

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)

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 2018 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
UNITED MOMS CHARITY ASSOCIATION INC

Doing business as _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6 HARDLEY DR

City or town, state or province, country, and ZIP or foreign postal code
CRANBURY NJ 08512

D Employer identification number
22-3463401

E Telephone number _____

G Gross receipts \$ **380,803**

F Name and address of principal officer:
CHUN-HWA CHENG
6 HARDLEY DR.
CRANBURY NJ 08512

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **njumca.org**

H(c) Group exemption number ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: _____

M State of legal domicile: _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
	6	Total number of volunteers (attach schedule if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (A), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 33	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	371,065
	9	Program service revenue (Part VIII, line 2g)	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	581
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	371,646
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	380,803
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	342,027
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,116
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	346,143	
19	Revenue less expenses. Subtract line 18 from line 12	25,503	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	362,907
	21	Total liabilities (Part X, line 26)	0
	22	Net assets or fund balances. Subtract line 21 from line 20	362,907
	22	Net assets or fund balances. Subtract line 21 from line 20	476,694

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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

Signature of officer: **CHUN-HWA CHENG** Date: _____
Type or print name and title: **PRESIDENT**

Paid Preparer Use Only

Print/type preparer's name: **KUAN CHUN TSAI, CPA** Preparer's signature: **KUAN CHUN TSAI, CPA** Date: **01/30/19** Check if self-employed if PTIN: **P00125400**

Firm's name: **Kuan C. Tsai & Assoc, PC** Firm's EIN: **22-3484051**

Firm's address: **204 Bridge St Bldg D Metuchen, NJ 08840-2290** Phone no.: **732-494-3888**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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	40,000	40,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	9,722	9,722		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	212,500	212,500		
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				
d Lobbying				
e Professional fundraising services. See Part IV, line 11				
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	241	241		
13 Office expenses	729	729		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	2,874		2,874	
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	267,016	263,492	3,524	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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CHINA	CHILDREN'S EDUCATION	150,000				
(2)			TAIWAN	EDUCATION	62,500				
(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 ▶ _____

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Community Service Award		228			
2 Emergency Relief	4	9,494			
3					
4					
5					
6					
7					

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

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**SCHEDULE I
(Form 990)**

**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.

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Name of the organization

UNITED MOMS CHARITY ASSOCIATION INC

Employer identification number

22-3463401

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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 noncash assistance	(h) Purpose of grant or assistance
(1)	RED-CROSS 707 ALEXANDER RD #101 PRINCETON NJ 08540			20,000				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			10,000				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 ▶