Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

Α	For th	ne 2019	calendar year, or tax year beginning , 2019, and	ending		, 20			
_			C Name of organization		D Employer identific	ation number			
В	Check if	applicable:	SOUPMOBILE, ANC		20-015493	5			
	Addi		Doing business as						
	_	ne change	Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite	E Telephone number				
	Initia	al return	2423 S. GOOD LATIMER EXPRESSWAY		(214) 655-6	5396			
F	Fina	l return/	City or town, state or province, country, and ZIP or foreign postal code		(214) 033 0330				
\vdash		ninated ended	DALLAS, TX 75215		G Gross receipts \$	1,222,554.			
\vdash	retur	rn lication	F Name and address of principal officer: DAVID TIMOTHY		H(a) Is this a group retu				
	pend	ding		0.1 F	subordinates?	100 71 110			
_			2423 S. GOOD LATIMER EXPRESSWAY, DALLAS, TX 752	215	H(b) Are all subordinates i				
-		xempt sta	101(0)(1) 01	527	If "No," attach a	list. (see instructions)			
J			WWW.SOUPMOBILE.ORG		H(c) Group exemption r	number >			
K		of organ	ization: X Corporation Trust / Association Other	Year of format	tion: 2003 M State	of legal domicile: $\mathbb{T} X$			
P	art I		mmary	- 4)mult				
	1	Briefly	describe the organization's mission or most significant activities: SOUPMOBIL	E IS A N	ON-PROFIT MC	BILE SOUP			
9			CHEN FEEDING, CLOTHING, CARING FOR THE NEEDY & HOME			2			
Governance		ARE	A.IT ALSO PROVIDES HOUSING ASSISTANCE FOR QUALIFI	NG INDIV	IDUALS.	1 1			
/err	2	,	this box larger if the organization discontinued its operations or disposed of n			1			
g G	3		er of voting members of the governing body (Part VI, line 1a)			3.			
		Numb	er of independent voting members of the governing body (Part VI, line 1b)		4	2.			
ties	5		number of individuals employed in calendar year 2019 (Part V, line 2a)			6.			
Activities &	6		number of volunteers (estimate if necessary)			1,790.			
Act	72	Total	uprolated hypinoge revenue from Port VIII column (C) line 40		6				
			unrelated business revenue from Part VIII, column (C), line 12			0.			
	N	net ur	nrelated business taxable income from Form 990-T, line 39			0.			
					Prior Year	Current Year			
ne	8		butions and grants (Part VIII, line 1h)		871,413.	1,215,378.			
Revenue	9		am service revenue (Part VIII, line 2g)		0.	0.			
Re	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		394.	3,738.			
	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	3,438.			
	12	Total r	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		871,807.	1,222,554.			
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1-3)		507,901.	468,821.			
	14		its paid to or for members (Part IX, column (A), line 4)		0.	0.			
ဟ	15		es, other compensation, employee benefits (Part IX, column (A), lines 5–10)		138,612.	110,139.			
Expenses	16 a		ssional fundraising fees (Part IX, column (A), line 11e)		100.	100.			
be	· b	Total f	fundraising expenses (Part IX, column (D), line 25) 5,782.			100.			
ŵ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		258,508.	259,643.			
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		905,121.	838,703.			
	19				-33,314.				
- v		Reven	ue less expenses. Subtract line 18 from line 12			383,851.			
Net Assets or	00	T-1 ·	consts (Dart V. Para 40)	Begin	ning of Current Year	End of Year			
SSE	20		assets (Part X, line 16)		554,342.	944,192.			
et A	21		iabilities (Part X, line 26)		87,824.	91,945.			
ALC: UNKNOWN	THE REAL PROPERTY.		sets or fund balances. Subtract line 21 from line 20,		466,518.	852,247.			
	art II		gnature Block			and the second s			
Ur	ider pe e. corri	enalties o	of perjury. The lare that I have examined this return, including accompanying schedules an complete. Declaration of preparer (other than officer) is based on all information of which pre	d statements, a	and to the best of my	knowledge and belief, it is			
	0, 00,11	000, 0070	semple. See a proper of (early than one) is based on an information of which pre	parer rias arry Kr	Towledge.	7001			
0:		_	Leva / ma		JULY.	8,292/			
Sig		S	ignature of officer		Date				
He	re	I	DAVID TIMOTHY EXECUTIVE	DIRECTOR					
		T	ype or print name and title						
		Print/	Type preparer's name Preparer's signature Da	ate	Check if F	PTIN			
Pai		BRUC	CE E BERNSTIEN		self-employed	P01424343			
	parer	Eirm's	name ▶BRUCE E BERNSTIEN & ASSOCIATES	,		TOTITATA			
Use	Only		address >10440 N CENTRAL EXPRESSWAY STE 1040 DALLAS, TX 75231		Firm's EIN ► Phone no. 214-706-0840				
1/10	v the		scuss this return with the preparer shown above? (see instructions)						
						. X Yes No			
roi	rape	rwork	Reduction Act Notice, see the separate instructions.			Form 990 (2019)			

Par	t IV Checklist of Required Schedules	-		age o
			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	ľ		
	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 donor-restricted endowments			
	or in 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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
D	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		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			3.7
٨	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
u	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			V
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
	the organization's separate of 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	445		Χ
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
1 <u>2</u> u	Schedule D, Parts XI and XII.	12-		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?.	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	- 12		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	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		Χ
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		Χ
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		Χ
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			
ISΔ	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 9	90 (2019)		F	age 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
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	X	
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	22		X
24.5	employees? If "Yes," complete Schedule J	23		
2-7 U	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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?	14		
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	07		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		Λ
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):	12.000		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complète Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			.,,
25-	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
a	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	251		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		21
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part			-	l
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <u>1a</u> 4			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)	***************************************		
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1327		
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	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).	gin me	en sea vi	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organizațion file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	.		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	4		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		2 0120	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			v
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		X
	required to file Form 8282?	7c		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year	70		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		- 21
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	the total and the first	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			21.4
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			- 1 (1921) - 1 (1921)
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4-		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	10		21
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
16	If "Yes," complete Form 4720, Schedule O.	. 0	5.77	
				1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	
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 1a 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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1.1		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			1
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	1	T
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X -
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	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		57	
	rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		177	
	describe in Schedule O how this was done	12c	-	-
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?		v	
а	The organization's CEO, Executive Director, or top management official	15a	X	V
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			2.55
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		X
	with a taxable entity during the year?	16a		Λ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			10000
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	100	L	
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	tion 5	i01(c)
40				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	t inte	rest p	olicy,
20	and financial statements available to the public during the tax year.	la >		
20	State the name, address, and telephone number of the person who possesses the organization's books and record DAVID TIMOTHY 2423 S. GOOD LATIMER EXPRESSWAY DALLAS, TX 75215 214-655-6396	IS >		
JSA 9E1042	2.000	Form	990	(2019)

	<u> </u>		0.00	D: .		1.7		111 1 1			
Part VII	Compensation	OŤ	Officers,	Directors,	i rustees,	Key	Employees,	Highest	Compensated	Employees,	and
Independent Contractors											
	independent Co	onur	actors								

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. See instructions for the order in which to list the persons above.

Check this box if neither the orga	any rejated	d 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 er and	heck ss pe	ition more	e than of is both or/trust Highest compensated employee	an	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.	X		X				72,417.	0.	C		
(2) CYNTHIA LEFTRICK		5.00											
SECRETARY		0.	X		X				0.	0.	(
(3) MARGARET D BENSON	1.43	5.00											
VICE PRESIDENT		0.	X		X				0.	0.	C		
(4)													
(6)													
(8)													
(9)													
(10)													
(11)													
(12)									-				
(13)									,				
(14)			-										

Form 990 (2019)

9E1041 2.000

JSA

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	уе	es,	and I	Hig	hest Compensat	ed Employ	ees (continued)
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box, office	unle	Pos heck	erson	e than control is both control Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensation related organizati (W-2/1099-	on from I ions	(F) Estimated amount of other compensation from the organization and related organizations
	ļ										
	ļ										
	7									-	
			1					1	1	į.	
		. (1		3				* = 1		12 V	
		*								i	1
	<u>)</u>			-							
											-
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							> >	72,417. 0. 72,417.	2400 000	0.	0.
2 Total number of individuals (including but not reportable compensation from the organization	n ▶	0.		d at	00V6	e) who	re	ceived more than	\$100,000 o	f 	
 3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedular organization and related organizations graindividual	sum of repeater than	ch indi ortab \$15	ividu le c 0,00 	om 00?	pen If	satior "Yes	 n ar ," (nd other compens	ation from ation from ation from ation from ation or individual	the uch	Yes No
Section B. Independent Contractors 1 Complete this table for your five highest com	nensated in	ndene	nde	nt o	cont	racto	re ti	hat received more	than \$100	000 0	£
compensation from the organization. Report c	ompensation	on for	the	cal	end	ar ye	ar e	nding with or with	in the organ	nizatio	n's tax
(A) Name and business add	Iress							(B) Description of se	rvices	С	(C) compensation
Total number of independent contractors (in more than \$100,000 in compensation from the list.) ISA ISA ISA	ncluding bu e organizat	it not ion ▶	lim	itec	1 to		e li	sted above) who	received		

		Check if Schedule O contains a respon	nse or note to any	line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
90,90	1a	Federated campaigns 1a	,			*	000.0010 012 011
ant	b	Membership dues					
ភ្ជិ	c	Fundraising events // 1c					
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations 1d	-				
ig ig	d	Government grants (contributions) . 1e					
ns,	e						
tio r S	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	1 215 270				
bu	_		1,215,378.				
nt.	g	Noncash contributions included in	¢ 427 106				
Col	h	lines 1a-1f		1 215 270			
	n	Total. Add lines 1a-1f	Business Code	1,215,378.			
o o		,	Business Code				
Program Service Revenue	2a		1		J	V Twee	
	b		,			,	
Ver	С	- 1	1			- A	-
gra	d		11	1	(
ō.	·e		'		- /		-
<u>n</u>	f	All other program service revenue					1
	g	Total. Add lines 2a-2f		0.		1	
	3	Investment income (including dividends,)				
		other similar amounts)		238.			238.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
			(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a	3,500.				
Revenue	b	Less: cost or other basis					
/en		and sales expenses 7b					
Re	С	Gain or (loss) 7c	3,500.				
ē	d	Net gain or (loss)		3,500.			3,500.
Other	8a	Gross income from fundraising					Sin .
		events (not including \$	8				
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	0.				
	C	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming					
-		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
	b	Less: cost of goods sold 10b	0.				
	С	Net income or (loss) from sales of inventory.		0.			
ns.			Business Code				
ne ne	11a	MISC INCOME		2,385.	2,385.		
lan	b	REWARD POINTS PROGRAM		1,053.	1,053.		
cel ev	C	Market Market and the Address of the					
Miscellaneous Revenue	d	All other revenue					
Rise	е	Total. Add lines 11a-11d		3,438.			
	12	Total revenue. See instructions	▶	1,222,554.	3,438.		3,738.

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 respond include amounts reported on lines 6b, 7b,		(B)	(C)	(D)
8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.		•	•
2 Grants and other assistance to domestic individuals. See Part IV, line 22	468,821.	468,821.		
3 Grants and other assistance to foreign	/			
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	72,417.	39,829.	28,967.	3,621
6 Compensation not included above to disqualified	*			
persons (as defined under section 4958(f)(1)) and	B	*		
persons described in section 4958(c)(3)(B)	0.		10 001	1 075
7 Other salaries and wages	25,510.	14,031.	10,204.	1,275
8 Pension plan accruals and contributions (include		7	Y,	
section 401(k) and 403(b) employer contributions)	4 574	* - /	4 574	
9 Other employee benefits	4,574.	4 001	4,574.	200
10 Payroll taxes	7,638.	4,201.	3,055.	382
11 Fees for services (nonemployees):	0.		•	
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	100.			100
e Professional fundraising services. See Part IV, line 17.	0.			100
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column	16,086.	15,705.	381.	
(A) amount, list line 11g expenses on Schedule O.)	22,539.	277.	22,262.	
13 Office expenses	3,074.	92.	2,982.	
14 Information technology	10,886.	1,254.	9,332.	300
15 Royalties	0.			
16 Occupancy	24,471.	11,191.	13,280.	
17 Travel	0.			
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	31,746.	1,796.	29,950.	
23 Insurance	12,427.		12,427.	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If	The second of Section 1 (1) and the second of the second o	The second secon		
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)	47 554	20 E40	27 005	
aSUPPLIES	47,554. 44,693.	20,549.	27,005. 12,724.	104
b PROGRAM		31,865.		104
cFINANCE CHARGE dAUTOMOBILE EXPENSES	16,658. 15,165.	5,875. 5,027.	10,783.	
	14,344.	6,109.	8,235.	
e All other expenses Add lines 1 through 240	838,703.	626,622.	206,299.	5,782
 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 	030,703.	020,022.	200,233.	3,702
following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	133,469.	-	485,125
2	Savings and temporary cash investments	1,133.	2	1,133
3	Pledges and grants receivable, net	, 0.	3	0
4	Accounts receivable, net	0.	4	0
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			_
	controlled entity or family member of any of these persons	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0
ets 7	Notes and loans receivable, net	0.	7	0
Assets	Inventories for sale or use	23,885.	8	0
9	Prepaid expenses and deferred charges	0.	9	0
10 a	Land, buildings, and equipment: cost or other	7		
	basis. Complete Part VI of Schedule D 10a 615, 957.	1		1
1	Less: accumulated depreciation	395,855.	10c	457,934
11	Investments - publicly traded securities	-/ 0.	11	0
12	Investments - other securities. See Part IV, line 11	0.	12	0
13	Investments - program-related. See Part IV, line 11	0.	13	, 0
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	0.	15	0
16	Total assets. Add lines 1 through 15 (must equal line 33)	554,342.	16	944,192
17	Accounts payable and accrued expenses	87,824.	17	91,945
18	Grants payable	0.	18	0
19	Deferred revenue	0.	19	0
20	Tax-exempt bond liabilities	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
တ္ 22	Loans and other payables to any current or former officer, director,			-
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
lab	controlled entity or family member of any of these persons	0.	22	0
23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	0
26	Total liabilities. Add lines 17 through 25	87,824.	26	91,945
Sec	Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions		28	
Net Assets of Fund balances 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Organizations that do not follow FASB ASC 958, check here ▶ X and complete lines 29 through 33.			100 mg
29	Capital stock or trust principal, or current funds	466,518.	29	852,247
30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	032,247
31	Retained earnings, endowment, accumulated income, or other funds	0.	31	0
ਜ਼ _ਰ 32	Total net assets or fund balances	466,518.	32	852,247
33	Total liabilities and net assets/fund balances	554,342.	33	944,192
	and the second s	551,512.	JJ	Form 990 (201

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

3h

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

50	UPM	ODILLE, INC					20-01549	35
Pa	rt I	Reason for Public Cha	arity Status (All o	organizations must o	complet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 throu	gh 12, ch	neck only	one box.)	
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2		A school described in secti						
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s	***************************************					
5		An organization operated	for the benefit of	a college or universi	ty owne	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (0						
6		A federal, state, or local go						
7	X	An organization that norm			ipport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b		,			7	
8		A community trust describe					1	*
9		An agricultural research or						
		or university or a-non-land-	grant college of ac	griculture (see instruc	tions). E	nter the	name, city, and state o	f the college or
40		university:		" 00 0/ 6			·	1
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ited to its exempt in nent income and u on after June 30, 1	unctions - subject to nrelated business tax 975. See section 509	certain e able ince (a)(2). ((exception ome (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3% of its
11		An organization organized						
12		An organization organized						
		of one or more publicly su						
		Check the box in lines 12a						
а		Type I. A supporting org						
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.						
b		Type II. A supporting org						
		control or management of			the sam	ne persor	ns that control or man	age the supported
		organization(s). You mus	-		52 6043			
С		Type III functionally inte						lly integrated with,
	Г	its supported organization						
d		Type III non-functionally						
		that is not functionally int						an attentiveness
е	Г	requirement (see instruct Check this box if the orga						I. Toma III
6		functionally integrated, or						i, Type III
f	En	iter the number of supported	d organizations	ionally integrated sup	porting	organizat	IIOII.	
q	Pr	ovide the following informati	on about the supp	orted organization(s)				
		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10	listed in yo	our governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
/A\								
(A)								
(B)								
(C)								
(D)							e e	
(E)								
Tot	a l							
101	uı							

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	tion A. Public Support	11					
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,480,032	922,651.	870,243.	871,413.	1,215,378.	5,359,717.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	, sp.				-	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	1,480,032.	922,651.	870,243.	871,413.	1,215,378.	5,359,717.
5	The portion of total contributions by each person (other than a governmental unit or publicly	1	, *,		7	- `	<i>S</i> .
	supported organization) included on line 1 that exceeds 2% of the amount	[')	74.			, , , , , , , , , , , , , , , , , , ,	
	shown on line 11, column (f)	1	-/-	*	- <i>f</i>	1 /	83,190.
6	Public support. Subtract line 5 from line 4						5,276,527.
	tion B. Total Support	() 0045	#1.0040		1 10000	/) 2010	40 T 1 1
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4	1,480,032. 2,145.	92-2,651. 566.	870,243.	871,413.	1,215,378.	5,359,717. 3,421.
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.) . A TCH. 1	1,000.	544.	467.		3,438.	5,449.
11	Total support. Add lines 7 through 10						5,368,587.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	67,497.
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>	<u></u>				
	tion C. Computation of Public Sup	•					00 20
14	Public support percentage for 2019 (li		•				98.29 % 92.45 %
15	Public support percentage from 2018					15	
16a	331/3% support test - 2019. If the or	-					. 77
	box and stop here . The organization q 331/3% support test - 2018. If the organization						
D	this box and stop here . The organizati	•					
172	10%-facts-and-circumstances test			•			
11 a	10% or more, and if the organization						
	Part VI how the organization meets						
	organization			-			
b	10%-facts-and-circumstances test -	2018. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the org	anization meets	the "facts-and	l-circumstances	" test, check t	his box and st	op here.
	Explain in Part VI how the organizat	ion meets the "	facts-and-circum	stances" test.	The organization	on qualifies as a	publicly
	supported organization						
18	Private foundation. If the organization						
Facility of the State	instructions						▶ 🔲

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.)

	tion A. Public Support	(=) 0045	# 1 0 0 · · ·		T		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	· 1					
•	received. (Do not include any "unusual grants.")				,		
2	Gross receipts from admissions, merchandise	<i>K</i>					
	sold or services performed, or facilities	in,	/		i i		
	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	1			7	744	
	furnished by a governmental unit to the		X		1	, 4	4
	organization without charge	11	3,	, , , , , , , , , , , , , , , , , , , ,	/	¥ . \	
6	Total. Add lines 1 through 5	1	fire and the second	*	1		
7 a	Amounts included on lines 1, 2, and 3	:			1	,	
	received from disqualified persons				1	,	
D	Amounts included on lines 2 and 3 received from other than disqualified				1		
	persons that exceed the greater of \$5,000	,	-				
	or 1% of the amount on line 13 for the year_						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from					100000	
	line 6.)						
	tion B. Total Support						
aler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
h	Sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						*
	Add lines 10a and 10b						
1	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.)						
3	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
4	First five years. If the Form 990 is fo	r the organizat	ion's first, seco	nd, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.	· · · · · · · ·					▶
	ion C. Computation of Public Supp						
5	Public support percentage for 2019 (line 8,	column (f), divide	ed by line 13, colu	nn (f))		15	%
6	Public support percentage from 2018 Scheo	lule A, Part III, lin	e 15			16	%
	ion D. Computation of Investment						
7	Investment income percentage for 2019 (line	e 10c, column (1), divided by line	13, column (f))		17	%
8	Investment income percentage from 2018 S	chedule A, Part	III, line 17			18	%
9 a	331/3% support tests - 2019. If the org	janization did n	ot check the bo	x on line 14, a	nd line 15 is mo	ore than 331/3 %.	and line
	17 is not more than 331/3 %, check this	box and stop	here. The orga	nization qualifie	s as a publicly	supported organiz	ation . >
b	331/3% support tests - 2018. If the organ	nization did not	check a box on	line 14 or line	19a, and line 16	is more than 331	/3 %, and
	line 18 is not more than 331/3 %, check to	this box and st	op here. The org	janization qualifi	es as a publicly	supported organiz	ation >
0	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box	and see instruct	ions
SA							

Page 4

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

CCLI	on A. An outporting organizations		V	NI.
			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3ċ		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
b c	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		*
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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.	9с		
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)? <i>If "Yes," answer 10b below.</i>	10a		
b	The state of the s	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations	110		
	/		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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	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)? 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).	1		
Section	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 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			L
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 ins 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			
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? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in Part VI.</i>	3a		
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.	3b		
	Schedule A (Form	990 or	990-E2	Z) 2019

9E1230 1.000

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	-		
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organization	zations	must complete Section	
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	1	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			5
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):		1	1.
a Average monthly value of securities	1a	7	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	5	,
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		
7 Check here if the current year is the organization's first as a non-functionall	v intea	rated Type III supporting	organization (see
instructions	,9	- 7 00 0.019	

Schedule A (Form 990 or 990-EZ) 2019

Page 7

Part		Supporting Organizat	ions (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem	ed		
	organizations, in excess of income from activity	-		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets		* · · · · · · · ·	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		1	
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 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	K.	1	4
2	Underdistributions, if any, for years prior to 2019	*		
	(reasonable cause required - explain in Part VI). See			
	instructions.			\
3	Excess distributions carryover, if any, to 2019			er dente de manager
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			-
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Page 8

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

	1	he			ATTACHMENT 1	
SCHEDULE A, PART II	- OTHER INCOM	E,			F 5	
DESCRIPTION	2015	2016 /	2017	2018	2019	TOTAL
OTHER INCOME	1,000.	544.	467.		3,438.	5,449.
TOTALS	1,000.	544.	467.		3,438.	5,449.

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

Department of the Treasury Internal Revenue Service Name of the organization **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

SOUPMOBILE, INC		
	1	20-0154935
Organization type (check one):	× ×	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
•	4947(a)(1) nonexempt charitable trust treated as a private foundation	on
	501(c)(3) taxable private foundation	
Check if your organization is cov	vered by the General Rule or a Special Rule.	
Note: Only a section 501(c)(7), instructions.	(8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See
General Rule		,
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contribut property) from any one contributor. Complete Parts I and II. See instruction tributions.	
Special Rules		
regulations under sect 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/cions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 of that received from any one contributor, during the year, total contributions the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Co	or 990-EZ), Part II, line of the greater of (1)
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that respect year, total contributions of more than \$1,000 exclusively for religious, chall purposes, or for the prevention of cruelty to children or animals. Complete	aritable, scientific,
contributor, during the contributions totaled n during the year for an General Rule applies t	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but nore than \$1,000. If this box is checked, enter here the total contributions <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the poor this organization because it received <i>nonexclusively</i> religious, charitable, re during the year	that were received arts unless the etc., contributions
990-EZ, or 990-PF), but it must a	n't covered by the General Rule and/or the Special Rules doesn't file Scheo answer "No" on Part IV, line 2, of its Form 990; or check the box on line H ertify that it doesn't meet the filing requirements of Schedule B (Form 990,	of its Form 990-EZ or on its

JSA 9E1251 1.000

7/8/2021 10:44:16 AM

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

20-0154935

Part II	Noncash Property	(see instructions).	Use duplicate co	opies of Part II if	additional space is needed.
---------	------------------	---------------------	------------------	---------------------	-----------------------------

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
COOKIES		-
	\$\$	12/31/2019
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
DRINKS CASES OF MONSTER DRINKS	46,800.	12/31/2019
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Description of noncash property given (b) Description of noncash property given DRINKS CASES OF MONSTER DRINKS (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) (b) Description of noncash property given	Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) DRINKS CASES OF MONSTER DRINKS (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (c) FMV (or estimate) (See instructions.)

Employer identification number

20-	01	54	93	35
-----	----	----	----	----

Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	ne year from any one completing Part year. (Enter this in	one contributor. (till, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
Parti		,		1			
		384		·			
	Transferee's name, address, and	(e) Transf		nchin of transferor to transferoe			
	ransieree's name, address, and	1217 4	Relatio	nship of transferor to transferee			
	1			4			
		. *		1			
(a) No.		(6)	(
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
			5				
)					
		(e) Transf	er of gift				
	Transferee's name, address, and ZIP + 4			elationship of transferor to transferee			
			7,074,10				
	~						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
							
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relatio			nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and	i ZIP + 4	Relatio	onship of transferor to transferee			
				Schodula R (Form 990, 990-F7, or 990-PE) (2019)			

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization SOUPMOBILE, INC

Employer identification number 20-0154935

Pa	rt I Organizations Maintaining Donor Adv	vised Funds or Other Similar Funds o	or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono	r advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to th	e organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grant t	funds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or for	any other purpose
0	conferring impermissible private benefit?		Yes No
Pa	Conservation Easements.		
1	Complete if the organization answered	1 Yes on Form 990, Part IV, line 7.	
•	Purpose(s) of conservation easements held by the	,	
	Preservation of land for public use (for example Protection of natural habitat		of a historically important land area
	Preservation of open space	Preservation	of a certified historic structure
2			
_	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eid a qualified conservation contribution if	
а	Total number of conservation easements		Held at the End of the Tax Year
b	Total acreage restricted by conservation easement		2a
C	Number of conservation easements on a certified	historic etructure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 7/25/06, and not an a	2c
	historic structure listed in the National Register	s) acquired after 7725700, and not on a	2d
3	Number of conservation easements modified, tra	insferred released extinguished or term	instead by the agreementian during the
	tax year ▶	more read a control of term	infaced by the organization during the
4	Number of states where property subject to conse	ervation easement is located	
5	Does the organization have a written policy re-	garding the periodic monitoring inspect	tion handling of
	violations, and enforcement of the conservation ea	sements it holds?	······ Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing c	onservation easements during the year
	\$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of secti	on 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		Yes No
9	in Part XIII, describe how the organization reports	conservation easements in its revenue and	d expense statement and
	balance sheet, and include, if applicable, the text organization's accounting for conservation easeme	of the footnote to the organization's financ	ial statements that describes the
Pa	till Organizations Maintaining Collections		0: ::
	Complete if the organization answered	"Yes" on Form 990 Part IV line 8	r Similar Assets.
1a	If the organization elected as permitted under Ed	ACD ACC OFO and to account in	
	If the organization elected, as permitted under FA of art, historical treasures, or other similar asseservice, provide in Part XIII the text of the footnote	ts held for public exhibition, education, to its financial statements that describes the statement of the statemen	e statement and balance sheet works or research in furtherance of public hese items.
b	If the organization elected, as permitted under Fig.	ASB ASC 958 to report in its revenue s	tatement and halance shoot works of
	provide the following amounts relating to these iter	ld for public exhibition, education, or res ns:	earch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		***
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of an	t, historical treasures or other similar	assets for financial gain provide the
	following amounts required to be reported under F	ASB ASC 958 relating to these items	access for imanoial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶\$
For F	aperwork Reduction Act Notice, see the Instructions for	Form 990.	Schedule D (Form 990) 2019

JSA 9E1268 1.000

D	2
Page	_

Pa	rt III Organizations Maintaining	g Colle	ections of	Art, Histo	rical Tre	easures	, or	Other	Similar A	ssets (d	continue	d)
3	Using the organization's acquisition,	, acces	sion, and	other reco	rds, checl	k any o	f the	follow	ing that m	nake sigr	nificant us	se of its
	collection items (check all that apply)): -,-,										
а	Public exhibition	rl	-	d	Loan	or excha	ange	prograi	m .			
b	Scholarly research	,	de.	e	Other				· · · · · · · · · · · · · · · · · · ·			
С	Preservation for future general	tions	- 1		_							
4	Provide a description of the organiz		collections	s and expl	ain how	thev fur	ther	the or	nanization's	s exemp	t purpose	in Part
	XIII.		//	o and oxpi	a	anoy rui		the or	garnzation	о охотгр	purpose	, iii i ait
5	During the year, did the organization	solicit o	or receive (/ donations d	of art hist	orical tra	22611	res or	other simil	ar		
•	assets to be sold to raise funds rather										Yes	No
Pa	rt IV Escrow and Custodial Arra			anica as pe	art or the	organiza	ation	3 001100			163	140
, a	Complete if the organization 990, Part X, line 21.			es" on For	m 990, F	Part IV,	line	9, or r	eported a	n amour	nt on For	m
1a	Is the organization an agent, trustee,	, custoo	dian or oth	er intermed	diary for c	ontribut	ions	or othe	r assets no	t		
	included on Form 990, Part X?									[Yes	No
b	If "Yes," explain the arrangement in I	Part XII	I and com	plete the fo	llowing tal	ole:		-3		~		
			1							Amount		
С	Beginning balance						1c	1		, #	14	
d	Additions during the year										/	
е	Distributions during the year											`
f	Ending balance			×			1f	7				
2a	Did the organization include an amou							stodial	account lia	bility?	Yes	No
b	If "Yes," explain the arrangement in I											
	rt V Endowment Funds.											
Lantin Sili	Complete if the organization	on ans	wered "Ye	es" on For	m 990. F	Part IV.	line	10.				
			rrent year	(b) Pric		(c) Two			(d) Three ye	ears hack	(e) Four y	ears hack
4.	Designing of year belones					- '	-		(4) 111100)	outo puot	(b) i dai j	- Duon
1a	0 0 ;											*
D	Contributions											
С	Net investment earnings, gains,											
												-
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs						-					
f	Administrative expenses											
g	End of year balance											-
2	Provide the estimated percentage of	f the cu	rrent year	end baland	e (line 1g,	column	(a))	held as	:			
a	Board designated or quasi-endowmen	nt 🛌	***************************************	_%								
b	Permanent endowment											
С	Term endowment ▶%	•										
	The percentages on lines 2a, 2b, and											
3a	Are there endowment funds not in the	e posse	ession of tl	he organiza	ation that	are held	d and	d admir	istered for	the	_	
	organization by:										Υ	es No
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the related						?				3b	
4	Describe in Part XIII the intended use			ition's endo	wment fu	nds.						
Pa	rt VI Land, Buildings, and Equip	pment.		II - -	000	D 1 1 1 1	12	44- (000 D		40
	Complete if the organization of property		(a) Cost or	es" on Fo r other basis stment)	(b) Cost	Paπ IV, or other ba other)		(c) Acc	cumulated eciation) Book valu	The same of the sa
1a	Land		***************************************									
b	Buildings	ſ	-		4	147,42	3.		54,191.		39	3,232.
С	Leasehold improvements	}						9				
d	Equipment					39,29			36,331.			2,967.
	Other				1	L29 , 23			67,501.		6	1,735.
Tota	I. Add lines 1a through 1e. (Column (d	d) must	t equal For	n 990, Part	X, colum	n (B), lin	e 10	c.)	▶		45	7,934.
							-			School	ule D (Eorn	990) 2019

Page	2
raye	_

Pa	rt Organizations Maintaining C	ollections of	Art, Histo	rical Tre	easures	, or	Other	Similar Ass	ets (c	ontinued)
3	Using the organization's acquisition, ac	cession, and	other reco	rds, check	k any of	f the	follow	ring that make	e signi	ificant us	e of its
	collection items (check all that apply):										
а	Public exhibition	-	d	Loan	or excha	ange	progra	m ,	v.		
b	Scholarly research	he.	е	Other							
С	Preservation for future generation	S -1									
4	Provide a description of the organization	on's collections	s and expl	ain how t	they furt	ther	the or	ganization's e	xempt	purpose	in Part
	XIII.	K.	,								
5	During the year, did the organization soli	icit or receive o	donations o	of art, hist	orical tre	easur	res, or	other similar			
	assets to be sold to raise funds rather that	an to be maint	ained as pa	art of the	organiza	ation's	s collec	ction?		Yes	No
Pa	rt IV Escrow and Custodial Arrang							,			
	Complete if the organization a	answered "Ye	es" on For	m 990, F	Part IV,	line	9, or r	eported an a	moun	t on Forr	m
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, cu										
	included on Form 990, Part X?								L	Yes	No
b	If "Yes," explain the arrangement in Par-	t XIII aŋd com _l	plete the fo	llowing tal	ole:		-3		~		
	Y .		7 A		7		/	An	nount		
C	Beginning balance								2, 1	14	
d	Additions during the year								1 / 1		
е	Distributions during the year										1
f	Ending balance						*				
2a	Did the organization include an amount										No
	If "Yes," explain the arrangement in Par	t XIII. Check h	ere if the e	xplanation	has bee	en pr	ovided	on Part XIII .			
Pa	rt V Endowment Funds.			000 5			40				
	Complete if the organization		T								
	(a) Current year	(b) Prio	or year	(c) Two	years	s back	(d) Three years	back	(e) Four ye	ars back
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				L						
2	Provide the estimated percentage of the	current year		e (line 1g,	column	(a))	held as	1			
a	Board designated or quasi-endowment		%								
b	Permanent endowment	_%									
С	Term endowment ▶%	المنابعة المانات ما	4000/								
20	The percentages on lines 2a, 2b, and 2c			-4: 414			ll :-				
эa	Are there endowment funds not in the programization by:	ossession of ti	ne organiza	ation that	are neic	a and	ı admır	nistered for the		Ye	es No
	organization by:										25 NO
	(i) Unrelated organizations									3a(i)	
h	(ii) Related organizations	· · · · · · · · · ·	od oo roquir	od on Coh	odulo D					3a(ii) 3b	-
4	Describe in Part XIII the intended uses of									30	
Contract of the last	rt VI Land, Buildings, and Equipme		ation's endo	winent iui	105.		***				
1 4	Complete if the organization	answered "Y	es" on Fo	rm 990,	Part IV,	line	11a. S	See Form 99	0, Pai	t X, line	10.
	Description of property		r other basis		or other ba	sis		cumulated	(d)	Book value	•
1a	Land		stment)	(0	other)		aepr	eciation			
b	Buildings				147,42	3.		54,191.		393	3,232.
C	Leasehold improvements			1		-		,			1202.
d	Equipment				39,29	18.		36,331.			2,967.
e	Other			1	L29,23			67,501.			735.
-	I. Add lines 1a through 1e. (Column (d) n		m 990 Part				2)	D	***************************************		,934.
		.act oqual i oli	ooo, r art	A, OGIGITI	יווו , נטן, וווו	5 700			0 - 1 1	Io D (Form	

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part I	X, line 12.
-	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	al derivatives			
	held equity interests			
(3) Other_	// // // // // // // // // // // // //		,	
(A)		H.		
(B)		-		
(C)				.,
(D)				
(E)				
(F)				
(G)				***************************************
(H)		•		***************************************
	n (b) must equal Form 990, Part X, col. (B) line 12.)		N N	
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	Part IV line 11c See Form 990 Part I	K line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:	τ, πιο το.
	, y = ====page or missourism	, Jook value	Cost or end-of-year market value	
(1)		К.	1	1
(2)			1	
(3)	1			
(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	l "Yes" on Form 990	Part IV. line 11d. See Form 990. Part 2	X. line 15.
		scription		Book value
(1)			12,	,
(2)				
(3)				
(4)				
(5)				
(6)		1 100 100 100 100 100 100 100 100 100 1		
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) l	ine 15)	.	
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990	, Part X,
1.		tion of liability	rts.	Book value
	ral income taxes	aron or nability	(b)	, DOOR VAIUE
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			,	,
(8)				
(9)	an (h) must assul Ferri 200 Park (1911)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that report the text of the feetnate has been received in	orts the
organization	's liability for uncertain tax positions under FASB	430 /40. Uneck here if	the text of the footnote has been provided in F	rant XIII

Part 1	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	4
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:		v.
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	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:		
a	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.)		
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Reto Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	· ·	
1	Total expenses and losses per audited financial statements	1	* 4
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	-	
С	Other losses		
d	Other (Describe in Part XIII.)	100000	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	11.00
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	40	
C	Add lines 4a and 4b		
5 Dort	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	3	
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	mation	
	,	-	

Part XIII Supplemental Information (continued)

SCHEDULE (Form 990)

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

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

	Go to waw ire gov/Form990 for the latest information
0.	toote.
rm 99	or tho
to Fo	noon f
Attach to Form 990.	DV/Form
	ire ou
	14/14/14/
	Ş
	G

14	
5-004	a
1545	-
Š	
OMB	69
O	

Open to Public Inspection

Employer identification number 20-0154935

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

SOUPMOBILE, INC

Department of the Treasury Internal Revenue Service Name of the organization

\leq	OCCITION TINC	CCC#C+O 02	
Pa	Part I General Information on Grants and Assistance		
~	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	assistance, and	
	the selection criteria used to award the grants or assistance?	X Yes	No No
8	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		\! }
Pa	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	in answered "Yes" or	n Form 990,

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)					7		
				j		394	- T
(2)						,	
				` ` `	1		
(3)					×	,	
				j.	1.30		
(4)							
(5)							
(9)							
					*		
(7)							
				5			
(8)					7-		
ਹ -							
(6)							
							1
(10)							a a
(11)					,		-0
					r',		
(12)				ı			v
					.4		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	jovernment o	rganizations list	ted in the line 1 tab			•	
3 Enter total number of other organizations listed in the line		1 table	1 table				

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

9E1288 1.000

7/8/2021

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FOOD & CLOTHING FOR HOMELESS	9,700.	23,521.	418,936.	COST & FMV	FOOD & CLOTHING
2 HOMES FOR HOMELESS	8	582.	5,772. COST	COST	PROVIDING HOMES
3 CHRISTMAS EVE EVENT	.005	1,810.		COST	BANQUET& GIFTS
4 CHURCH SERVICES	15,200.	13,100.	5,100. COST	COST	FOOD
ro.					7.
9				No. of the latest transfer to the latest transfer transfer to the latest transfer tr	de.
				1	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	information re	quired in Part I,	line 2, Part III, o	column (b); and any o	ther additional

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

SCHEDULE I PART I LINE 2:

NO GRANTS WERE GIVEN WITH STIPULATIONS TO FUND USE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SOUPMOBILE, INC

Attach to Form 990.

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

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

Inspection Employer identification number

20-0154935

Par	Types of Property		· ī	,	1			
	7	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont	(d) deter ributio	mining n amo	unts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household		*		1			
	goods	, X		103,965.	FMV			
6	Cars and other vehicles]	J	~			
7	Boats and planes		· \	1 .				
8	Intellectual property	1	1 3	7	2,1	.1		
9	Securities - Publicly traded		Miles in the second	F 4 2 /	- 1			
10	Securities - Closely held stock				41			1
11	Securities - Partnership, LLC,			1				
	or trust interests			l l				
12	Securities - Miscellaneous)					
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation	`						
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory		659.	333,141.	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 ►(The second section is a second section of the second section s					
	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for				
	which the organization completed I				29			
	·····		,	,••			Yes	No
30a	During the year, did the organizat	tion receive	by contribution any prope	erty reported in Part I. line	s 1 through			
	28, that it must hold for at least t			•	-			
	to be used for exempt purposes for	-				30a		Χ
b	If "Yes," describe the arrangement		0					
31	Does the organization have a		tance policy that require	es the review of any	nonstandard			
	•	• .		•		31	Х	
32a	contributions?							
		-	-	•		32a		Χ
h	contributions?							
	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a) is checked			
	describe in Part II.		(-) (-) (-) (-) (-) (-) (-) (-) (-) (-)		,			Sept. Lab

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019)

Part II

Page 2

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.

JSA

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOUPMOBILE, INC

Employer identification number

20-0154935

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 AND SIGNED BY THE EXECUTIVE DIRECTOR.

CONFLICT OF INTEREST POLICY ENFORCEMENT AND MONITORING FORM 990, PART VI, LINE 12C:

AT BOARD MEETINGS, THE BOARD DISCUSSES ANY ACTIVITIES THAT MIGHT HAVE EVEN A REMOTE POSSIBILITY OF CAUSING A CONFLICT OF INTEREST.

PROCESS FOR DETERMINING COMPENSATION FORM 990, PART VI, LINES 15A & 15B:

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

PUBLIC DISCLOSURE

FORM 990, PART VI, LINE 19:

Name of the organization Employer identification number SOUPMOBILE, INC 20-0154935 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. ATTACHMENT 1 FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION GRANTS EXPENSES REVENUE PROVIDE HOUSING FOR HOMELESS 6,354. 35,199. TOTALS 6,354. 35,199.

9E1228 1.000