	-	A .
b Othe	er transactions:						
(1)	Sales or exchanges of	f assets with a noncharit	able exempt organization,		b(l)	-	X
(11)	Purchases of assets fr	om a noncharitable exe	mpt organization		b(II)		X
(111)	Rental of facilities, equ	upment, or other assets			b(III)	-	Х
(1v)	Reimbursement arran	gements			b(Iv)	_	Х
(v)	Loans or loan guarant	00S	$ \psi_i(t) \leq \psi_i(t) + \psi_i(t) $	(1,2,3,3,4,3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4	b(v)		X
(vi)	Performance of service	es or membership or fu	ndraising solicitations		b(vi)		X
c Shar	ing of facilities, equipm	nent, mailing lists, other	assets, or paid employees	(-1,1) = (-1,1) + (C		Х
d If the	answer to any of the	above is "Yes," complete	a the following schedule. C	Column (b) should always show the fair man	ket value	of the	
good	ds, other assets, or serv	vices given by the repor	ting organization. If the org	ganization received less than fair market valu	ue in any	transi	icila
or st	haring arrangement, sh	ow in column (d) the va	lue of the goods, other ass	sets, or services received:			
(a)	(b)		(c)	(d)			
ine no.	Amount involved	Name of noncharita	ble exempt organization	Description of transfers, transactions, & s	haring an	range	men
		SECTION N/A					
							-
							-
-							_
		1					
						-	_
				re tax-exempt organizations described in		F.	
			c)(3)) or in section 5277 , .		Yes	0	No
b If "Ye	es," complete the follow	ving schedule:					
	(a)	33	(b)	(c)	32.0		
	Name of organizati	ion	Type of organization	Description of relations	hip		
ECTIC	A/N NC						
	4						
	4						
	4						
	1						
	4						
	24						

Schedule B	Schedule of Contributors	OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury	Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)	2004
Internal Revenue Service		Employer Identification number
Name of organization		Employer identification number

20-0154935

Organization type (check	one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule -- see instructions.)

General Rule --

SOUPMOBILE, INC

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules --

X For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of crueity to children or animals. (Complete Parts I, II, and III.)

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, Form 990-EZ, and Form 990-PF. JVA 4 990B1 TWF 8950 Copyright Forms (Software Only) - 2004 TW Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization SOUPMOBILE, INC Page 1 of 1 of Part I

Employer Identification number 20-0154935

Part I Contributors (See Specific Instructions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	Panera Bread Co EIN 18671 LBJ Frwy MESQUITE TX 75150	\$63,802_	Person Payroll Noncash X (Complete Part II If there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2	Kroger 532 W 1 30 GARLAND TX 75043	\$15,324	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
3	Sports Service/Am Airlines Cntr EIN 2500 Victory Ave DALLAS TX 75219	\$5,651_	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	. Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	¥ *	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization

SOUPMOBILE, INC

Page 1 of 1 of Part II

Employer Identification number 20-0154935

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Baked Goods		
		\$63,802	various
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Baked Goods		
		\$\$	Various
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

	B (Form 990, 990-EZ, or 990-PF) (2004)		Page 1 of 1 of Pa
	OBILE, INC		Employer Identification num 20-0154935
art III		idual contributions to section 501(c)(7)	And and a second s
,	aggregating more than \$1,000 for the year.		
	For organizations completing Part III, enter the	e total of exclusively religious, charitable,	etc., contributions of
	\$1,000 or less for the year. (Enter this inform	ation once see instructions.)	\$
i) No. from Part I	(b)	(c)	(d) Description of how gift is held
Part I	Purpose of gift	Use of gift	Given immediately
2	Food to be given to homeless	Food given to homeless	Given inmediatery
<u> </u>	nomeress	Homeress	
		(e)	
		Transfer of gift	
	Transferee's name, address, and 2		onship of transferor to transferee
		None	
) No.	(b)	(c)	(d)
i) No. from Part I	Purpose of gift	Use of gift	Description of how gift is held
	To be used to	Purchase food	Used immediately
3	purchase food for		
	homeless		
-			
		(e) Transfer of gift	
	Transferee's name, address, and 2		onship of transferor to transferee
ł	Transferee a name, address, and a	None	
) No. rom	(b)	(c) Use of gift	(d) Description of how gift is held
art I	Purpose of gift	Use of gitt	Description of new girlio have
t		(e)	
		Transfer of gift	
1	Transferee's name, address, and 2	IP + 4 Relation	onship of transferor to transferee
12			
) No. rom	(b)	(c)	(d)
art I	Purpose of gift	Use of gift	Description of how gift is held
-	A	(e)	
		Transfer of gift	
	Transferee's name, address, and Z		onship of transferor to transferee
-			

														0	*	Van	Item No. Description of Property	Name of Organization SOUPMOBILE, INC	Inspection	* v -	Attachment 2: page 1 - 990 Page 2. Part
												24				5	f Property		For Calendar year 2004, or tax year period	1	1 - 990 Page 2
															00-20-03	0 70 00	Date Acquired		or tax year perio		Part II
															2,300	0 0 0 0	Cost or Other Basis		od beginning		Line 42
															236	FIUI Tears	Depreciation Allowed or Allowable in				
															straight Line	÷.	Method of Computation	Employer Identification Number 20-0154935	and ending		
Page Total															J	1	Rate (%) or Life (Years)	n Number			
471															471		Depreciation This Year				

ichedule I	B (Form 990, 990-EZ, or 990-PF) (2004)		Page 1 of 1 of Part
	OBILE, INC		Employer Identification number 20-0154935
art III	Exclusively religious, charitable, etc., Indiv aggregating more than \$1,000 for the year. For organizations completing Part III, enter the \$1,000 or less for the year. (Enter this information)	(Complete columns (a) through (e a total of exclusively religious, chari	and the following line entry.) itable, etc., contributions of
a) No.	(b)	(c)	(d)
from Part I	Purpose of gift	Use of gift	Description of how gift is held
2	Food to be given to homeless	Food given to homeless	Given immediately
	Transferee's name, address, and Z	(e) Transfer of gift IP + 4 F None	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
3	To be used to purchase food for homeless	Purchase food	Used immediately
i) No. from Part I	(b) Purpose of gift	IP + 4 F	(d) Description of how gift is held
	Transferee's name, address, and Z	(e) Transfer of gift IP + 4 F	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	*	(e)	
-	Transferee's name, address, and Z	Transfer of gift	elationship of transferor to transferee
4	990B4 TWF 8953 Copyright Forms (Software	0 0 niy) - 2004 TW	Schedule B (Form 990, 990-EZ, or 990-PF) (20

														0	*	Van	Item No. Description of Property	Name of Organization SOUPMOBILE, INC	Inspection	* v -	Attachment 2: page 1 - 990 Page 2. Part
												24				5	f Property		For Calendar year 2004, or tax year period	1	1 - 990 Page 2
															00-20-03	0 70 00	Date Acquired		or tax year perio		Part II
															2,300	0 0 0 0	Cost or Other Basis		od beginning		Line 42
															236	FIUI Tears	Depreciation Allowed or Allowable in				
															straight Line	÷.	Method of Computation	Employer Identification Number 20-0154935	and ending		
Page Total															J	1	Rate (%) or Life (Years)	n Number			
471															471		Depreciation This Year				

SCHEDULE OF OTHER EXPENSES

Attachment 5: page 1 - 990 1 Open to Public Inspection For calendar year 2004 or tax pe		, and ending		3
ame of Organization SOUPMOBILE, INC				tification Number 3 5
Other Expenses	(A) Total	Services	C) Management and General	(D) Fundraising
Food to the Homeless Automobile Expense	82,361 4,459	82,361	4,459	
	The second se			
*	92 53 (
Page Total	86,820	82,361	4,459	
· Total	86,820	82,361	4,459	4 EOG

SCHEDULE OF LAND, BUILDING & EQUIPMENT

pen to Public	a constant and a second second	and the second second	الحميم المعري	80	110
nspection	For calendar year 2004 or tax	period beginning	, and end	Employer Ider	tification Number
ame of Organiza				20-01549	35
OUPMOBIL:	E, INC	Cost or	Accumulated		Fair Market Value
De	scription of Property	Other Basis	Depreciation	Book Value	(Form 990-PF only)
'an		2,355	707	1,648	
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	, To	tal 2,355	707	1,648	

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JVA Copyright Forms (Software Only) - 2004 TW L0614F

Open to Public Inspection Name of Organization SOUPMOBILE, INC Londer's Name David Timothy		For Calendar year 2004, or tax year period beginning Lender's Title Original Amount es/Trea 17,071	Balance Due 16,621	Dat	Date of Note	and ending Employer Identification Number 20-0154935 e of Note Maturity Date No Note Hepa
	Pres/Trea	17,071	16,621			
Int. Rate Security Provided by Borrower	by Borrower	Purpose of Loan			Description and	Description and Fair Market Value of the Consideration by the Lender