Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 9 **Open to Public**

Department of the Treasury
Internal Revenue Service

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection									ction					
AI	For the	e 2023 cale	ndar year, or tax ye	ar beginning			and end	ding						
			C Name of organization	n							D Emp	oloyer id	entification	number
B	Check if a	pplicable:	SOUPMOBILE,	INC										
	Address charge Doing business as 20-0154935													
	Name	change	Number and street (or D.O. hav if mail is not delivered to street address) Ream/auite E.Telephone number											
-	Initial return 2423 S. GOOD LATIMER EXPRESSWAY (214) 655-6396													
Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$														
-	Amend	ied return	DALLAS, TX 7			0 1							1,199,	901
-	Applica					TMOT	UV			H(a) Is this	a group r	eturn for	Yes	
L	subordinates?													
												, 10		
<u> </u>	I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions. J Website: WWW_SOUPMOBILE_ORG H(c) Group exemption number													
-	Websi		W.SOUPMOBILE											
I Constanting of	A COLUMN TWO IS NOT		n: X Corporation	Trust	Association	Other		L Yea	r of formal	tion: 2003	3 M S	state of	egal domicil	e: TX
P	art I	Summa								, 				
	1	Briefly des	cribe the organization	on's mission	or most signifi	cant activit	ies: SOUPMOE	BILE	IS A	NON-PRO	OFII	MOB	ILE SO	JP
S		KITCHEI	N FEEDING, CL	OTHING, C	ARING FO	R THE	NEEDY & HON	MELES	SS IN	THE DA	LLAS	5		
Activities & Governance		AREA.I	r also provi	DES HOUS	ING ASSI	STANCE	FOR QUALIE	FING	INDIV	IDUALS	•			
Ver	2	Check this	box if the d	organization	discontinued	its oper	ations or dispos	sed of	more t	han 25%	of it	ts net	assets.	
ŝ	3	Number of	voting members of	the governing	g body (Part V	I, line 1a)						3		3
ත්	4		independent voting								1	4		2
tie	5	Total numb	er of individuals en	ployed in ca	lendar year 20	23 (Part V	, line 2a)				[5		3
tivi	6		er of volunteers (es								E E	6		275
Ac			ated business reven									7a		
	1		ed business taxable									7b		
		Hot unrolu				r arci, into				Prior Ye			Current	Year
	0	Contributions and grants (Part VIII, line 1h) 1,03												8,572.
Revenue	8									1,051			1,10	an an international statements
ven	9		ervice revenue (Part									NE	~	NONE
Re			income (Part VIII, o									6.	3	0,365.
	11	Other reve	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							420.			964.	
	12	Total rever	ue - add lines 8 thr	ough 11 (mus	st equal Part V	III, column	(A), line 12)			1,032				9,901.
	13	Grants and	l similar amounts pa	id (Part IX, co	lumn (A), lines	s 1-3) 🚬				427	7,92	0.	42	5,800.
	14	Benefits pa	s paid to or for members (Part IX, column (A), line 4)								NC	NE		NONE
Ś	15	Salaries, o	s, other compensation, employee benefits (Part IX, column (A), lines 5-10)							132	2,57	8.	15	6,895.
Expenses	16a	Profession	al fundraising fees (I	Part IX, colum	in (A), line 11e						10	10.		NONE
cpe	b		aising expenses (Pa				25,133.					1		
ш	17		nses (Part IX, colun						-	446	5,59	9.	5'9	2,342.
			nses. Add lines 13-							1,007	and the second second second			5,037.
	19		ess expenses. Subtr						termine the second s		5,37			4,864.
200		Revenue is	ss expenses. Subil	act line to no						ning of Cur			End of Y	and the second se
Net Assets or Fund Balances	20	Total	Ord V Fra 40											
Sala	20		s (Part X, line 16)						•	1,735				2,239.
et A	21		ties (Part X, line 26)							4. A	3,71		and the second standard stand street street	3,922.
CONTRACTOR	and the second se	And the second se	or fund balances. S	Subtract line 2	1 from line 20					1,731	1,63	5.	1, /5	8,317.
the second property of	art II		ure Block		****				<i>a</i>					
Un	der pe	nalties of per	ury, I declare that I hat lete, Declaration of pre	ave examined t	his return, incluant officer is bas	uding accon	npanying schedules	and sta	tements, any ki	and to the b	pest of	my kno	wledge and	belief, it is
						D					-1		10	211
0:-			Lave	<u> </u>	Inno	1				N	why	110	20	24
Sig		Signature of				1-		- >	: 1	Date	- /	1	/	
He	re	-DA	VID TI	MOTH	44 -	/EXI	ECUTIVE	1	NKE	ECTO	つバ	5		
		Type or prin	t name and title		and all the second s	**********								
		Print/Type	preparer's name	***	Preparer's si	gnature		Date		Check		if PTI	N	
Pai	d										mploye		142434	3
	parer	Firm's nam	BRIICE E	BERNETT	EN & ASSC	ገርፐልጥምሩ				Firm's EIN			- 12 101	
Use	Only			and the state of the	Andrew Construction of the Construction		LAS, TX 75231					21 /	-706-0	840
Me	v tha	Firm's addr	ess 10440 N							Phone no.				T
-	and other states of the states										· · ·	•••	X Yes	No No
For	Раре	rwork Redu	iction Act Notice, s	ee the separa	ate instruction	15.							Form 9	90 (2023)
JSA														ć

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	SOUPMOBILE, INC	20-0154935
Forr	m 990 (2023)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	SOUPMOBILE, INC. IS A NON-PROFIT MOBILE SOUP KITCHEN FEEDING,	
	CLOTHING, AND CARING FOR THE NEEDY AND HOMELESS IN THE DALLAS AREA.	
	SOUPMOBILE ALSO PROVIDES HOUSING ASSISTANCE FOR QUALIFING	
	INDIVIDUALS.	
2	Did the organization undertake any significant program services during the year which were not listed prior Form 990 or 990-EZ?	d on the Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any pervices?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grant the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$692,636. including grants of \$382,761.) (Revenue \$)
	FEEDING: THE SOUPMOBILE SERVES 250,000 MEALS PER YEAR TO THE	
	HOMELESS AND HUNGRY.	
4b	(Code:) (Expenses \$35,948. including grants of \$35,948.) (Revenue \$))
	CHURCH: PROVIDE A NON-DENOMINATION CHURCH FOR THE HOMELESS.	
4c	(Code:) (Expenses \$7,091. including grants of \$7,091.) (Revenue \$)
	HOUSING: THE SOUPMOBILE HELPS SHELTER THE HOMELESS IN TINY	
	HOMELESS AND EMERGENCY OVERNIGHT MOTEL ROOMS.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses735,675.	
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	07/00/2021 12.22.21	11

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Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 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,	-		
0	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		X
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
40	"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)? <i>If "Yes," complete Schedule E</i>	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
U	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?]	_	_
	If "Yes," complete Schedule G, Part III	19		Х
	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Part IV Checklist of Required Schedules (continued)

Form 990 (2023)

			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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
20 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		X
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		Х
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	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
• •	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		3.7
22	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	or IV, and Part V, line 1.	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			·L
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	(0000)
3E1030	1.000	⊦orm	330	(2023)

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Par	t V 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									
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	a 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)?									
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
	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 organization 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?	<u>6a</u>		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
_	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		v						
	and services provided to the payor?	7a 7b		X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х						
h	required to file Form 8282?	10								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
	Did the organization receive any runus, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X						
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8										
	sponsoring organization have excess business holdings at any time during the year?	8		Х						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	-								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-								
11	Section 501(c)(12) organizations. Enter:									
	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.)	40-								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a								
a	Is the organization licensed to issue qualified health plans in more than one state?	lou								
h	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									
C	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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		Х						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	/ -								
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17								

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Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	on 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 <u>3</u>			
	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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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		
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 on 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-		
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		37
	with a taxable entity during the year?	16a		X
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	4.04		
Sect!	organization's exempt status with respect to such arrangements?	16b		L
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed	_ /		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	t inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	S.		
	DAVID TIMOTHY 2423 S. GOOD LATIMER EXPRESSWAY DALLAS, TX 75215	F -	000	(0000)
JSA	214-655-6396	⊢orm	390	(2023)
3E1042	2.000			

Page 7

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both or/trust	an tee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) DAVID TIMOTHY	60.00									
PRESIDENT & TREASURER	NONE	Х		Х				96,384.	NONE	NONE
(2) CYNTHIA LEFTRICK	5.00	-								
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(3) MARGARET D BENSON	5.00	-								
VICE PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(4)		-								
(5)										
(6)										
(7)										
(8)										
(9)										
<u>(10)</u>										
<u>(11)</u>										
(12)										
(13)										
(14)										

-	990 (2023)										Page 8
Ра	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and I	ligl	hest Compensat	ed Employees (co	ontinued)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	Pos neck ss pe	more rson	e than o is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
							<u>a</u>				
			-								
			-								
			-								
1b	Sub-total							►	96,384.	NONE	NONE
	Total from continuation sheets to Part VII, Se	-							NONE		NONE
d 2	Total (add lines 1b and 1c)	limited to t	hose	liste	d al	bove	e) who	► o re	96,384. ceived more than	NONE \$100,000 of	NONE
4 5 Sec 1	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the so organization and related organizations gree <i>individual</i> Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Yes</i> ction B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report c year.	er, directo ule J for sur sum of rep eater than accrue co es," comple pensated i	ch ind portation \$15 mpen <u>te Sch</u> ndepe	lividu ole c 50,00 sationedu ende	ister <i>Jal</i> com 00? on f <i>Je J</i>	e, pen <i>If</i> from <i>for</i>	key e sation "Yes a any such tracto	n ai s," (uni <i>per</i>	nd other compension complete Schedu related organization son	sation from the le J for such on or individual	

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	listed above) who received	

	000	(0000)
Form	990	(2023)

Part VIII	Statement of Revenue

		Check if Schedule O contains a respon	se or note to an	y line in this Part V	/111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts, nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
	С	Fundraising events 1c					
	d	Related organizations					
	е	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants,					
		and similar amounts not included above - 1f	1,168,572.				
	g	Noncash contributions included in					
		lines 1a-1f					
<u>0</u> a	h	Total. Add lines 1a-1f		1,168,572.			
			Business Code				
Program Service Revenue	2a						
ue C	b						
n S en	с						
rar ev	d						
<u>бо</u>	е						
ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		6,366.			6,366.
	4	Income from investment of tax-exempt bond	proceeds	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a	23,999.				
ne	b	Less: cost or other basis					
Sevenue		and sales expenses 7b					
Sev	с	Gain or (loss) 7c	23,999.				
	d	Net gain or (loss)		23,999.			23,999.
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	NONE				
	С	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	с	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances • • • • • • • 10a	NONE				
	b	Less: cost of goods sold	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
ns			Business Code				
Miscellaneous Revenue	11a	MISC	999999	964.	964.		
en	b						
Sev Sev	с						
Mis	d	All other revenue					
		Total. Add lines 11a-11d		964.			
	12	Total revenue See instructions		1.199.901	964		30.365

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 respo	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		oxponoco	general expenses	oxponede
•	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	425,800.	425,800.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	96,384.		96,384.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	NONE			
-	persons described in section 4958(c)(3)(B)	NONE		AC 754	
	Other salaries and wages	46,754.		46,754.	
8	Pension plan accruals and contributions (include	NONE			
~	section 401(k) and 403(b) employer contributions)	2,502.		2,502.	
9 10		11,255.		11,255.	
10		11,200.		11,200.	
11	Fees for services (nonemployees):	NONE			
	Management	NONE			
	Accounting	50,261.		50,261.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column				
Ū	(A), amount, list line 11g expenses on Schedule O.)	82,674.	59,060.	78.	23,536.
12	Advertising and promotion	60,058.	31,844.	26,714.	1,500.
13	Office expenses	211.		211.	
14	Information technology	28,603.	11,034.	17,569.	
15	Royalties	NONE			
16	Occupancy	59,045.	31,429.	27,616.	
17	Travel	NONE			
18	5				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	544.		544.	
20		NONE			
21	Payments to affiliates	NONE		07 774	
22	Depreciation, depletion, and amortization	87,774.	7,419.	87,774.	
23		57,499.	7,419.	50,000.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
2	SUPPLIES	96,324.	88,326.	7,998.	
b		32,137.	32,026.	111.	
	AUTO EXP	29,088.	28,748.	340.	
	REPAIR MATERIALS	11,582.	11,582.	•	
	All other expenses	16,542.	8,407.	8,038.	97
	Total functional expenses. Add lines 1 through 24e	1,175,037.	735,675.	414,229.	25,133
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Page	1	1	

	Check if Schedule O contains a response or note to any line in this Pa	(A)	· · · ·	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	768,968.	1	815,872.
2	Savings and temporary cash investments	NONE	2	NONI
3	Pledges and grants receivable, net	NONE	3	NONI
4	Accounts receivable, net	NONE	4	NONI
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	NONE	5	NONI
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).	NONE	6	NON
£ ⊈	Notes and loans receivable, net	NONE	7	NON
Assets	Inventories for sale or use	NONE	8	NONI
∛∣ 9	Prepaid expenses and deferred charges	347.	9	3,427
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 1, 303, 790.			
	b Less: accumulated depreciation	959,422.	10c	936,584.
11	Investments - publicly traded securities.	NONE		NONI
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11.	NONE		NON
14	Intangible assets	NONE		NON
15	Other assets. See Part IV, line 11	6,616.		16,356
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,735,353.		1,772,239.
17	Accounts payable and accrued expenses.	3,718.	17	13,922
18	Grants payable	NONE		NONI
19	Deferred revenue	NONE		NONI
20	Tax-exempt bond liabilities	NONE		NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NON
	Loans and other payables to any current or former officer, director,	none		
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NON
23	Secured mortgages and notes payable to unrelated third parties	NONE		NON
24	Unsecured notes and loans payable to unrelated third parties.	NONE		NON
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	NONE	25	NONI
26	Total liabilities. Add lines 17 through 25.	3,718.		13,922
	Organizations that follow FASB ASC 958, check here	5,710.	20	15, 522
Ces	and complete lines 27, 28, 32, and 33.			
	Net assets without donor restrictions		27	
	Net assets with donor restrictions.		28	
2	Organizations that do not follow FASB ASC 958, check here		20	
리	and complete lines 29 through 33.			
ັ 29	Capital stock or trust principal, or current funds	1 721 625	20	1 750 217
ets 30	Paid-in or capital surplus, or land, building, or equipment fund	1,731,635.	29	1,758,317.
	Retained earnings, endowment, accumulated income, or other funds	NONE		NONI
Net Assets or Fund Balances	Total net assets or fund balances	NONE		NONI
2 33		1,731,635.	32	1,758,317.
33	Total liabilities and net assets/fund balances	1,735,353.	33	1,772,239. Form 990 (2023)

Form 990 (2023)

	SOUPMOBILE, INC 2	20-015	4935			
Form 99					Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1,1	99,	901.
2	Total expenses (must equal Part IX, column (A), line 25)		2	1,1	75,	<u>037</u> .
3	Revenue less expenses. Subtract line 2 from line 1		3		24,	<u>864</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	1,7	31,	<u>635</u> .
5	Net unrealized gains (losses) on investments		5		1,	<u>818</u> .
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)	L	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X	, line				
	32, column (B))		10	1,7	58,	<u>317</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "O	ther," exp	olain on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent account			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year w	ere com	oiled or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate ba	asis				
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year we	ere audite	ed on a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate ba	asis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibilit	y for over	sight of			
	the audit, review, or compilation of its financial statements and selection of an independent a	accountan	t?	2c		
	If the organization changed either its oversight process or selection process during the tax	year, exp	olain on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits a					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did		•			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo	such auc	dits	3b	000	

SCHE	DULE	F
(Form	990)	

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.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

nten	iai re	venue Service		ee to minimolyo	in onnisso for matricelle	no una n		monnat		Inspection			
Name of the organization									Employer identification number				
		DBILE, INC								154935			
Par				•	organizations must			/		IS.			
	orga				is: (For lines 1 throug		•		,				
1					tion of churches desc			70(b)(1)(A)(i).				
2					. (Attach Schedule E								
3		-	-		rganization described				-				
4			-	-	conjunction with a hos	spital des	scribed ir	n sectio	on 170(b)(1)(A)	(III). Enter the			
F		hospital's name, o	-		a college or universit		d or one	ratad k		ntal unit described	in		
5		-	-		a college of universit	y owned	a or ope		by a governme		111		
6		section 170(b)(1)			rnmental unit describe	d in soct	ion 170/	b)(1)(A	\/y)				
7	v		-	-	ostantial part of its su		-			om the general put	alic		
'		-		(1)(A)(vi). (Compl	-	pport int	Jili a go	vernine		on the general put	110		
8					b)(1)(A)(vi). (Complete	Part II)							
9					ed in section 170(b)(1		nerated	l in con	iunction with a	land-grant college			
Ŭ		-		-	riculture (see instruct		-						
		university:	non lana	grant conogo or ag		юпо). Е		namo, e	ity, and clate c	and conloge of			
10			hat norma	Ilv receives (1) mo	ore than 331/3 % of its	support	from cor	ntributic	ons. membersh	ip fees, and gross			
		receipts from acti	ivities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and ()	no more thar	1 331/3 % of its			
		support from gros	ss investr proanizatio	n after June 30 1	nrelated business tax 975. See section 509	able inco (a)(2), ((ome (less Complete	s sectio Part III	n 511 tax) from	businesses			
11					usively to test for publi								
12		An organization o	organized a	and operated exclu	sively for the benefit o	of, to perf	form the	functio	ns of, or to car	ry out the purposes	of		
		one or more publi	icly suppo	rted organizations	described in section 5	09(a)(1)) or sect	ion 509	(a)(2). See see	:tion 509(a)(3). Che	eck		
		the box on lines 1	12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and co	mplete lines 1	2e, 12f, and 12g.			
а		Type I. A suppo	orting orga	anization operated	, supervised, or contr	olled by	its supp	orted o	rganization(s),	typically by giving			
		the supported o	organizatio	on(s) the power to	regularly appoint or e	lect a ma	ajority of	f the dir	ectors or truste	es of the			
	_	_ supporting orga	anization.	You must complet	e Part IV, Sections A	and B.							
b		Type II. A supp	orting org	anization supervise	ed or controlled in co	nnection	with its	suppo	rted organizati	on(s), by having			
			-		rganization vested in	the sam	e persor	ns that o	control or man	age the supported			
	_				, Sections A and C.								
С					ng organization opera					ly integrated with,			
_			•	. , .	s). You must comple								
d			-		porting organization o	-							
			-		nization generally mus	-			-	an attentiveness			
_				•	omplete Part IV, Sect					L Trans III			
е					a written determinatio				а туре і, туре і	і, туре ш			
f	Enf			l organizations	ionally integrated sup	porting c	nganizai	lion.			٦		
a				-	orted organization(s).					•••••			
		ame of supported organ		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Am	ount of monetary	(vi) Amount of			
	.,				(described on lines 1-10	listed in you	ur governing	s	upport (see	other support (see			
					above (see instructions))	Yes	ment? No	Ir	structions)	instructions)			
(A)													
(B)													
<u>ь</u>													
(C)													
-,													
(D)													
,													
(E)													

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 3E1210 1.000

Total

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,215,378.	1,724,739.	1,722,565.	1,031,973.	1,168,572.	6,863,227.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	1,215,378.	1,724,739.	1,722,565.	1,031,973.	1,168,572.	6,863,227.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						376,711.
6	Public support. Subtract line 5 from line 4						6,486,516.
	tion B. Total Support					Г Г	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,215,378.	1,724,739.	1,722,565.	1,031,973.	1,168,572.	6,863,227.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,438.	1,912.	401.	545.	964.	7,260.
11	Total support. Add lines 7 through 10						6,877,573.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	7,260.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>		l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	ge			1	
14	Public support percentage for 2023 (lin	• • •				14	94.31 %
15	Public support percentage from 2022					15	95.66 %
16a	331/3% support test - 2023. If the org	•					
	box and stop here. The organization qu	•	• • • •	•			
b	331/3% support test - 2022. If the org						
	this box and stop here . The organization	-		-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization						•
	Part VI how the organization meets			•	•		
-	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz						
	in Part VI how the organization meets			-	-		
40	organization						
18	Private foundation. If the organizatio						
	instructions						<u></u>

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 $\hfill .$						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	tion B. Total Support	(a) 2019	(b) 2020	(a) 2021	(d) 2022	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(u) 2022	(e) 2023	(f) Total
9 10 a	Amounts from line 6						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.) • • • • • • • • • • • • • • • • • • •	L					
14	First 5 years. If the Form 990 is fo	-			•		
	organization, check this box and stop here			<u></u>			
	tion C. Computation of Public Sup						
15	Public support percentage for 2023 (line 8					15	%
16	Public support percentage from 2022 Sche					16	%
	tion D. Computation of Investmen			40 1 (5)			0/
17	Investment income percentage for 2023 (li					17	%
18	Investment income percentage from 2022						%
19 a	331/3% support tests - 2023. If the of	-					
	17 is not more than 331/3%, check thi	-	-	•	• •	•••••	
b	331/3% support tests - 2022. If the org						
20	line 18 is not more than 331/3%, check		•	•	. ,		
20 JSA	Private foundation. If the organization			14, 19a, 01 19D	, GIEGN LIIS DO		e A (Form 990) 2023
	1 1.000					concaut	

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

Section A. All Supporting Organizations

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

Schedule A (Form 990) 2023

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2023

Page 5

2

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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	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.

Section 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).
 Image: Control organization was vested in the same persons that controlled or managed the support organization (s).
 Image: Control organization was vested in the same persons that control or managed the support organization (s).
 Image: Control organization was vested in the same persons that control or managed the support of the support o

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI</i> the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions).	
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	b The organization is the parent of each of its supported organizations. Complete line 3 below.				
С	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).				
_	• •		Ye	s N	10
2	Acti	vities Test. Answer lines 2a and 2b below.			
а	Did	substantially all of the organization's activities during the tax year directly further the exempt purposes of			

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.

- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3b

2a

2b

SOUPMOBILE, INC Schedule A (Form 990) 2023		20-	0154935 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga 1 Check here if the organization satisfied the Integral Part Test as a qualifyin integrated supporting organ	g trust on	Nov. 20, 1970 <i>(expla</i>	
instructions. All other Type III non-functionally integrated supporting organ Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 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		
	1 - 1		

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

Schedule A (Form 990) 2023

Schedu	le A (Form 990) 2023				Page 7		
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)				
Sect	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity 2						
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2023 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023						
	(reasonable cause required - <i>explain in Part VI)</i> . See						
	instructions.						
3	Excess distributions carryover, if any, to 2023						
a	From 2018						
b	From 2019						
	From 2020						
d	From 2021						
e	From 2022						
f	Total of lines 3a through 3e						
<u>g</u>	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2023 distributable amount						
i	Carryover from 2018 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from						
4							
	Section D, line 7: \$ Applied to underdistributions of prior years						
b	Applied to 2023 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if						
5	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, <i>explain in Part VI.</i> See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h						
Ŭ	and 4b from line 1. For result greater than zero, <i>explain in</i>						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
•	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2019						
b	Excess from 2020						
C	Excess from 2021						
d	Excess from 2022						
е	Excess from 2023						

Schedule A (Form 990) 2023

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

SCHEDULE	Α,	PART	ΙI	-	OTHER	INCOME

Schedule A (Form 990 or 990-EZ) 2023

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
OTHER INCOME	3,438.	1,912.	401.	545.	964.	7,260.
TOTALS	3,438.	1,912.	401.	545.	964.	7,260.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Employer identification number

SOUPMOBILE, INC		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 fou	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

501(c)(3) taxable private foundation

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

	SUDPMOBILE, INC 20-0134933				
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	MORAN FAMILY FOUNDATION PO BOX 209 CHATFIELD, TX 75105	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	YMSL 3411 PETERS COLONY RD FLOWER MOUND, TX 75022	\$46,894.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	COCA COLA COMPANY 14185 DALLAS PKWY FARMERS BRANCH, TX 75240	\$49,519.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	NATIONAL CHARITY LEAGUE INC (NCL) PO BOX 92681 SOUTHLAKE, TX 76092	\$45,540.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	CHRIS CURTIS 5641 SMU BLVD, STE 100 DALLAS, TX 75206	\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	DOYLE, JONATHAN & CHRISTINA 4723 ROYAL LANE DALLAS, TX 75206	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2023)

	(Form 990) (2023)		Page 3
Name of or	-		entification number
	SOUPMOBILE, INC		0154935
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is nee	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	FOOD	\$45,540	12/31/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD		12/31/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD		12/31/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

32

Name of organ				Employer identification number			
Part III 5	SOUPMOBILE, INC clusively religious, charitable, etc.	aantributiana ta ara	onizationa dagarik	20-0154935			
(1) the cc Us	O) that total more than \$1,000 for e following line entry. For organization pontributions of \$1,000 or less for the se duplicate copies of Part III if additional	the year from any o i ons completing Part I e year. (Enter this info	ne contributor. Con II, enter the total of Irmation once. See	mplete columns (a) through (e) and exclusively religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	i gift	(d) Description of how gift is held			
		(e) Transfer	-				
-	Transferee's name, address, a	and ZIP + 4	Relationshi	p of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
Part I							
-	(e) Transfer of gift						
	Transferee's name, address, a		-	p of transferor to transferee			
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of	i gift	(d) Description of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
-		(e) Transfer	of gift				
	Transferee's name, address, a	and ZIP + 4	Relationshi	p of transferor to transferee			
-							
JSA				Schedule B (Form 990) (2023)			

Schedule B (Form 990) (2023)

SCHEE	DULE 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.

2023 lic

OMB No. 1545-0047

	artment of the Treasury	Co to unusuing your	Attach to Form 990.					Open to Public
	rnal Revenue Service te of the organization	Go to www.irs.gov.	/Form990 for instructions a	and the	latest inform		ployer identific	Inspection
SOUPMOBILE, INC 20-0154935 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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			vised Funds or Other	Simila	r Funds or			930
		-					Junto	
	•••••	<u></u>			,		(b) Funds and	d other accounts
1	Total number at e	end of year					()	
2		of contributions to (during year)						
3		of grants from (during year)						
4		at end of year.						
5		tion inform all donors and dono				in do	nor advised	
	•	anization's property, subject to th	•					Yes No
6	Did the organization	tion inform all grantees, donors,	and donor advisors in w	riting t	that grant fu	unds d	an be used	
	only for charitabl	e purposes and not for the ben	efit of the donor or dono	or advis	sor, or for a	iny otl	ner purpose	
		missible private benefit?					<u></u>	Yes No
Pa		ation Easements						
		e if the organization answered						
1		nservation easements held by th	- · ·					
		on of land for public use (for example	e, recreation or education)				-	portant land area
		of natural habitat	L	PI	reservation	of a c	ertified histo	pric structure
2		on of open space a through 2d if the organization l	ald a qualified concerve	tion oo	ntribution in	the f	orm of a cor	a any ation
2		last day of the tax year.	ieid a quaimed conserva					End of the Tax Year
~		conservation easements				2a		
a b		stricted by conservation easemen				2a 2b		
c	•	ervation easements on a certified				2c		
d		ervation easements included on I						
		structure listed in the National Re				2d		
3		ervation easements modified, tra	-				by the org	anization during the
	tax year			0	,		, 0	5
4	Number of states	where property subject to cons	ervation easement is loca	ted				
5	Does the organi	zation have a written policy re	garding the periodic m	onitori	ng, inspect	ion, ł	nandling of	
	violations, and en	forcement of the conservation ea	asements it holds?					Yes No
6	Staff and voluntee	r hours devoted to monitoring, ins	pecting, handling of violati	ons, an	nd enforcing	conse	rvation easen	nents during the year
7	Amount of expen	ses incurred in monitoring, inspe	cting, handling of violation	ns, and	enforcing c	onser	vation easen	nents during the year
~						4 A		
8		ervation easement reported on li	-	•				
9		h)(4)(B)(ii)? ribe how the organization reports						Yes No
J		e, if applicable, the text of the fo						
		counting for conservation easem	•			nonto		
P		ations Maintaining Collection		asure	s, or Othe	r Sim	ilar Assets	;
		e if the organization answered						
1a	If the organizatio	n elected, as permitted under F	ASB ASC 958, not to re	eport ir	n its revenu	e stat	ement and	balance sheet works
-	of art. historical	treasures, or other similar assonant of the footnote	ets held for public exhi	bition.	education.	or re	search in fu	urtherance of public
۲								ance shoot works of
b		on elected, as permitted under F asures, or other similar assets he						
		ving amounts relating to these ite			,			
		uded on Form 990, Part VIII, line						
		ed in Form 990, Part X						
2	If the organizativ	on received or held works of a	art historical treasures	or oth	or similar	accota	for financi	al gain provide the

а		Φ
b	Assets included in Form 990, Part X	\$

Schee	dule D (Form 990) 2023 SOUP	MOBILE, INC					20	0-0154935	Page 2
Ра	rt III Organizations Maintainin	ng Collections of	Art, Histo	rical Tre	asures,	or Other	Similar Asset	s (continued	d)
3	Using the organization's acquisition		other recor	ds, check	any of t	the follov	ving that make	significant us	se of its
	collection items (check all that apply	/).	_	-					
а	Public exhibition		d	-	or exchan	ge progra	m		
b	Scholarly research		е	Other					
С	Preservation for future generation								
4	Provide a description of the organi XIII.	ization's collections	and expla	ain how t	hey furth	er the or	ganization's exe	mpt purpose	in Part
5	During the year, did the organization	n solicit or receive o	Ionations o	fart histo	orical trea	ISURES OF	other similar		
•	assets to be sold to raise funds rathe							Yes	No
Pa	rt IV Escrow and Custodial Ar				. gaa.				
	Complete if the organizat		es" on Fori	n 990, P	art IV, lir	ne 9, or r	eported an am	ount on For	m
	990, Part X, line 21.			,	,	,			
1a	Is the organization an agent, truste	ee, custodian or o	ther interm	ediary fo	r contrib	utions or	other assets no	ot	
	included on Form 990, Part X?			-				Yes	No
b	If "Yes," explain the arrangement in								
				•			Amo	unt	
с	Beginning balance				1	с			
d	Additions during the year					d			
е	Distributions during the year					е			
f	Ending balance					f			
2a	Did the organization include an amo	ount on Form 990,	Part X, line	21, for e	scrow or	custodial	account liability?	Yes	No
b	If "Yes," explain the arrangement in	Part XIII. Check he	ere if the ex	planation	has been	n provided	in Part XIII		
Ра	rt V Endowment Funds								
	Complete if the organizat	tion answered "Ye	es" on For	m 990, P	Part IV, lii	ne 10.			
		(a) Current year	(b) Prio	r year	(c) Two y	ears back	(d) Three years ba	ck (e) Four y	ears 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								
2	Provide the estimated percentage of		end balance	e (line 1g,	column (a	a)) held as	5:		
а	Board designated or quasi-endowme		%						
b	Permanent endowment	%							
С	Term endowment%								
_	The percentages on lines 2a, 2b, ar								
3a	Are there endowment funds not in th	he possession of th	ne organiza	tion that a	are held a	and admi	nistered for the		
	organization by:								es No
	(i) Unrelated organizations?							3a(i)	
	(ii) Related organizations?								
	If "Yes" on line 3a(ii), are the related	•				•••••		3b	
4	Describe in Part XIII the intended us rt VI Land, Buildings, and Equi		tion's endo	wment fun	Ids.				
Pa	rt VI Land, Buildings, and Equi Complete if the organizat	tion answered "Ye	es" on For	m 990, F	Part IV, li	ne 11a.	See Form 990,	Part X, line	10.
	Description of property	(a) Cost or	other basis	(b) Cost o	r other basis	s (c) Ac	cumulated	(d) Book valu	
4.0	Land	(inves	iment)	(ot	her)	dep	reciation		
1a հ	Land			0	71 200	1	66 000		200
b	Buildings			8	74,380	· 1	66,082.	/08	,298.
с С	Leasehold improvements				90,904		57,967.	20	,937.
d	Equipment.				<u>90,904</u> 38,506		43,157.		,937. ,349.
e Tota	Other	 (d) must equal Form	n 990 Part						, <u>549.</u> ,584.
				.,	.,	(<i>¹//</i> · · ·		936	,

Schedule D (Form 990) 2023

Part VII	Complete if the organization answered	Yes" on Form 990) Part IV line 11b See Form 990	Part X_line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	on:
	(including name of security)		Cost or end-of-year marke	t value
• •	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	n (h) must squal Farm 000. Part X lina 12. col. (P))			
Part VIII	n (b) must equal Form 990, Part X, line 12, col. (B)) Investments - Program Related			
	Complete if the organization answered	Yes" on Form 990), Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year marke	t value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets Complete if the organization answered	Waa" on Form 000	Dert IV line 11d See Form 000	Dort V line 15
	· · ·	scription		(b) Book value
(1)	(a) De	scription		
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, line 15, c	col. (B))		
Part X	Other Liabilities		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered line 25.	l "Yes" on Form 990), Part IV, line 11e or 11f. See Forn	n 990, Part X,
1.		tion of liability		(b) Book value
<u> </u>	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Гotal. (Colun	nn (b) must equal Form 990, Part X, line 25, col. (B)),			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedu	Ile D (Form 990) 2023 SOUPMOBILE, INC	20-0154935	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	
Part	XIII Supplemental Information		

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

SCHEDULE I (Form 990)	Gr Gove ^{Complet}	Grants and (Governments, complete if the organi	Other As and Inc zation answ	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22} .	o Organiza the United orm 990, Part IV,	ltions, d States ^{line 21 or 22.}	°	омв No. 1545-0047 20 23
Department of the Treasury Internal Revenue Service		Go to ww	Atta w.irs.gov/Fo	Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for the latest information.	test information.		•	Open to Public Inspection
Name of the organization							Employer identification number	n number
SOUPMOBILE, INC Pari General In	ILE, INC General Information on Grants and Assistance	ssistance					20-0154935	
1 Does the organiz	Does the organization maintain records to substantiate the	antiate the am	ount of the c	grants or assistar	ice, the grantees	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and	
the selection crite	the selection criteria used to award the grants or assistance?	assistance?						X Yes
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	s for monitorin	ig the use of	grant funds in the	United States.			
Part II Grants an Part IV, lin	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.	estic Organi z received mor	zations and e than \$5,0	Domestic Gov 00. Part II can b	ernments. Com	Iplete if the organizaditional space is r	ation answered "Ye leeded.	s" on Form 990,
1 (a) Name and or §	1 (a) Name and address of organization or government	(b) EIN (c) ¹	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(11)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ernment organize	lizations liste	d in the line 1 tab	e 			
For Paperwork Reductio	For Paperwork Reduction Act Notice, see the Instructions for Form 990	for Form 990.	•••••	•	•	•	Sch Sch	Schedule I (Form 990) 2023

JSA 3E1288 1.000

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Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	ic Individuals	. Complete if th	e organization	answered "Yes" on F	orm 990, Part IV, line 22.
	(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 &	1 FOOD & CLOTHING FOR HOMELESS	24,319	17,721.	259,529.	COST & FMV	FOOD & CLOTHING
2 HOMES F	2 HOMES FOR HOMELESS	m	9,400.		COST	PROVIDING HOUSNG ASS
3 CHURCH	3 CHURCH SERVICES	11,070	7,900.	131,250.	COST	CHURCH-FAITH COUNSEL
4						
ى س						
<u>ں</u>						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	nformation re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional
THE ORG	ORGANIZATION'S PROCEDURES FOR MONITORING	THE	USE OF GRANT FUNDS	' FUNDS		

Page 2

20-0154935

SOUPMOBILE, INC

Schedule I (Form 990) (2023)

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

SCHEDULE I PART I LINE 2:

NO GRANTS WERE GIVEN WITH STIPULATIONS TO FUND USE.

Schedule I (Form 990) (2023)

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer	identification	number
20-	-0154935	

Port I	Typoe	of	Drono
SOUPMOBI	ILE,	ΙN	С

Par	i Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
·	goods	x		226,681.	FMV			
6	Cars and other vehicles.							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
9 10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
4.0	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other				l			
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other				ļ			
18	Collectibles							
19	Food inventory	X	187,544	164,099.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts.							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for				
20	which the organization completed F	• •	• •		29			
		01111 0200,					Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I line	s 1 through			
000	28, that it must hold for at least 3				-			
	used for exempt purposes for the el	•			•	30a		Х
h	If "Yes," describe the arrangement i					oou		
ы 31	Does the organization have a		tance policy that require	e the review of any	nonetandard			
51	-			-		31		v
<u> </u>	contributions?					31		Х
sza	Does the organization hire or use		•			20-		v
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column (a)	is checked,			

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

Schedule M (Form 990) 2023

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
2023
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: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.