Return of Organization Exempt From Income Tax

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

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

2 6 Open to Public

OMB No. 1545-0047

	irtment of th nal Revenue	he Ireasury	about Form 990 and its			-	-			Inspec		
		2016 calendar year, or tax year begi			6, and er				, 2			
_		C Name of organization					D Employer ide	ntifica	ation num	ber	-	
Bc	heck if applica	SOUPMOBILE, INC					20-015	493	5			
	Address change	Doing business as										
	Name cha	ange Number and street (or P.O. box if mail is	not delivered to street addre	ess)	Room/su	ite	E Telephone nu	mber				
	Initial retu	um 3017 COMMERCE ST					(214) 65	5-6	5396			
	Final retur		and ZIP or foreign postal coo	le								
	Amended return						G Gross receipt	з\$		973	,688.	
	Applicatio pending	on F Name and address of principal officer:	DAVID TIMOTH	Y			H(a) Is this a gro subordinates		Irn for	Yes	X No	
		2848 HARBINGER LN DAL	LAS, TX 75287				H(b) Are all subord		ncluded?	Yes	No	
I	Tax-exem	npt status: X 501(c)(3) 501(c) () ┥ (insert no.)	4947(a)(1)	or	527	If "No," atta	ch a lis'	st. (see instru	ctions)		
J	Website:	► WWW.SOUPMOBILE.ORG					H(c) Group exem	ption n	umber 🕨			
к	Form of o	organization: X Corporation Trust	Association Other	•	LYe	ear of forma	tion: 2003 M	State	of legal do	omicile:	ΤX	
Pa	art I	Summary										
	1 Br	riefly describe the organization's mission o	or most significant activition	es: SOUPM	OBILE	IS A N	ION-PROFIT	MO	BILE S	SOUP		
e	K	XITCHEN FEEDING, CLOTHING, CL	ARING FOR THE N	JEEDY &	HOMELE	ESS IN	THE DALLA	S				
Jano	A	AREA.IT ALSO PROVIDES HOUS	ING ASSISTANCE	FOR QUA	LIFING	G INDIV	/IDUALS.					
Activities & Governance	2 Ch	heck this box 🕨 📃 if the organization o	liscontinued its operatio	ons or dispos	ed of mor	e than 25%	6 of its net asset	s.				
ĝ	3 N.	umber of voting members of the governing	body (Part VI, line 1a)					3			З.	
م %	4 Nu	umber of independent voting members of	the governing body (Par					4			2.	
ties		otal number of individuals employed in cal						5			2.	
iţi		otal number of volunteers (estimate if neces						6		З,	,500.	
	7a To	otal unrelated business revenue from Part V									0.	
		et unrelated business taxable income from						7b			0.	
							Prior Year		Cur	rent Y	ear	
Revenue	8 Co	ontributions and grants (Part VIII, line 1h)					1,480,03		922 , 651.			
										0		
	10 Inv	vestment income (Part VIII, column (A), lin	es 3, 4, and 7d)				8,16		32,032			
ĸ		ther revenue (Part VIII, column (A), lines 5					7,66		-8	,303.		
		otal revenue - add lines 8 through 11 (mus					1,495,86	;9.		946,	,380.	
		rants and similar amounts paid (Part IX, col					1,072,12	2.		598,	,870.	
		enefits paid to or for members (Part IX, colu						0.	0		0.	
Ş		alaries, other compensation, employee ben					89,89		90	,201.		
Expenses		rofessional fundraising fees (Part IX, colum								0.		
be		otal fundraising expenses (Part IX, column (•••						
ш		ther expenses (Part IX, column (A), lines 1	11d 11f 24o)				377,73	31.		375,387.		
		otal expenses. Add lines 13-17 (must equa	· • • • •				1,539,75	52.	1,	064	,458.	
		evenue less expenses. Subtract line 18 fror					-43,88				,078.	
or	_	1					nning of Current	Year		d of Yea	· · · · · · · · · · · · · · · · · · ·	
Net Assets or Fund Balances	20 To	otal assets (Part X, line 16)					771,06	56.		654	,565.	
Ass I Ba	21 To	otal liabilities (Part X, line 26)				•••	48,96				,645.	
Net	22 Ne	et assets or fund balances. Subtract line 2	1 from line 20				722,10				,920.	
	rt II									,		
Un	der penalti	ties of perjury, I declare that I have examined th	is return, including accom	panying sched	ules and s	tatements, a	and to the best o	f my l	knowledge	and be	elief, it is	
true	e, correct,	and complete. Declaration of preparer (other tha	n officer) is based on all info	ormation of wh	ich prepar	er has any k	nowledge.					
Sig		Signature of officer					Date					
He	re											
		Type or print name and title										
	P	Print/Type preparer's name	Preparer's signature		Date		Check	if F	PTIN			
Paic	I _B	BRUCE E BERNSTIEN	BRUCE E BERNST	TEN			self-employ		P014	2434	3	
	parer	Firm's name BRUCE E BERNSTIEN					Firm's EIN					
Use	Only –	Firm's address 10440 N CENTRAL EXPRESSION		V 75001				214-	-706-0	840		
Mav		6 discuss this return with the preparer show								'es	No	
		ork Reduction Act Notice, see the separa						<u>···</u>	-		0 (2016)	

SOUPMOBILE,	INC
DOOLIIODIDD,	TINC

For	rm 990 (2016)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
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 prior Form 990 or 990-EZ?	X No
~	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	a (Code:) (Expenses \$) (Revenue \$)
	FEEDING: THE SOUPMOBILE SERVES 200,000 MEALS PER YEAR TO THE	
	HOMELESS AND HUNGRY.	
41		<u>, </u>
4D	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	CHRISTMAS: THE SOUPMOBILE TAKES 500 HOMELESS PEOPLE TO A HIGH END	
	HOTEL FOR CHRISTMAS.	
40	(Code:)/Expanses (including grapts of ()/Peyenus (<u>, </u>
40	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	CHURCH: THE SOUPMOBILE PROVIDES A NON-DENOMINATIONAL CHURCH FOR	
	THE HOMELESS.	
4 d	I Other program services (Describe in Schedule O.) ATTACHMENT 1	
Ŧu	$(\Gamma_{\rm response})$	
40		
JSA	• Total program service expenses ► 897, 681.	0 (0010)
	1020 1.000 Form 93	90 (2016)

Form 9	90 (2016)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
0	-			Х
•	complete Schedule D, Part III	8		
9	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			37
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.			X
	Did the organization maintain an office, employees, or agents outside of the United States?			X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
N	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
45	-	140		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
c =	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

Form **990** (2016)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	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	Х	
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		Х
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		Х
33	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		Х
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		Х
35a	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			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

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Form 990 (2016)

Form 990 (2016)

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Check If Schedule Q contains a response or note to any line in this Part V Image: Check If Schedule Q contains a response or note to any line in this Part V Image: Check If Schedule Q contains a response or note to any line in this Part V 1a Enter the number of Form V2G Included in the 1s. Enter -0-If not applicable,	Par				
1a Enter the number reported in Box 3 of Ferm 1096. Enter 4-b if not applicable,		Check if Schedule O contains a response of note to any line in this Part V	· · · ·		- No
b Enter the number of Forms W-2C included in line is. Enter-0- if not applicable,	1a	Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable $1a$		100	110
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (ambling) winnings to prize winners? 1 1 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 1 1 1 2					
reportable gaming (gambling) winnings to prize winners? 4 Enter the number of employees reported on Form WA3. Transmittal of Wage and Tax. 3 Statements, filed for the calendar year ending with or within the year covered by this return. 2 a 2 a 2 a that the number of employment tax returns? 3 a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3 a 3 bit the organization have unrelated business gross income of \$1.000 or more during the year? 3 a 3 bit the organization aparty to a prohibited tax shelter transaction 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. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 3 Was the organization aparty to a prohibited tax shelter transaction? 4 bit Yes," to line 5a or 5b, did the organization file Form 8886-7? 3 Bo sub enganization receive a payment in eno tax deductible ac charabiae contributions or gifts were not tax deductible ac charabiae contributions or gifts were not tax deductible ac charabiae contributions or gifts were not tax deductible ac charabiae contributions or gifts were not tax deductible? 4 Cost and services provided? 5 C 6 Did the organization necelwe a payment in exess of 375 made parity as a contribution and parity for goods and services provided to the gapic? 7 Organization receive a payment in exess of 375 made parity as a contribution and parity for goods and services provided to the gapic?					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If the standard organization for this year? If "No" to line 3b, provide an explanation in Schedule O. 3a 3b If Yes," has it filed a Form 900-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b 3c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account; (FARA). 3b 3c Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a 3c Uf Yes," online 5a or 5b, did the organization file Form 8808-T. 5a 3c Uf Yes," online 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c 3c O as the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization fuelde with every solicitation an expense statement that such contributions or gifts were not tax deductible accharitable contributions or gifts were not tax deductible? 5c 7 Organizations during the equarization noility the donor of the value of the good or services proxide? 7c 7c			1c	Х	
b if at least one is reported on line 2a, did the organization file all required fedeal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e- <i>bit</i> (see instructions). 2b X b the organization have unrelated builses gross income of \$1,000 or more during the year? 3a X b If Yes, "has if field a Form 990-T for this yea? If "No" to <i>line 3b</i> , <i>provide an explanation in Schedule 0</i> . 3b X b If Yes, "has if field a Form 990-T for this yea? If "No" to <i>line 3b</i> , <i>provide an explanation in Schedule 0</i> . 3b X b If Yes, "has if field a Form 990-T for this yea? If "No" to <i>line 3b</i> , <i>provide an explanation in Schedule 0</i> . 3b X b If Yes, "enter the name of the foreign country.	2a				
To base the operation of the stand as is greater than 250, you may be required to <i>e-Nie</i> (see instructions). 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the yea? 3a 3b If "ves," has it liked a Come of the organization have an interest in, or a signature or other timancial account in a foreign country. 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country. 3a b If "ves," aniset the aream of the foreign country. 5c See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a 3a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 3c If "Yes," did the organization file Form 886-72. 5c 6a Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with even to tax deductible contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible contributions and services provided the payor? 5b 7 Organizations that may receive deductible contributions under section 170(c). 3b 7d 7 Uf "ves," did the organization notify the donor of the value of the goods or services provided the payor? 7d 7d 7 Did the organization neetery apy preminums, diracedy or lineady astructure? 7		Statements, filed for the calendar year ending with or within the year covered by this return 2a			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b bif*Yes*, that fitted a form 90-76 truits year? 3b X 4a At any time during the calendar year, did the organization bave an interest in, or a signature or other attributing over, a financial account? 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other attributing over, a financial account? 4a X 5e instructions for filing requirements for FnCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelfer transaction a propress statement that state contributions? 5a X 6a Does the organization noicid with very solicitation an express statement that such contributions? 6a X 6a I Trees," did the organization includ with very solicitation an express statement that such contributions? 6b X 7b I Trees," did the organization needve wery solicitation an express statement that such contributions and grosse provided the payor? 7a X 7b I Trees," did the organization needve approxema that statement that state ch contribution and party for which it was required to file form 8282? 7c X	b		2b	Х	
b If "Yes," has it field a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule</i> 0					
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 bark account, securities account, or other financial account)?. b If "Yes," enter the name of the foreign country: >					X
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a X b If Yes,* enter the name of the foreign country: > See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization file form 8886-17. 5a X 5c 6a Does the organization have annual gross receipts that are normally greater than \$100.000. and did the organization notibude with were not tax deductible a charitable contributions? 6a X 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?. 6a X 7 Organizations that may receive doductible contributions under section 170(c). a) did the organization notive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b 7b 7 Did the organization notive the payor? 7d 7d 7c X 7 did the organization receive an payment, directly or indirectly, on a personal benefit contract? 7f X 7 did the organization maken and sinvice anothyte during the year. 7d X 7 did the organization sec			30		
account)? 4a × b If "Yes," enter the name of the foreign country: p 5a × See instructions for filing requirements for FinCEN from 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a × 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a × 5a Was the organization aparty notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b × 5a Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization that we not tax deductible as charitable contributions? 5c × 6a Does the organization induce with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a × 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization notify the donor of the value of the good or services provided? 7b 7b 2 Did the organization notify the donor of the value of the good or services provided? 7c x 7c 7 Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c x 7 Did the organization neceive and contribution of qualified turing the year 7d 7d 7d 7d 7d	4a				
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Form §	990 (2016) SOUPMOBILE, INC 20-0154	4935	I	Page 6
Par	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and	for a	a "No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
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	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
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		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		T
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		3.7	
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		3.7	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	v	
а	The organization's CEO, Executive Director, or top management official	15a	Х	X
b	Other officers or key employees of the organization	15b		
	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	160		Х
	with a taxable entity during the year?	16a		
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 organization's exempt status with respect to such arrangements?	16b		
Soct	ion C. Disclosure	100		L
17	List the states with which a copy of this Form 990 is required to be filed ▶	5047		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	c)(3)s	only)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
40		- u - 1		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and record	s' 🕨		

			0	·
20	State the name, address	s, and telephone num	ber of the	person who possesses the organization's books and records:
	DAVID TIMOTHY 3017	COMMERCE ST DALLAS,	TX 75226,	214-655-6396

Form **990** (2016)

|--|

Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and		
	Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII										

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

___ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	erson	e than o is both cor/trust employee	an	(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.	Ο.
(2)CYNTHIA LEFTRICK	5.00									
SECRETARY	0.	Х		Х				0.	0.	Ο.
(3)MARGARET D BENSON	5.00									
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(4)		-								
(5)										
(7)										
(8)										
(9)										
<u>(10)</u>		-								
(11)										
(12)										
(13)										
(14)										

	990 (2016)													Page 8
Ра	t VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	oyee	es,	and H	lig	hest Compensat	ed Employe	es (c	ontinue	ed)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson lirect	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportabl compensatior related organizatio	n from	am	(F) stimated nount o other pensati	of
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		orga and	om the anizatio d related anization	on d
			-											
			-											
			-											
			-											
			_											
С	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	-					 		79,000. 0. 79,000.		0. 0. 0.			0. 0. 0.
	Total number of individuals (including but not reportable compensation from the organizatio	limited to t		liste				o re	eceived more than	\$100,000 of				
3	Did the organization list any former offic												Yes	No
4	employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the											3		X
-	organization and related organizations gr	eater than	\$15	50,0	00?	י If	"Yes	;,"	complete Schedu	le J for su	ıch	4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on t	fron	n any	un	related organizati	on or individ	ual	5		X
Sec	tion B. Independent Contractors							1						L
1	Complete this table for your five highest com compensation from the organization. Report o year.													
	(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompens		
								-						

2 Total number of independent contractors (including but not limited to those listed above) who received more than 100,000 in compensation from the organization \blacktriangleright Ο.

Image: Second		Check if Schedule O contains a response	se or note to any	line in this Part VII	 		
In Deal. Add lines 18:11 Deal. Add lines 18:11 Deal. Add lines 20:11 2a	1			(A)	(B) Related or exempt function	(C) Unrelated business	
Image: Detail Add lines 18:11 Details Code 2a	1a	Federated campaigns 1a					
d Related organizations 10 e Government grants (contributions) 11 1 differentiations 11 2	b	Membership dues					
• Government grants (contributions) 10 f all other contributions, ghts, grans, and similar arounts of induced above 42, 212, 42, 42, 212, 42, 42, 42, 42, 42, 42, 42, 42, 42, 4	с						
c All other contributions gifts grams, and similar amounts out included above	d						
Image: Detail Add lines 18:11 Details Code 2a	е	Government grants (contributions) 1e					
Image: Detail Add lines 18:11 Details Code 2a							
In Deal. Add lines 18:11 Deal. Add lines 18:11 Deal. Add lines 20:11 2a							
In Deal. Add lines 18:11 Deal. Add lines 18:11 Deal. Add lines 20:11 2a							
2a	h	Total. Add lines 1a-11		922,651.			
3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2,		-	Business Code				
3 Investment income (including dividends, interest, and other similar amounts). ATTACRMENT 2,							
3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2,	b						
3 Investment income (including dividends, interest, and other similar amounts). ATTACRMENT 2,	с						
3 Investment income (including dividends, interest, and other similar amounts). ATTACRMENT 2,	d						
3 Investment income (including dividends, interest, and other similar amounts). ATTACRMENT 2,	-						
3 Investment income (including dividends, interest, and other similar amounts), ATTACHMENT 2,							
and other similar amounts). ATTACHMENT 2				0.			
4 Income from investment of tax-exempt bond proceeds 0. 5 Royalties 0. 6a Gross rents 0. b Less: rental expenses 0. c Rental income or (loss) 0. d Net rental income or (loss) 0. 7a Gross amount from sales of assets other than inventory 31,466. b Less: cost or other basis and sales expenses 0. c Gain or (loss) 31,466. d Net gain or (loss) 0. of contributions reported on line 10. a 31,466. See Part IV, line 18 . 0. c Net sincome from gaming activities. 0. see Part IV, line 19 . a b Less: direct expenses 0. c Net income or (loss) from gaming activities. 0. see Part IV, line 19 . a b Less: cost of goods sold a <td></td> <td>, č</td> <td></td> <td>5.6.6</td> <td></td> <td></td> <td></td>		, č		5.6.6			
5 Royatties (i) Real (ii) Personal 6a Gross rents (iii) Construction (iiii) Personal b Less: rental expenses (iiii) Personal c Rental income or (loss) (iiii) Personal d Met rental income or (loss) (iiii) Personal d Met rental income or (loss) (iii) Personal d Met gain or (loss) (iii) Personal d Met gain or (loss) (iii) Personal of contributions reported on line 1c). See Part IV, line 18 (iiii) Personal See Part IV, line 19 mathematic (iiiiii) Personal d Less: direct expenses 0. see returns and allowances 18,461. 27,208. c Miscellaneous Reven		,					5
Gross rents (i) Real (ii) Personal b Less: rental expenses							
6a Gross rents		-		0.			
b Less: rental expenses			() Foreentai				
c Rental income or (loss)							
d Net rental income or (loss). 0. 7a Gross amount from sales of assets other than inventory 31,466. assets other than inventory 31,466. c Gain or (loss). 31,466. d Net gain or (loss). 31,466. d Net gain or (loss). 31,466. g of cost including \$ 31,466. of contributions reported on line 1c). 31,466. See Part IV, line 18 a b Less: direct expenses . 0. 9a Gross income from fundraising events. 0. see Part IV, line 19 a b Less: direct expenses . 0. 9a Gross income from gaming activities. 0. See Part IV, line 19 a b Less: direct expenses . 0. c Net income or (loss) from gaming activities. 0. 10a Gross sales of inventory, less returns and allowances . a b Less: cost of goods sold . b c Net income or (loss) from sales of inventory. -8,847. micellaneous Revenue Business Code 11a MISC. INCOME 900099 00099 344. d All other revenue . a <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other assets other than inventory 31,466. 31,466. b Less: cost or other basis and sales expenses			►	0			
assets other than inventory 31,466. assets other than inventory 31,466. b Less: cost or other basis 31,466. and sales expenses	1			0.			
b Less: cost or other basis and sales expenses							
and sales expenses 31,466. c Gain or (loss) 31,466. d Net gain or (loss) 31,466. d Net gain or (loss) 31,466. a Gross income from fundraising events (not including \$			51,400.				
c Gain or (loss)	u u						
d Net gain or (loss)			31 466				
8a Gross income from fundraising events (not including \$				31 466			31,4
events (not including \$				51,400.			51,1
of contributions reported on line 1c). See Part IV, line 18		-					
See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances ▶ c Net income or (loss) from sales of inventory, less returns and allowances ▶ c Niscellaneous Revenue Business Code 900099 544. 900099							
b Less: direct expenses b 0. c Net income or (loss) from fundraising events ▶ 0. 9a Gross income from gaming activities. See Part IV, line 19 a 0. b Less: direct expenses b 0. c Net income or (loss) from gaming activities. returns and allowances ▶ 0. 10a Gross sales of inventory, less returns and allowances ▶ 0. c Net income or (loss) from sales of inventory, ▶ 0. c Net income or (loss) from sales of inventory, ▶ -8,8478,847. b Less: cost of goods sold ▶ -8,847. miscellaneous Revenue Business Code 0 11a MISC. INCOME 900099 544. b							
c Net income or (loss) from fundraising events. ● 0. 9a Gross income from gaming activities. See Part IV, line 19 ● ● b Less: direct expenses ● ● c Net income or (loss) from gaming activities. ● ● 10a Gross sales of inventory, less returns and allowances ● ● ● b Less: cost of goods sold . ● 0. ● c Net income or (loss) from sales of inventory. ● ● ● ● Miscellaneous Revenue Business Code ● ● ● ● ● b		-					
9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. 0. 10a Gross sales of inventory, less returns and allowances 18,461. b Less: cost of goods sold 18,461. c Net income or (loss) from sales of inventory. -8,847. Miscellaneous Revenue Business Code 0 11a MISC. INCOME 900099 544. b				0.			
b Less: direct expenses b 0. c Net income or (loss) from gaming activities. 0. 0. 10a Gross sales of inventory, less returns and allowances 18,461. 0. b Less: cost of goods sold 18,461. 0. c Net income or (loss) from sales of inventory. -8,847. -8,847. Miscellaneous Revenue Business Code 0. 0. 11a MISC. INCOME 900099 544. 0. b	9a	Gross income from gaming activities.					
c Net income or (loss) from gaming activities. 0. 10a Gross sales of inventory, less returns and allowances. 18,461. b Less: cost of goods sold. 27,308. c Net income or (loss) from sales of inventory. -8,847. Miscellaneous Revenue Business Code 11a MISC. INCOME 900099 544. d All other revenue 11a							
10a Gross sales of inventory, less returns and allowances a 18,461. b Less: cost of goods sold b 27,308. c Net income or (loss) from sales of inventory ▶ -8,847. Miscellaneous Revenue Business Code 11a MISC. INCOME 900099 b			►	0.			
returns and allowances 18,461. b Less: cost of goods sold 27,308. c Net income or (loss) from sales of inventory. -8,847. Miscellaneous Revenue Business Code 11a MISC. INCOME 900099 b							
b Less: cost of goods sold b 27,308. c Net income or (loss) from sales of inventory. -8,847. Miscellaneous Revenue Business Code 11a MISC. INCOME 900099 b	1		18,461.				
c Net income or (loss) from sales of inventory.		Γ					
Miscellaneous Revenue Business Code 11a MISC. INCOME 900099 b 900099 c 900099 d All other revenue	c	Net income or (loss) from sales of inventory		-8,847.	-8,847.		
b c d All other revenue							
b c d All other revenue	11a	MISC. INCOME	900099	544.			5
c d All other revenue							
d All other revenue	-						
	-						
		-		544.			

Form **990** (2016)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(C)** Management and **(B)** Program service (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 21,882. 21,882. and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic 576,988 576,988. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 0. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 79,000 27,650 51,350. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 7 Other salaries and wages 0 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 5,047. 2,409 2,638 9 Other employee benefits 6,154. 3,928. 2,226. 10 11 Fees for services (non-employees): 0 a Management 0 **b** Legal 0. c Accounting d Lobbying 0. 0. e Professional fundraising services. See Part IV, line 17 0. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 58,950. 44,337 14,288 325. (A) amount, list line 11g expenses on Schedule O.). 35,758 9,007. 26,751 12 Advertising and promotion 7,145. 1,562. 5,583. 10,009 3,777. 6,114. 118. 14 Information technology..... 0. 15 Royalties 81,135 63,539 17,596 Occupancy 16 370. 10. 360. 17 18 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 0 Conferences, conventions, and meetings 19 16,004. 4,044. 11,941. 19. Interest 20 0. 21 Payments to affiliates 28,648. 27,102 1,546 Depreciation, depletion, and amortization 22 21,598. -3,489. 25,087. Insurance 23 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.) 39,113. 30,760 **a**AUTOMOBILE EXPENSES 8,353. **b**SUPPLIES 34,941. 29,247 5,694 cCELEBRATE JESUS EVENT 26,067. 26,067 8,532. 343. 5,674 2,515. dMISC. 7,117. 4,589. 2,528 e All other expenses 1,064,458 897,681 163,800 2,977. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 0 JSA

6E1052 1.000

		SOUPMOBILE, INC		20-	0154935
	n 990 (2	·			Page 11
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in	this Part X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	309,735.	1	259,966
	2	Savings and temporary cash investments	1,122.	2	31,131
	3	Pledges and grants receivable, net	0.	3	0
	4	Accounts receivable, net	0.	4	0
	5	Loans and other receivables from current and former officers, direct	ctors.		
		trustees, key employees, and highest compensated emplo			
				5	0
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under so 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing emp and sponsoring organizations of section 501(c)(9) voluntary employees' bene	loyers ficiary		
ള	_	organizations (see instructions). Complete Part II of Schedule L		-	0
Se	7	Notes and loans receivable, net		7	0
Å	8	Inventories for sale or use	23,884.		23,884
	9	Prepaid expenses and deferred charges		9	0
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 485,			
		Less: accumulated depreciation			333,803
	11	Investments - publicly traded securities			0
	12	Investments - other securities. See Part IV, line 11			0
	13	Investments - program-related. See Part IV, line 11			0
	14	Intangible assets			0
	15	Other assets. See Part IV, line 11			5,781
	16	Total assets. Add lines 1 through 15 (must equal line 34)			654,565
	17	Accounts payable and accrued expenses			50,645
	18	Grants payable			0
	19	Deferred revenue			0
	20	Tax-exempt bond liabilities			0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
les	22	Loans and other payables to current and former officers, direct			
Ĭ		trustees, key employees, highest compensated employees,			-
.iat		disqualified persons. Complete Part II of Schedule L			0
	23	Secured mortgages and notes payable to unrelated third parties \ldots			0
	24	Unsecured notes and loans payable to unrelated third parties		24	0
	25	Other liabilities (including federal income tax, payables to related			
Net Assets or Fund Balances Liabilities		parties, and other liabilities not included on lines 17-24). Complete P			
		of Schedule D			
	26	Total liabilities. Add lines 17 through 25		26	50,645
ces		Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.	and		
au	27	Unrestricted net assets		27	
ם	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here X Complete lines 30 through 34.	and		
its	30	Capital stock or trust principal, or current funds	722,100.	30	603,920
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
Ĕ	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0
Ne	33	Total net assets or fund balances	722,100.	-	603,920
	34	Total liabilities and net assets/fund balances	771,066.	-	654,565

Form **990** (2016)

SOOFMODILL, INC	SOUPMOBILE,	INC
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-	90 (2016)			Paç	ge 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	946,3	380.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,0	64,4	58.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	18,0)78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	22,1	.00.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8		-1	.02.
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	6	503 , 9	920.
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	explain 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 con	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	ited on a			
	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	oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent ac	countant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, o	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?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	idits.	3b		

Form **990** (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

 e Treasury
 ► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047
2016
Open to Public
Inspection

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/forms) 90.
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Nam	Name of the organization Employer identification number									
SO	JPM	OBILE,	INC					20-	01549	35
Pa	rt I	Reaso	on for Public Cha	rity Status (All o	organizations must c	omplete	e this pa	art.) See instr	uctions	5.
The	org	anization i	s not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church	, convention of chu	urches, or associat	tion of churches desc	ribed in s	ection 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)-EZ).)		
3					rganization described					
4			-	-	conjunction with a hos				b)(1)(A)	(iii). Enter the
			s name, city, and st		,	•		· · · ·	,, ,, ,	
5			-		a college or universit	v owned	d or ope	rated by a go	vernme	ental unit described in
		0	170(b)(1)(A)(iv). (C		0	,	•	, ,		
6					rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).		
7	Х			•					nit or fro	om the general public
-	<u> </u>	-	d in section 170(b)	-	-					sin ine general pasie
8					b)(1)(A)(vi). (Complete	Part II)				
9					ed in section 170(b)(1		nerated	l in conjunctio	n with a	land-grant college
5		-		-	riculture (see instruct		-	-		
		universit	-	grant concept of ag		.юпэ). сі		name, ony, and		
10				Ilv receives: (1) m	ore than 331/3 % of its	support	from co	ntributions m	omhorel	hin fees, and gross
10		receipts support f	from activities rela from gross investm	ted to its exempt f ient income and u	nrelated business tax 975. See section 509	certain e able inco	xception	s, and (2) no r s section 511 t	nore tha	n 331/3 % of its
11					usively to test for publi					
12		•	•		•	•				carry out the purposes
		-	•	•	•					See section 509(a)(3).
										nes 12e, 12f, and 12g.
а				-	, supervised, or contr					-
a				-	regularly appoint or e	-		-		
		-			e Part IV, Sections A		ajonty of			
h			0 0	•	•		with ite	aupported or	aonizoti	op(a) by baying
b					ed or controlled in co				-	
					rganization vested in	the sam	e persor	is that control	or man	lage the supported
_				-	, Sections A and C.					llu : :
С					ng organization opera					lly integrated with,
		- ··	•	. , .	s). You must comple					
d					porting organization c					
			=		nization generally mus	-			nent and	d an attentiveness
					omplete Part IV, Sect					
е			-		a written determinatio				I, Type I	II, Type III
	_			• •	ionally integrated sup	porting c	organizat	ion.		[]
t				-						•••••
g					orted organization(s).					
	(i) N	ame of supp	oorted organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	. ,	organization ur governing	(v) Amount of n support (s		(vi) Amount of other support (see
					above (see instructions))	-	ment?	instruction		instructions)
						Yes	No			
(A)										
(B)										
(C)										
(D)										
(5)										
(E)										
(<u>-</u>)										
Tot	al									
100										

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 6E1210 1.000 Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,360,328.	1,191,219.	1,259,497.	1,480,032.	922,651.	6,213,727.
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	1,360,328.	1,191,219.	1,259,497.	1,480,032.	922,651.	6,213,727.
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						
e	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						497,521.
6 500	tion B. Total Support						5,716,206.
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,360,328.	1,191,219.	1,259,497.	1,480,032.	922,651.	6,213,727.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	19,797.		19,224.	2,145.	566.	59,943.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH.1</u>		187.	688.	1,000.	544.	2,419.
11	Total support. Add lines 7 through 10						6,276,089.
12	Gross receipts from related activities, etc. (s	see instructions)				12	206,439.
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	•	-				
14	Public support percentage for 2016 (li	•	•	())		14	91.08%
15	Public support percentage from 2015					15	90.09%
16a	331/3% support test - 2016. If the o	-					
h	this box and stop here. The organization 33 1/3% support test - 2015. If the organization of the stop	•		-			•••
D	check this box and stop here. The orga	•					
17a	10%-facts-and-circumstances test - 2						
mu	10% or more, and if the organization						
	Part VI how the organization meets t						
	organization			0	•	, ,	
b	10%-facts-and-circumstances test - 2						and line
	15 is 10% or more, and if the orga	anization meets	the "facts-and	-circumstances'	' test, check tl	his box and st	op here.
	Explain in Part VI how the organizati	on meets the "	facts-and-circum	istances" test.	The organizatio	on qualifies as a	publicly
	supported organization						▶ 📙
18	Private foundation. If the organization						
	instructions						<u> ► ∟</u>

Schedule A (Form 990 or 990-EZ) 2016

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	-			•		
	organization, check this box and stop here			<u></u>			►
Sec	tion C. Computation of Public Sup					1 1	
15	Public support percentage for 2016 (line 8					15	%
16	Public support percentage from 2015 Sche			<u></u>		16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2016 (li					17	%
18	Investment income percentage from 2015					·	%
19 a	331/3% support tests - 2016. If the or						
	17 is not more than 331/3%, check th		-				
b	331/3% support tests - 2015. If the orga						
•	line 18 is not more than 331/3%, check		•	• •	. ,		
20 JSA	Private foundation. If the organization	uia not check	a dox on line	14, 19a, or 19b			990 or 990-EZ) 2016
	1 1.000					Chequie A (FUIM	550 01 550-EZ) 2010

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

20-0154935

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.*
 - **b** 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.)

10b Schedule A (Form 990 or 990-EZ) 2016

Schedu	le A (Form 990 or 990-EZ) 2016		F	Page 5
Part	V 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)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		Vaa	No
			Yes	No
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 Part VI 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? <i>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.</i>	2		
Secti	on C. Type II Supporting Organizations			
			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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1		
Secti	on D. All Type III Supporting Organizations			
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	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	J		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instruc	tions).	
2	Activities Test. Answer (a) and (b) below.		Yes	NO
a	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 Part VI identify 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			

- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3a

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s regard. 3b Schedule A (Form 990 or 990-EZ) 2016

1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explai	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	zations n	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income	(A) Prior Year	(B) Current 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) Prior Year	(B) Current 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 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 Part VI):			
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		
5 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)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

 emergency temporary reduction (see instructions).
 6

 7
 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Part Sect	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		ourrent real					
2	Amounts paid to perform activity that directly furthers exer		ed						
-	organizations, in excess of income from activity		0 0						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations						
4									
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). 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 Part VI). See instructions.								
9	Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016					
1	Distributable amount for 2016 from Section C, line 6								
	Underdistributions, if any, for years prior to 2016								
2	(reasonable cause required-explain in Part VI). See								
	instructions.								
3	Excess distributions carryover, if any, to 2016:								
а									
b									
С	From 2013								
d	From 2014								
е	From 2015								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2016 distributable amount								
i	Carryover from 2011 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2016 from								
	Section D, line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2016 distributable amount								
С	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2016, if								
	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2016. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2017. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а									
b	Excess from 2013								
С	Excess from 2014								
d	Excess from 2015								
е	Excess from 2016								

Schedule A (Form 990 or 990-EZ) 2016

Page 8

Schedule A (Form 990 or 990-EZ) 2016

Part VISupplemental 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.)

SCHEDULE A, PART II -	OTHER INCOM	E			ATTACHMENT 1	
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
OTHER INCOME		187.	688.	1,000.	544.	2,419.
TOTALS	=		688.	1,000.	544_	2,419.

Sche	dule D (Form 990) 2016									Page	
Pa	t III Organizations Maintainin	g Collections of	f Art, His	torical Tr	easures,	or Oth	ner Simila	r Asset	t s (cont	inued,)
3	Using the organization's acquisition	n, accession, and	other reco	rds, check	any of th	ne follow	ving that ar	e a sign	ificant u	se of i	ts
	collection items (check all that apply	y):									
а	Public exhibition		d	Loan or	r exchang	e prograi	ns				
b	Scholarly research		e	Other							
с	Preservation for future gener	ations									-
4	Provide a description of the organ		s and expl	ain how th	ney furthe	r the or	ganization's	exempt	purpose	e in Pa	art
	XIII.				,		5	•			
5	During the year, did the organizatio	n solicit or receive	donations o	of art. histo	rical treas	ures. or o	other simila	r			
	assets to be sold to raise funds rath							_	Yes		١o
Pa	rt IV Escrow and Custodial Arr				0			<u>_</u>			_
	Complete if the organizati	•	s" on Forr	n 990, Pa	rt IV, line	9, or re	ported an	amount	on For	n	
	990, Part X, line 21.			,	,	-,					
1a	Is the organization an agent, truste	e. custodian or oth	er intermed	liarv for co	ntribution	s or othe	r assets not				
	included on Form 990, Part X?								Yes		١o
b	If "Yes," explain the arrangement in							••• -			
							Ar	nount			
с	Beginning balance				10		7.0	nount			
d	Additions during the year										
e	Distributions during the year										
f	Ending balance										
2a	Did the organization include an am						account liat	vility/2	Yes		10
	If "Yes," explain the arrangement in		-	-						H	10
Par				Apialiation		orovided				•	
Γa	Complete if the organizati	on answered "Ye	s" on Forn	n 990 Pai	rt IV line	10					
		(a) Current year	(b) Pric		(c) Two ye		(d) Three ye	ars hack	(e) Four	ears had	
					(c) 1 we ye					cars bat	
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	Provide the estimated percentage			e (line 1g, o	column (a)) held as	:				
а	Board designated or quasi-endowm		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, a	nd 2c should equal	100%.								
3a	Are there endowment funds not in t	he possession of t	he organiza	ation that a	re held a	nd admir	nistered for t	he	_		
	organization by:								۲ ا	'es N	0
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	d organizations liste	ed as requir	ed on Sche	dule R?.				3b		
4	Describe in Part XIII the intended u		ation's endo	wment fund	ds.						
Pa	t VI Land, Buildings, and Equi	pment.	on For	m 000 Da	art IV/lin/	110 0	oo Earm 0	00 Dor	t V line	10	
	Complete if the organizat		r other basis	1	other basis	1	cumulated) Book valu		
		(inve	stment)		ner)		eciation	,u	, DOOR VAIL		
1a	Land										
b	Buildings			31	15 , 544.		15,457.		30	0,08	7.
С	Leasehold improvements				6,705.		6 , 705.				
d	Equipment			1	53,228.		40,840.		1	2,38	8.
е	Other			10	09,729.		88,401.		2	1,32	З.
	I. Add lines 1a through 1e. (Column		m 990. Part							3,80	

Schedule D (Form 990) 2016

Schedule D (F	Form 990) 2016			F	Page 3
Part VII	Investments - Other Securities.				
	· •		90, Par	t IV, line 11b. See Form 990, Part X, line 12	<u>. </u>
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation: Cost or end-of-year market value	
(1) Financi	al derivatives				
(2) Closely	-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		"Yes" on Form 99	90, Par	t IV, line 11c. See Form 990, Part X, line 13	3.
	(a) Description of investment	(b) Book value		(c) Method of valuation: Cost or end-of-year market value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 99	90, Par	t IV, line 11d. See Form 990, Part X, line 15	5.
	(a) Des	scription		(b) Book value	е
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		<u></u>	
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 99	90, Par	t IV, line 11e or 11f. See Form 990, Part X,	
1.	(a) Description of liability	(b) Book va	alue		
(1) Feder	ral income taxes				
(2)					

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that 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

SOUPMOBILE, I	INC
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Schedu	le D (Form 990) 2016		Page 4
Part	XI 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.	
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		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	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	XII 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:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)	1	
C C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	
-	Supplemental Information		

 Part XIII
 Supplemental Information.

 Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I (Form 990)		overnme	n ts, and I rganization ans	Assistance t ndividuals in wered "Yes" on F tach to Form 990.	orm 990, Part IV,	d States		омв №. 1545-0047 20 16 Open to Public
Department of the Treasury Internal Revenue Service	► Inform	nation about Se		1 990) and its instr		v.irs.gov/form990.		Inspection
Name of the organization	,						Employer identific	
SOUPMOBILE, INC							20-015493	
	nformation on Grants a	nd Assistanc	e					
	zation maintain records to			e grants or assista	nce, the grantees	' eligibility for the grant	ts or assistance, and	
	eria used to award the gra							X Yes No
	IV the organization's proc							
990, Part	d Other Assistance to IV, line 21, for any rec d address of organization government							es" on Form (h) Purpose of grant or assistance
(1) RESOURCE CENTER O	P DALLAG ING							
PO BOX 190869 DAL		75-1892059	501(C)(3)		8,519.		FOOD	SHARE EXCESS FOOD
(2) TYLER STREET MANO		75-1892039	501(0)(3)		0,319.		1000	SHARE EACESS FOOD
	DALLAS, TX 75208	75-1288339	501(C)(3)		8,191.		FOOD	SHARE EXCESS FOOD
(3)	DADAG, 18 15200		561(6)(5)		0,191.		1005	SHARE BACESS FOOD
(4)								
(5)		_						
(6)								
(7)								
(8)		_						
(9)								
(10)		_						
(11)		_						
(12)		_						
	er of section 501(c)(3) an							2.
	er of other organizations l on Act Notice, see the Instru					<u></u>		nedule I (Form 990) (2016)

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Page	2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD & CLOTHING FOR HOMELESS	9,000.	19,827.	389,643.	Cost & FMV	FOOD & CLOTH
CHRISTMAS EVE EVENT	500.	1,745.	118,223.	COST	ROOM&BANQUET
HOMES FOR HOMELESS	9.	250.	33,835.	COST	PROVIDING HOMES
CHURCH SERVICES	4,800.	8,004.	5,461.	COST	FOOD

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.

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Schedule I (Form 990) (2016)

SCHE	DULE L	I	Tra	insactio	ns	With	n Interes	sted	Persons		L	OME	3 No. 1	545-00	47	
(Form	990 or 990-EZ)	► Cor	-	rganization a	nswe	red "Ye		990, Pa	rt IV, line 25a, 25l	o, 26, 27,	28a,	l L	20'	16		
	nent of the Treasury Revenue Service	▶ 1	nformation abo				n 990 or Form 90-EZ) and its ii		Z. ons is at <i>www.irs.g</i> o	v/form990			pen To specti		C	
Name o	f the organization						-			Employer	identifi	cation	numbe	r		_
SOUP	MOBILE, INC									20-	0154	935				
Part			ransactions	(section 501	(c)(3)) sect	ion 501(c)(4)) and	501(c)(29) orga							_
									25a or 25b, or F			art V,	line 4			
1	(a) Name of disc	ualified p	person	(b) Relatio	nship	between organiz	disqualified pers	son and	(c) D	escription	of trans	action		Ĥ) Correc	
(1)																
(2)															_	
(3)															_	
(4)															_	
(5)															_	
(6)																
2	Enter the amou	nt of ta	ax incurred by	y the organiz	zatio	n mana	igers or disq	ualifie	d persons during	g the ye	ar					
	under section 49	958.			• • •						•••	• \$_				
3	Enter the amour	nt of ta	x, if any, on li	ne 2, above,	reim	bursed	by the orga	nizatio	n		🕨	•\$_				
Part	Complete	if the o	From Interest organization a prted an amo	nswered "Ye	es" o				ine 38a or Form	990, Par	t IV, lir	ne 26;	or if tł	ne		
(a) N	lame of interested pe	erson	(b) Relationship with organization	(c) Purpose of Ioan	fro	oan to or m the	(e) Origin principal am		(f) Balance due	(g) In	default?	by bo	ard or	(i) W agree		
				orgai To	hization? From				Yes	No	comn Yes	nittee?	Yes	N		
(1)					10	FIOIII				163	NO	162	NU	165		
(1)																
(3)																
(4)																
(5)																—
(6)																—
(7)																—
(8)																—
(9)																—
(10)																—
Total									\$				I			_
Part	Grants or	<u></u> Δeeiet	ance Benefit	ina Interest	 ad Pa	orsons			Ψ							_
i ui i			organization a					. line 2	7.							
(a) N	lame of interested pe		(b) Relationshi		sted		int of assistance	1	(d) Type of assistanc	e	(e)	Purpos	se of as	sistance	е	
(1)																
(2)																
(3)																
(4)																
(5)																
(6)																
(7)					\rightarrow											
(8)																
(9)																
(10)																
<u>` '</u>	perwork Reductio	on Act I	Notice, see the	Instructions	for F	orm 990) or 990-EZ.	1		Sch	edule L	(Form	990 or	990-E2	Z) 20	016

Schedule L (Form 990 or 990-EZ) 2016

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organi rever	
				Yes	No
(1) DAVID TIMOTHY	PRESIDENT	7,775.	PURCHASE OF BOOKS AT COST		х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					
Part V Supplemental Information					

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

►	Information about Schedule M	(Form 990) and its instructions	is at www.irs.gov/form990.
		(1 01111 330	/ מווע ונס וווסנו עכנוטווס	13 at mm

Department of the Treasury Internal Revenue Service Name of the organization

ov/form990.	Inspection
Employer iden	tification number

SOU	PMOBILE, INC				20-0154	935		
Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributic amounts reported o Form 990, Part VIII, lin	n noncos	(d) hod of detern n contributio		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	Х		64,10	69. FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
40	or trust interests							
12	Securities - Miscellaneous Qualified conservation							
13	contribution - Historic							
	structures							
14	Qualified conservation							
.4	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles.							
19	Food inventory	Х	127.	378,64	43. FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received		u u					
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29		V	
			have a material set of the set		Base 4 11		Yes	No
30a	During the year, did the organizat					-		
	28, that it must hold for at least the	-						v
	to be used for exempt purposes for					30a		X
	If "Yes," describe the arrangement i		tongo naliov that require	a the review of a	ny nonotony	lard		
31	Does the organization have a gift acceptance policy that requires the review of any a contributions?						Х	
322	contributions?						~~~	
5 2a	contributions?	•	•					Х
h	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	column (c) for a type of pro-	perty for which colum	n (a) is chec	(ed.		
	describe in Part II.					,		
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Sch	edule M (Forr	n 990)	(2016)

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Page 2

Part II 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 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.

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



Department of the Treasury Internal Revenue Service Name of the organization

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: GOVERNING DOCUMENTS, CONFLICT OF INTEREST

Schedule O (Form 990 or 990-EZ) 2016	Page 2
Name of the organization	Employer identification number
SOUPMOBILE, INC	20-0154935

POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE AND UPON

REQUEST.	ATTACHMENT 1		
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	5		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
PROVIDE EMPLOYMENT & TRAINING FOR HOMELESS		68,185.	-8,847.
PROVIDE HOUSES IN OUR GROUP HOMES FOR HOMELESS	250.	65,388.	
TOTALS	250.	133,573.	-8,847.

ATTACHMENT 2 FORM 990, PART VIII - INVESTMENT INCOME (A) (B) (C) (D) (A) (B) TOTAL RELATED OR UNRELATED EXCLUDED REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE DESCRIPTION INTEREST INCOME 566. 566. 566. 566. TOTALS