

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.

A For the 2017 calendar year, or tax year beginning _____, and ending _____

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization UNITED MOMS CHARITY ASSOCIATION INC</p> <p>Doing business as _____</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6 HARDLEY DR</p> <p>City or town, state or province, country, and ZIP or foreign postal code CRANBURY NJ 08512</p> <p>F Name and address of principal officer: CHUN-HWA CHENG 6 HARDLEY DR. CRANBURY NJ 08512</p>	<p>D Employer identification number 22-3463401</p> <p>E Telephone number _____</p> <p>G Gross receipts \$ 371,646</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶ _____</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p>J Website: ▶ njumca.org</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____</p>		
<p>L Year of formation: _____</p>		<p>M State of legal domicile: _____</p>

Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities: See Schedule O</p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p>3 Number of voting members of the governing body (Part VI, line 1a) _____</p> <p>4 Number of independent voting members of the governing body (Part VI, line 1b) _____</p> <p>5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) _____</p> <p>6 Total number of volunteers (estimate if necessary) _____</p> <p>7a Total unrelated business revenue from Part VIII, column (C), line 12 _____</p> <p>7b Net unrelated business taxable income from Form 990-T, line 31 _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>3</td><td>5</td></tr> <tr><td>4</td><td>0</td></tr> <tr><td>5</td><td>0</td></tr> <tr><td>6</td><td>0</td></tr> <tr><td>7a</td><td>0</td></tr> <tr><td>7b</td><td>0</td></tr> </table>	3	5	4	0	5	0	6	0	7a	0	7b	0	
3	5														
4	0														
5	0														
6	0														
7a	0														
7b	0														
Revenue	<p>8 Contributions and grants (Part VIII, line 1h) 70,537</p> <p>9 Program service revenue (Part VIII, line 2g) _____</p> <p>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 579</p> <p>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) _____</p> <p>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 271,116</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th>Previous Year</th><th>Current Year</th></tr> <tr><td>70,537</td><td>371,065</td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>579</td><td>581</td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>271,116</td><td>371,646</td></tr> </table>	Previous Year	Current Year	70,537	371,065	0	0	579	581	0	0	271,116	371,646	
Previous Year	Current Year														
70,537	371,065														
0	0														
579	581														
0	0														
271,116	371,646														
Expenses	<p>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 318,211</p> <p>14 Benefits paid to or for members (Part IX, column (A), line 4) _____</p> <p>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _____</p> <p>16a Professional fundraising fees (Part IX, column (A), line 11e) _____</p> <p>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0</p> <p>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,739</p> <p>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 324,950</p> <p>19 Revenue less expenses. Subtract line 18 from line 12 -53,834</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>0</td><td>0</td></tr> <tr><td>6,739</td><td>4,116</td></tr> <tr><td>324,950</td><td>346,143</td></tr> <tr><td>-53,834</td><td>25,503</td></tr> </table>	0	0	6,739	4,116	324,950	346,143	-53,834	25,503					
0	0														
6,739	4,116														
324,950	346,143														
-53,834	25,503														
Net Assets or Fund Balances	<p>20 Total assets (Part X, line 16) 337,404</p> <p>21 Total liabilities (Part X, line 26) 0</p> <p>22 Net assets or fund balances. Subtract line 21 from line 20 337,404</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th>Beginning of Current Year</th><th>End of Year</th></tr> <tr><td>337,404</td><td>362,907</td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>337,404</td><td>362,907</td></tr> </table>	Beginning of Current Year	End of Year	337,404	362,907	0	0	337,404	362,907					
Beginning of Current Year	End of Year														
337,404	362,907														
0	0														
337,404	362,907														

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<p>Signature of officer CHUN-HWA CHENG Type or print name and title</p>	<p>Date PRESIDENT</p>			
Paid Preparer Use Only	<p>Print/Type preparer's name KUAN CHUN TSAI, CPA</p>	<p>Preparer's signature KUAN CHUN TSAI, CPA</p>	<p>Date 01/22/18</p>	<p>Check <input type="checkbox"/> if self-employed</p>	<p>PTIN P00125400</p>
	<p>Firm's name Kuan C. Tsai & Assoc, PC</p> <p>Firm's address 204 Bridge St Bldg D Metuchen, NJ 08840-2290</p>	<p>Firm's EIN 22-3484051</p>	<p>Phone no. 732-494-3888</p>		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	45,200	45,200		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,827	12,827		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	284,000	284,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	650		650	
d Lobbying				
e Professional fundraising services. See Part VII, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	300	300		
12 Advertising and promotion	289	289		
13 Office expenses	552	552		
14 Information technology	359		359	
15 Royalties				
16 Occupancy				
17 Travel	1,966		1,966	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	346,143	343,168	2,975	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CHINA	CHILDREN'S EDUCATION	225,000				
(2)			TAIWAN	EDUCATION	59,000				
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

UNITED MOMS CHARITY ASSOCIATION INC
General Information on Grants and Assistance

Employer identification number
22-3463401

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

Part II **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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	RED-CROSS 707 ALEXANDER RD #101 PRINCETON NJ 08540			25,000				HURRICANE RELIEF
(2)	FOUNDATION FOR PEACE (FOR HAITI) P.O. BOX 424 IRONIA NJ 07845			10,000				EDUCATION
(3)	HARVEST INTERNATIONAL P.O. BOX 6690 OCALA FL 34478-6690			6,000				EDUCATION
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017) **UNITED MOMS CHARITY ASSOCIATION INC 22-3463401**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Community Service Award		187			
2 Emergency Relief	5	12,640			
3					
4					
5					
6					
7					

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

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