



## 2019 TAX RETURN

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*Important Documents  
Keep in a safe, please.*

89750  
UMOM NEW DAY CENTERS, INC.

**2019 Client**

**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

**2019**  
**Open to Public Inspection**

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20**

<b>B</b> Check if applicable: <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	<b>C</b> Name of organization <p style="text-align: center;"><b>UMOM NEW DAY CENTERS, INC.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;"><b>3333 E. VAN BUREN</b></p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>PHOENIX AZ 85008</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>**-***1062</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>602-889-0670</b></p> <b>G</b> Gross receipts\$ <b>22,573,802</b>
<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>GREG GIERWIELANIEC</b> <b>3333 E VAN BUREN</b> <b>PHOENIX AZ 85008</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> 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		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.UMOM.ORG</b>		<b>L</b> Year of formation: <b>1985</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M</b> State of legal domicile: <b>AZ</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>TO PREVENT AND END HOMELESSNESS WITH INNOVATIVE STRATEGIES AND HOUSING SOLUTIONS THAT MEET THE UNIQUE NEEDS OF EACH FAMILY AND INDIVIDUAL.</b></p>																									
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>30</b>																								
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>30</b>																								
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>392</b>																								
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>5508</b>																								
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>																								
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<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;"><b>25,183,735</b></td> <td style="text-align: right;"><b>19,825,554</b></td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;"><b>271,708</b></td> <td style="text-align: right;"><b>197,362</b></td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;"><b>75,449</b></td> <td style="text-align: right;"><b>197,095</b></td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;"><b>485,402</b></td> <td style="text-align: right;"><b>2,151,249</b></td> </tr> <tr> <td><b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;"><b>26,016,294</b></td> <td style="text-align: right;"><b>22,371,260</b></td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>25,183,735</b>	<b>19,825,554</b>	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>271,708</b>	<b>197,362</b>	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>75,449</b>	<b>197,095</b>	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>485,402</b>	<b>2,151,249</b>	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>26,016,294</b>	<b>22,371,260</b>						
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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.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>GREG GIERWIELANIEC</b></p> Type or print name and title <p style="text-align: center;"><b>VICE PRESIDENT</b></p>	Date 
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <p><b>RACHEL R. LOCKE, CPA</b></p> Preparer's signature <p><b>RACHEL R. LOCKE, CPA</b></p> Date <p><b>04/14/21</b></p> Check <input type="checkbox"/> if self-employed PTIN <p><b>*****</b></p> Firm's name ▶ <b>FESTER &amp; CHAPMAN, PLLC</b> Firm's address ▶ <b>9019 E. BAHIA DR STE 100 SCOTTSDALE, AZ 85260</b> Firm's EIN ▶ <b>** - *** 5657</b> Phone no. <b>602-264-3077</b>	

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

**Part 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:  
**TO PREVENT AND END HOMELESSNESS WITH INNOVATIVE STRATEGIES AND HOUSING SOLUTIONS THAT MEET THE UNIQUE NEEDS OF EACH FAMILY AND INDIVIDUAL.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **5,586,078** including grants of\$ ) (Revenue \$ **197,362** )  
**UMOM NEW DAY CENTERS' EMERGENCY SHELTER PROGRAM SERVES HOMELESS FAMILIES. IN ADDITION TO PROVIDING FOR THE BASIC NEEDS OF FOOD, SHELTER, AND CLOTHING; CLIENTS HAVE ACCESS TO COMPREHENSIVE SERVICES TO HELP THEM END THEIR HOMELESSNESS. THESE SERVICES INCLUDE CASE MANAGEMENT, WORKFORCE DEVELOPMENT, CHILDCARE, AFTERSCHOOL PROGRAMMING, HOUSING SERVICES, AND HEALTHCARE. IN FISCAL YEAR 19-20, UMOM'S FAMILY SHELTER PROGRAMS SERVED OVER 683 HOUSEHOLDS WITH CHILDREN TOTALING MORE THAN 2,418 INDIVIDUALS. UMOM HAS THE CAPACITY TO SERVE 155 HOUSEHOLDS WITH CHILDREN IN OUR EMERGENCY SHELTER PROGRAM.**

**4b** (Code: ) (Expenses \$ **6,352,295** including grants of\$ **650,004** ) (Revenue \$ )  
**UMOM NEW DAY CENTERS HAS AN ARRAY OF HOUSING PROGRAMS DESIGNED TO MEET THE UNIQUE NEEDS OF AT-RISK FAMILIES. UMOM'S HOUSING PROGRAMS INCLUDING RAPID REHOUSING, PERMANENT SUPPORTIVE HOUSING, AND SUPPORTIVE HOUSING. IN FISCAL YEAR 19-20, UMOM HAS THE CAPACITY TO SERVE OVER 500 FAMILIES IN OUR RAPID REHOUSING PROGRAM AND 62 FAMILIES IN PERMANENT SUPPORTIVE HOUSING. ADDITIONALLY, UMOM HAD THE CAPACITY TO SERVE OVER 91 VETERAN HOUSEHOLDS WITH RAPID REHOUSING THROUGH THE SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF) GRANT.**

**4c** (Code: ) (Expenses \$ **2,074,618** including grants of\$ ) (Revenue \$ )  
**THE HALLE WOMEN'S CENTER PROVIDES A SAFE SHELTER FOR UP TO 130 SINGLE WOMEN EVERY NIGHT. IN ADDITION TO HAVING A WARM PLACE TO SLEEP, CLIENTS ARE PROVIDED CASE MANAGEMENT, MEALS, HYGIENE ITEMS, CLOTHING, MEDICAL ATTENTION, AND ASSISTANCE WITH WORKFORCE DEVELOPMENT. THE SINGLE WOMEN SERVED AT HALLE WOMEN'S CENTER CAN ACCESS ALL OF THE SUPPORTIVE SERVICES OFFERED TO UMOM CLIENTS.**

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ **3,990,671** including grants of\$ ) (Revenue \$ )

**4e** Total program service expenses **▶ 18,003,662**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		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>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	151
1b	0

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	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		
	<b>2a</b> <b>392</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>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		
<b>4a</b>	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>X</b>
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>X</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

**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. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1a</b> 30		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 30		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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.		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>X</b>	
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>X</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 interest policy, 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 records **▶**

**THE ORGANIZATION**  
**PHOENIX**

**3333 E. VAN BUREN STREET**

**AZ 85008**

**602-275-7852**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>DARLENE NEWSOM</b>	40.00									
CEO	0.00			X			202,350	0	32,214	
(2) <b>MELISSA STEIMER</b>	40.00									
CDO	0.00			X			131,258	0	0	
(3) <b>STEVEN STIVERS</b>	40.00									
COO	0.00			X			121,345	0	0	
(4) <b>DIANE ATKISON</b>	40.00									
DIRECTOR OF FINANCE	0.00			X			109,217	0	0	
(5) <b>MONIQUE LOPEZ</b>	40.00									
CSO	0.00			X			95,800	0	0	
(6) <b>DENISE ALLEN</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) <b>MATTHEW BENJAMIN</b>	2.00									
TREASURER	0.00	X		X			0	0	0	
(8) <b>SUSAN BRIMS</b>	2.00									
EX-OFFICIO MEMBER	0.00	X					0	0	0	
(9) <b>ELISSA BROWN</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) <b>ALISSA CASTANEDA</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(11) <b>MATTHEW CHIARELLO</b>	2.00									
DIRECTOR	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>TRICIA CHIODO</b> ..... DIRECTOR	2.00 0.00	X						0	0	0
(13) <b>ANDREA CLAUS</b> ..... DIRECTOR	2.00 0.00	X						0	0	0
(14) <b>DANIELLE CLOUD</b> ..... DIRECTOR	2.00 0.00	X						0	0	0
(15) <b>NANCY CUSHMAN</b> ..... EX-OFFICIO MEMBER	2.00 0.00	X						0	0	0
(16) <b>AMY DAVIDSON</b> ..... DIRECTOR	2.00 0.00	X						0	0	0
(17) <b>SUSAN DAVIS-SCHU.</b> ..... DIRECTOR	2.00 0.00	X						0	0	0
(18) <b>WENDY ENGELHARDT</b> ..... DIRECTOR	2.00 0.00	X						0	0	0
(19) <b>GREG GIERWIELANIEC</b> ..... VICE PRESIDENT	2.00 0.00	X		X				0	0	0
<b>1b Subtotal</b> .....								<b>659,970</b>		<b>32,214</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								<b>659,970</b>		<b>32,214</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	<b>X</b>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	770,963			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	11,888,778			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	7,165,813			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 634,560			
	<b>h Total.</b> Add lines 1a-1f		19,825,554			
<b>Program Service Revenue</b>	<b>2a</b> SOC ENTERPRISE/TRAINING PROG	Business Code 624100	197,362	197,362		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		197,362			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		197,095		197,095	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real			
			(ii) Personal			
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities			
			(ii) Other			
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>				
<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ 770,963 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		133,427			
		<b>b</b> Less: direct expenses	<b>8b</b>	202,542		
		<b>c</b> Net income or (loss) from fundraising events		-69,115		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
		<b>b</b> Less: direct expenses	<b>9b</b>			
		<b>c</b> Net income or (loss) from gaming activities				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
		<b>b</b> Less: cost of goods sold	<b>10b</b>			
		<b>c</b> Net income or (loss) from sales of inventory				
<b>Miscellaneous Revenue</b>	<b>11a</b> PAYCHECK PROTECTION PROGRAM	Business Code 623990	1,600,541	1,600,541		
	<b>b</b> DEVELOPER FEES	623990	600,000	600,000		
	<b>c</b> OTHER		19,823	19,823		
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		2,220,364			
<b>12 Total revenue.</b> See instructions		22,371,260	2,417,726	0	197,095	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>650,004</b>	<b>650,004</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>692,184</b>	<b>591,429</b>	<b>56,802</b>	<b>43,953</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>9,948,966</b>	<b>7,363,357</b>	<b>1,721,544</b>	<b>864,065</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>133,595</b>	<b>105,810</b>	<b>18,180</b>	<b>9,605</b>
<b>9</b> Other employee benefits	<b>1,093,106</b>	<b>865,762</b>	<b>148,754</b>	<b>78,590</b>
<b>10</b> Payroll taxes	<b>800,948</b>	<b>634,367</b>	<b>108,996</b>	<b>57,585</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	<b>4,995</b>	<b>3,357</b>	<b>1,550</b>	<b>88</b>
<b>c</b> Accounting	<b>59,600</b>	<b>40,058</b>	<b>18,498</b>	<b>1,044</b>
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>1,094,442</b>	<b>735,582</b>	<b>339,681</b>	<b>19,179</b>
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>1,165,362</b>	<b>1,041,507</b>	<b>123,855</b>	
<b>17</b> Travel	<b>151,777</b>	<b>139,277</b>	<b>9,581</b>	<b>2,919</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>1,282,948</b>	<b>1,141,823</b>	<b>76,980</b>	<b>64,145</b>
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> CLIENT HOUSING ASSISTANCE	<b>3,228,788</b>	<b>3,228,788</b>		
<b>b</b> PROGRAM & OFFICE SUPPLIES	<b>772,201</b>	<b>193,835</b>	<b>53,087</b>	<b>525,279</b>
<b>c</b> FOOD & KITCHEN SUPPLIES	<b>577,746</b>	<b>577,746</b>		
<b>d</b> EQUIPMENT & FURNITURE	<b>391,765</b>	<b>91,941</b>	<b>264,207</b>	<b>35,617</b>
<b>e</b> All other expenses	<b>1,106,417</b>	<b>599,019</b>	<b>397,861</b>	<b>109,537</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>23,154,844</b>	<b>18,003,662</b>	<b>3,339,576</b>	<b>1,811,606</b>
<b>26</b> 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)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>474,683</b>	<b>1</b>	<b>2,951,192</b>
	<b>2</b> Savings and temporary cash investments	<b>2,760,254</b>	<b>2</b>	<b>2,336,150</b>
	<b>3</b> Pledges and grants receivable, net	<b>2,956,650</b>	<b>3</b>	<b>2,203,962</b>
	<b>4</b> Accounts receivable, net	<b>344,755</b>	<b>4</b>	<b>413,620</b>
	<b>5</b> 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	<b>2,364,641</b>	<b>7</b>	<b>2,345,570</b>
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>237,626</b>	<b>9</b>	<b>74,029</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>30,370,816</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>11,401,162</b>	<b>19,979,293</b>	<b>10c</b> <b>18,969,654</b>
	<b>11</b> Investments—publicly traded securities	<b>3,191,114</b>	<b>11</b>	<b>3,273,997</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>261,432</b>	<b>15</b>	<b>256,363</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>32,570,448</b>	<b>16</b>	<b>32,824,537</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>965,775</b>	<b>17</b>	<b>1,136,889</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	<b>2,559,000</b>	<b>25</b>	<b>3,425,559</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>3,524,775</b>	<b>26</b>	<b>4,562,448</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>27,385,660</b>	<b>27</b>	<b>27,196,890</b>
	<b>28</b> Net assets with donor restrictions	<b>1,660,013</b>	<b>28</b>	<b>1,065,199</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	<b>29,045,673</b>	<b>32</b>	<b>28,262,089</b>
<b>33</b> Total liabilities and net assets/fund balances	<b>32,570,448</b>	<b>33</b>	<b>32,824,537</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>22,371,260</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>23,154,844</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-783,584</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>29,045,673</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>28,262,089</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>X</b>	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<b>X</b>	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>CHAD HAFSTROM</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(21) <b>KATHLEEN HETH</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(22) <b>BETH KATZ</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(23) <b>DANIEL KING</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(24) <b>KARI LUTHER</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(25) <b>SCOTT MAXWELL</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(26) <b>JASON MAYNES</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(27) <b>KRISTINE NEWMAN</b>	2.00									
PRESIDENT	0.00	X		X			0	0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) <b>CRAIG PRICHARD</b>	2.00									
<b>SECRETARY</b>	0.00	X		X			0	0	0	
(29) <b>COREY RIVARD</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(30) <b>KAYE ROUNTREE</b>	2.00									
<b>EX-OFFICIO MEMBER</b>	0.00	X					0	0	0	
(31) <b>JENNIFER SPINA</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(32) <b>EMILY TADANO</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(33) <b>PAUL VANDENBOSCH</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(34) <b>JAMES WADSWORTH</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(35) <b>ANDREW WYANT</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**UMOM NEW DAY CENTERS, INC.**

Employer identification number

**\*\*-\*\*\*1062**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,122,518	15,945,255	18,467,330	25,183,735	19,825,554	94,544,392
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	15,122,518	15,945,255	18,467,330	25,183,735	19,825,554	94,544,392
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						94,544,392

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4	15,122,518	15,945,255	18,467,330	25,183,735	19,825,554	94,544,392
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	99,075	187,613	44,632	75,449	197,095	603,864
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						95,148,256
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	5,658,387

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.37%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14	<b>15</b>	99.54%

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage for 2018 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18%.

- 19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (*see instructions*).
- a**  The organization satisfied the Activities Test. *Complete line 2 below.*
- b**  The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c**  The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

**2** Activities Test. *Answer (a) and (b) below.*

	Yes	No
<b>a</b> 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? <i>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.</i>		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Table with 2 columns: Section D - Distributions (lines 1-10) and Current Year.

Table with 4 columns: Section E - Distribution Allocations (see instructions), (i) Excess Distributions, (ii) Underdistributions Pre-2019, and (iii) Distributable Amount for 2019. Includes lines 1-8.

**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.)

Area with horizontal dotted lines for supplemental information.



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047  
**2019**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization  
**UMOM NEW DAY CENTERS, INC.**

Employer identification number  
**\*\*-\*\*\*1062**

Organization type (check one):

- Filers of:**                      **Section:**
- Form 990 or 990-EZ             501(c)( **3** ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF                       501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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.

**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 or 990-EZ), 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.
- 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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

UMOM NEW DAY CENTERS, INC.

Employer identification number

\*\*-\*\*\*1062

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPT OF HOUSING & URBAN DVLPMNT ONE NORTH CENTRAL, SUITE 600 PHOENIX AZ 85004-4414	\$ 2,462,619	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US DEPT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE SW WASHINGTON DC 20201	\$ 455,745	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ARIZONA DEPT OF HOUSING 1110 W WASHINGTON ST, STE 280 PHOENIX AZ 85007	\$ 530,886	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ARIZONA DEPT OF CHILD SAFETY PO BOX 6030, SITE CODE C010-20 PHOENIX AZ 85005-6123	\$ 2,235,589	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ARIZONA DEPT OF ECONOMIC SECURITY PO BOX 6123, SITE CONTROL 950A PHOENIX AZ 85005-6123	\$ 2,902,529	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CITY OF PHOENIX 2120 N. CENTRAL AVE, 2ND FLOOR PHOENIX AZ 85004	\$ 1,284,303	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  
**UMOM NEW DAY CENTERS, INC.**

Employer identification number  
**\*\* - \*\*\*1062**

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<b>US DEPARTMENT OF VETERANS SERVICES</b> <b>3333 N CENTRAL AVE</b>  <b>PHOENIX AZ 85012</b>	\$ <b>779,676</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<b>VIRGINIA G PIPER CHARITABLE TRUST</b> <b>1202 E MISSOURI AVE</b>  <b>PHOENIX AZ 85014</b>	\$ <b>600,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

UMOM NEW DAY CENTERS, INC.

Employer identification number

\*\*-\*\*\*1062

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ ..... %
- b** Permanent endowment ▶ ..... %
- c** Term endowment ▶ ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> Unrelated organizations .....		<b>X</b>
<b>(ii)</b> Related organizations .....		<b>X</b>

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>3,977,747</b>		<b>3,977,747</b>
<b>b</b> Buildings .....		<b>23,571,638</b>	<b>9,226,482</b>	<b>14,345,156</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>2,384,082</b>	<b>1,967,057</b>	<b>417,025</b>
<b>e</b> Other .....		<b>437,349</b>	<b>207,623</b>	<b>229,726</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				<b>18,969,654</b>

**Part VII Investments – Other Securities.**

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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII 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 market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>OBLIGATIONS TO BE FORGIVEN</b>	<b>2,559,000</b>
(3) <b>REFUNDABLE ADVANCES</b>	<b>866,559</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>3,425,559</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

**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.

<b>1</b> Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	<b>22,748,846</b>
<b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b> Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b> Donated services and use of facilities .....	<b>2b</b>	<b>377,586</b>
<b>c</b> Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	<b>377,586</b>
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	<b>22,371,260</b>
<b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	
<b>5</b> Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	<b>22,371,260</b>

**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.

<b>1</b> Total expenses and losses per audited financial statements .....	<b>1</b>	<b>23,532,430</b>
<b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b> Donated services and use of facilities .....	<b>2a</b>	<b>377,586</b>
<b>b</b> Prior year adjustments .....	<b>2b</b>	
<b>c</b> Other losses .....	<b>2c</b>	
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	<b>377,586</b>
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	<b>23,154,844</b>
<b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	
<b>5</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	<b>23,154,844</b>

**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.

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**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**UMOM NEW DAY CENTERS, INC.**

Employer identification number

**\*\*-\*\*\*1062**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						

**Total** .....

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....  
.....  
.....  
.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
c If "Yes," enter name and address of the third party:

Name
Address

16 Gaming manager information:
Name
Gaming manager compensation \$
Description of services provided
Director/officer Employee Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

.....

**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.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

**UMOM NEW DAY CENTERS, INC.**

Employer identification number

**\*\*-\*\*\*1062**

**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)	<b>SAVE THE FAMILY</b> 450 W. 4TH PLACE MESA AZ 85201	<b>**--***5712</b>	3	601,778				<b>FAMILY SERVICES</b>
(2)	<b>PHOENIX DREAM CENTER</b> 3210 GRAND AVE. PHOENIX AZ 85017	<b>**--***6334</b>	3	10,619				<b>TRAFFICKING</b>
(3)	<b>OUR FAMILY SERVICES</b> 2590 N. ALVEMON TUCSON AZ 85712	<b>**--***8560</b>	3	8,447				<b>TRAFFICKING</b>
(4)	<b>TRUST ARIZONA</b> PO BOX 1125 MESA AZ 85211	<b>**--***6444</b>	3	7,575				<b>TRAFFICKING</b>
(5)	<b>ST. JOSEPH THE WORKER</b> 1125 W. JACKSON ST. PHOENIX AZ 85007	<b>**--***0437</b>	3	10,204				<b>WORKFORCE DEVELOPMEN</b>
(6)								
(7)								
(8)								
(9)								

- 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) (2019)

**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					
2					
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.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THERE IS A MEMORANDUM OF UNDERSTANDING BY AND BETWEEN UMOM NEW DAY CENTERS

AND THE SUBRECIPIENTS. THIS AGREEMENT OUTLINES THE PURPOSE OF THE GRANT

MONEY, MUTUAL RESPONSIBILITIES, UMOM RESPONSIBILITIES, SUBRECIPIENTS

RESPONSIBILITIES, DURATION, AMENDMENTS, AND OTHER TERMS OF THE AGREEMENT.

A MONTHLY REVIEW INCLUDES A DESKTOP MONITORING PROVIDING A THOROUGH REVIEW

OF ALL INVOICES. AT LEAST ANNUALLY, WE CONDUCT AN ONSITE MONITORING,

REVIEWING THEIR PRACTICES AND PROCEDURES, ASSURING THAT REQUIREMENTS ARE

MET, BOTH FISCALLY AND PROGRAMMATICALLY. WE PROVIDE TECHNICAL ASSISTANCE

AS NEEDED, THROUGHOUT THE CONTRACT PERIOD.

**SCHEDULE J**  
**(Form 990)**

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UMOM NEW DAY CENTERS, INC.**

Employer identification number  
**\*\*-\*\*\*1062**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 <b>DARLENE NEWSOM</b> CEO	(i)	202,350	0	0	0	32,214	234,564	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							





SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2019

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- 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.

Department of the Treasury Internal Revenue Service

Name of the organization

UMOM NEW DAY CENTERS, INC.

Employer identification number

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Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Boats, Intellectual property, Securities, Real estate, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property use, gift acceptance policy, and solicitation.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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**2019**

**Open to Public Inspection**

Name of the organization

**UMOM NEW DAY CENTERS, INC.**

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**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS**

UMOM HAS 54 YEARS OF EXPERIENCE SERVING THE HOMELESS POPULATION IN THE PHOENIX METROPOLITAN AREA INCLUDING 27 YEARS OF EXPERIENCE OPERATING A FULL-SERVICE EMERGENCY SHELTER. AS THE LARGEST PROVIDER OF HOMELESS SERVICES FOR FAMILIES IN ARIZONA, UMOM EFFECTIVELY LEVERAGES ITS 10 PROGRAMS SPANNING COORDINATED ENTRY, SHELTER, HOUSING, AND SUPPORTIVE SERVICES TO HOLISTICALLY SERVE THE MOST VULNERABLE INDIVIDUALS AND FAMILIES IN A COORDINATED AND EFFICIENT MANNER. UMOM SERVES ABOUT 15,000 INDIVIDUALS ACROSS ALL OF OUR SERVICES ANNUALLY, INCLUDING THOSE FAMILIES RECEIVING SUPPORT AT THE FAMILY HOUSING HUB. OF THOSE 15,000 CLIENTS, APPROXIMATELY 6,000 (OR 2600 HOUSEHOLDS OF INDIVIDUALS AND FAMILIES) ARE SERVED IN OUR SHELTER, HOUSING, AND OUTREACH PROGRAMS. THROUGH OUR SHELTER AND HOUSING PROGRAMS IN FY 19-20, UMOM PROVIDED APPROXIMATELY 559 UNITS OR 1,867 BEDS TO INDIVIDUALS EXPERIENCING HOMELESSNESS IN MARICOPA COUNTY.

UMOM BELIEVES IN PROVIDING THE COMPLETE SERVICES NEEDED TO ADDRESS THE BARRIERS OF EACH CLIENT WE SERVE. WE KNOW THAT EMPLOYMENT, MEDICAL, AND CHILDCARE NEEDS TOP THE LIST OF CRITICAL SUPPORT SERVICES NECESSARY TO PROMOTING SELF-SUFFICIENCY AND LONG-TERM WELL-BEING.

UMOM'S WORKFORCE DEVELOPMENT TEAM ASSISTS CLIENTS WITH MEETING THEIR EMPLOYMENT GOALS BY CONDUCTING JOB TRAINING AND JOB PLACEMENT ACTIVITIES GEARED TOWARD GAINING AND RETAINING EMPLOYMENT. UMOM HAS ASSISTED OVER 1,000 CLIENTS OBTAIN EMPLOYMENT OVER THE LAST YEAR. UMOM'S CLIENTS HAVE OFTEN OPERATED IN "SURVIVAL MODE" FOR WEEKS OR LONGER BEFORE ENTERING OUR PROGRAMS; THUS, THEIR STRESS LEVELS ARE HIGH, RESULTING NEGATIVELY ON THEIR OVERALL HEALTH AND WELLBEING. UMOM OPERATES A WELLNESS CLINIC AT OUR

Name of the organization

UMOM NEW DAY CENTERS, INC.

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SHELTER TO PROVIDE DIRECT MEDICAL, MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES ON-SITE.

UMOM IS COMMITTED TO CONTINUOUS IMPROVEMENT THROUGH INNOVATION IN OUR PROGRAM DESIGNS. ONE EXAMPLE OF THIS IS HOMEGROWN TRAINING WHICH IS A FOOD SERVICE TRAINING PROGRAM THAT DELIVERS 6 WEEKS OF HANDS-ON KITCHEN AND BARISTA TRAINING IN UMOM'S OWN SOCIAL ENTERPRISE CAFÉ AND RESIDENTIAL DINING FACILITIES UNDER THE GUIDANCE OF CHEF INSTRUCTORS, EXPERT STAFF MEMBERS, AND HOMEGROWN PROGRAM GRADUATES. THE ULTIMATE GOAL OF OUR HOMEGROWN TRAINING PROGRAM IS TO AVOID FUTURE HOMELESSNESS.

UMOM PROVIDES SEVERAL SERVICES TARGETED AT SERVING YOUTH EXPERIENCING HOMELESSNESS INCLUDING STREET OUTREACH, CRISIS SHELTER, AND A TRANSITIONAL LIVING PROGRAM. STREET OUTREACH IS ONE OF THE MAIN WAYS THAT UMOM MAKES INITIAL CONTACT WITH HOMELESS YOUTH, MAKING THEM AWARE OF THE SERVICES THAT ARE AVAILABLE AND ASSISTING THEM WITH LEAVING THE STREETS. UMOM'S CRISIS SHELTER, OPEN HANDS, OFFERS BRIEF RESIDENTIAL SERVICES FOR HOMELESS, RUNAWAY, AND AT-RISK YOUTH AGES 12-17 IN A STRUCTURED AND HOME-LIKE ATMOSPHERE. THE PRIMARY AIM OF THIS PROGRAM IS TO PROVIDE A SAFE AND STABLE ENVIRONMENT FOR CHILDREN WITH CASE PLAN GOALS OF REUNIFYING, RESTORING, AND BUILDING HEALTHIER FAMILY/SOCIAL RELATIONSHIPS. UMOM OPERATES TWO SITES OF TRANSITIONAL LIVING PROGRAMS THAT OFFERS SAFE AND STABLE HOUSING SOLUTIONS IN A POSITIVE AND HEALTHY COMMUNITY FOR CLIENTS WHO HAVE OFTEN EXPERIENCED NEGLECT, ABUSE, AND OTHER TRAUMATIC EVENTS. THE SEMI-INDEPENDENT STRUCTURE OF THIS PROGRAM ALLOWS CLIENTS TO DEVELOP AND PRACTICE INDEPENDENT LIVING SKILLS IN AN APARTMENT SETTING WITH THE SUPPORT OF 24-HOUR STAFF. UMOM IS ALSO THE SAFE PLACE PARTNER FOR MARICOPA COUNTY WHICH IS A NATIONAL YOUTH OUTREACH PROGRAM THAT EDUCATES YOUNG PEOPLE EVERY YEAR ABOUT THE DANGERS OF RUNNING AWAY OR TRYING TO RESOLVE DIFFICULT, THREATENING SITUATIONS ON

Name of the organization

Employer identification number

UMOM NEW DAY CENTERS, INC.

\*\*-\*\*\*1062

THEIR OWN. SAFE PLACE IS AN OUTREACH AND PREVENTION PROGRAM FOR YOUNG PEOPLE AGES 12-17 IN NEED OF IMMEDIATE HELP AND SAFETY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 IS PRESENTED TO THE FINANCE & OPERATIONS COMMITTEE BY THE INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT FOR REVIEW AND DISCUSSION.

FOLLOWING THE APPROVAL BY THE FINANCE & OPERATIONS COMMITTEE, THE FORM 990 IS THEN ELECTRONICALLY DELIVERED TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO SUBMISSION.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL MEMBERS OF THE BOARD OF DIRECTORS AND KEY STAFF COMPLETE CONFLICT OF INTEREST FORMS AS REQUIRED UNDER UMOM'S CONFLICT OF INTEREST POLICIES.

THE ORGANIZATION'S LEADERSHIP MONITORS COMPLIANCE WITH POLICIES AND USE OF VENDORS, AGENCIES, PROFESSIONALS OR OTHER OUTSIDE ORGANIZATIONS TO ENSURE COMPLIANCE WITH POLICIES. BOARD MEMBERS RECUSE THEMSELVES FROM DISCUSSIONS OR VOTES WHEN POTENTIAL CONFLICTS OF INTEREST ARISE. BOARD MEMBERS ARE REQUIRED TO COMPLETE A DISCLOSURE OF CONFLICT OF INTEREST STATEMENT WHICH IS MAINTAINED BY THE CHIEF OPERATING OFFICER AND FORWARDED TO ANY STATE AGENCIES WHICH REQUIRE SUCH DISCLOSURE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE CEO'S SALARY IS DETERMINED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IN CONJUNCTION WITH AN ANNUAL PERFORMANCE REVIEW. THE EXECUTIVE COMMITTEE CONSIDERS COMPARATIVE MARKET DATA FOR SIMILAR POSITIONS IN COMPARABLE ORGANIZATIONS IN SETTING THE ANNUAL SALARY FOR THE CEO. THE CEO FOLLOWS A SIMILAR PROCESS IN SETTING THE SALARIES OF KEY EMPLOYEES AND

Name of the organization

Employer identification number

UMOM NEW DAY CENTERS, INC.

\*\*-\*\*\*1062

OFFICERS OF THE ORGANIZATION WITH ANNUAL PERFORMANCE REVIEWS AND ANALYSES OF MARKET DATA FOR SIMILAR POSITIONS IN COMPARABLE ORGANIZATIONS. THE BOARD OF DIRECTORS APPROVES THE SALARIES OF KEY EMPLOYEES AND OTHER OFFICERS IN THE BUDGET APPROVAL PROCESS FOR THE ORGANIZATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE CEO FOLLOWS A SIMILAR PROCESS IN SETTING THE SALARIES OF KEY EMPLOYEES AND OFFICERS OF THE ORGANIZATION WITH ANNUAL PERFORMANCE REVIEWS AND ANALYSES OF MARKET DATA FOR SIMILAR POSITIONS IN COMPARABLE ORGANIZATIONS. THE BOARD OF DIRECTORS APPROVES THE SALARIES OF KEY EMPLOYEES AND OTHER OFFICERS IN THE BUDGET APPROVAL PROCESS FOR THE ORGANIZATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UMOM'S PUBLIC COPY OF THE FORM 990 AND A COPY OF FORM 1023 ARE AVAILABLE BY REQUEST AT THE ORGANIZATION'S OFFICES DURING REGULAR BUSINESS HOURS AND ON OUR WEBSITE AT WWW.UMOM.ORG.

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

UMOM NEW DAY CENTERS, INC.

Employer identification number

\*\*-\*\*\*1062

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <b>HELPING HANDS HOUSING SERVICES INC</b> 3333 E. VAN BUREN ** - ***9825 PHOENIX AZ 85008	HOUSING	AZ	3	7	N/A		X
(2) <b>CASA DE PAZ IV</b> 3333 E. VAN BUREN ** - ***3527 PHOENIX AZ 85008	HOUSING	AZ	3	7	HELPING		X
(3) <b>CASA DE PAZ III</b> 3333 E. VAN BUREN ** - ***3522 PHOENIX AZ 85008	HOUSING	AZ	3	7	HELPING		X
(4) <b>CASA DE PAZ I</b> 3333 E. VAN BUREN ** - ***3887 PHOENIX AZ 85008	HOUSING	AZ	3	7	HELPING		X
(5)							

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)UMOM FAMILY HOUSING II, LLLP 5930 E. PIMA STREET, SUITE 144 TUCSON AZ 85712 **-***3346	HOUSING	AZ	N/A	UNRELATED				X	N/A		X	
(2)UMOM FAMILY HOUSING I, LLLP 5930 E. PIMA STREET, SUITE 144 TUCSON AZ 85712 **-***9039	HOUSING	AZ	N/A	UNRELATED				X	N/A		X	
(3)UMOM FAMILY HOUSING III, LP 5930 E. PIMA STREET, SUITE 144 TUCSON AZ 85712 **-***4202	HOUSING	AZ	N/A	UNRELATED				X	N/A		X	
(4)UMOM HOUSING III, LLC 3333 E. VAN BUREN ST. PHOENIX AZ 85008 **-***2247	HOUSING	AZ	N/A	UNRELATED				X	N/A		X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)DAY CENTER I LLC 3333 E. VAN BUREN PHOENIX AZ 85008 **-***1978	BUILDING	AZ	UMOM	C					X
(2)DAY CENTER II LLC 3333 E. VAN BUREN PHOENIX AZ 85008 **-***8988	BUILDING	AZ	UMOM	C					X
(3)DAY CENTER III LLC 3333 E. VAN BUREN PHOENIX AZ 85008 **-***7764	BUILDING	AZ	UMOM	C					X
(4)DAY CENTER IV LLC 3333 E. VAN BUREN PHOENIX AZ 85008 **-***2876	BUILDING	AZ	UMOM	C					X



**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)UMOM HOUSING IV, LLC 3333 E. VAN BUREN ST. PHOENIX AZ 85008 **-***2037	HOUSING	AZ	N/A	UNRELATED				X	N/A		X	
(2)UMOM HOUSING V, LLC 3333 E. VAN BUREN ST. PHOENIX AZ 85008 **-***3980	HOUSING	AZ	N/A	UNRELATED				X	N/A		X	
(3)UMOM HOUSING VI, LLC 3333 E. VAN BUREN ST. PHOENIX AZ 85008 **-***7020	HOUSING	AZ	N/A	RELATED				X	N/A		X	
(4)UMOM HOUSING VII, LLC 3333 E. VAN BUREN ST. PHOENIX AZ 85008 **-***7020	HOUSING	AZ	N/A	EXCLUDED				X	N/A		X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)DAY CENTER V LLC 3333 E. VAN BUREN PHOENIX AZ 85008	BUILDING	AZ	UMOM	C					X
(2)DAY CENTER VI LLC 3333 E. VAN BUREN PHOENIX AZ 85008	BUILDING	AZ	UMOM	C					X
(3)DAY CENTER VII LLC 3333 E. VAN BUREN PHOENIX AZ 85008	BUILDING	AZ	UMOM	C					X
(4)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<b>X</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s)		<b>X</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s)		<b>X</b>
<b>d</b> Loans or loan guarantees to or for related organization(s)		<b>X</b>
<b>e</b> Loans or loan guarantees by related organization(s)		<b>X</b>
<b>f</b> Dividends from related organization(s)		<b>X</b>
<b>g</b> Sale of assets to related organization(s)		<b>X</b>
<b>h</b> Purchase of assets from related organization(s)		<b>X</b>
<b>i</b> Exchange of assets with related organization(s)		<b>X</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		<b>X</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		<b>X</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		<b>X</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		<b>X</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<b>X</b>
<b>o</b> Sharing of paid employees with related organization(s)	<b>X</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses		<b>X</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses		<b>X</b>
<b>r</b> Other transfer of cash or property to related organization(s)		<b>X</b>
<b>s</b> Other transfer of cash or property from related organization(s)	<b>X</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) <b>HELPING HANDS &amp; SUBSIDIARIES</b>	<b>S</b>	<b>129,041</b>	<b>BOOK VALUE</b>
(2) <b>HELPING HANDS &amp; SUBSIDIARIES</b>	<b>O</b>	<b>17,417</b>	<b>% OF AMOUNT PAID</b>
(3) <b>UMOM HOUSING III, LLC</b>	<b>S</b>	<b>12,000</b>	<b>BOOK VALUE</b>
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													



Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2019**

Attachment Sequence No. **179**

Name(s) shown on return

**UMOM NEW DAY CENTERS, INC.**

Identifying number  
**\*\*-\*\*\*1062**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,020,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,550,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>1,282,948</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>1,282,948</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

**Federal Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
I	FIXED ASSETS	6/30/11	<u>30,370,816</u>			<u>30,370,816</u>	5 MO S/L	<u>10,118,214</u>	<u>1,282,948</u>
	<b>Total Other Depreciation</b>		<u>30,370,816</u>			<u>30,370,816</u>		<u>10,118,214</u>	<u>1,282,948</u>
	<b>Total ACRS and Other Depreciation</b>		<u>30,370,816</u>			<u>30,370,816</u>		<u>10,118,214</u>	<u>1,282,948</u>
	<b>Grand Totals</b>		30,370,816			30,370,816		10,118,214	1,282,948
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>30,370,816</u>			<u>30,370,816</u>		<u>10,118,214</u>	<u>1,282,948</u>

**AZ Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	AZ Prior	AZ Current	Federal Current	Difference Fed - AZ
<b>Other Depreciation:</b>								
I	FIXED ASSETS	6/30/11	303,770,816	303,770,816	10,118,214	1,282,948	1,282,948	0
	<b>Total Other Depreciation</b>		<u>303,770,816</u>	<u>303,770,816</u>	<u>10,118,214</u>	<u>1,282,948</u>	<u>1,282,948</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>303,770,816</u>	<u>303,770,816</u>	<u>10,118,214</u>	<u>1,282,948</u>	<u>1,282,948</u>	<u>0</u>
	<b>Grand Totals</b>		303,770,816	303,770,816	10,118,214	1,282,948	1,282,948	0
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>303,770,816</u>	<u>303,770,816</u>	<u>10,118,214</u>	<u>1,282,948</u>	<u>1,282,948</u>	<u>0</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						



**Future Depreciation Report**    **FYE: 6/30/21****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b><u>Other Depreciation:</u></b>					
1	FIXED ASSETS	6/30/11	<u>30,370,816</u>	<u>6,074,163</u>	<u>0</u>
	<b>Total Other Depreciation</b>		<u>30,370,816</u>	<u>6,074,163</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>30,370,816</u>	<u>6,074,163</u>	<u>0</u>
	<b>Grand Totals</b>		<u>30,370,816</u>	<u>6,074,163</u>	<u>0</u>

Asset	Description	Date In Service	Cost	AZ
<b>Other Depreciation:</b>				
1	FIXED ASSETS	6/30/11	<u>303,770,816</u>	<u>60,754,163</u>
	<b>Total Other Depreciation</b>		<u>303,770,816</u>	<u>60,754,163</u>
	<b>Total ACRS and Other Depreciation</b>		<u>303,770,816</u>	<u>60,754,163</u>
	<b>Grand Totals</b>		<u>303,770,816</u>	<u>60,754,163</u>

<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>	<b>Fundraising Other Events</b>	<b>2019</b>
	For calendar year 2019, or tax year beginning <b>07/01/19</b> , and ending <b>06/30/20</b>	

Name <b>UMOM NEW DAY CENTERS, INC.</b>	Employer Identification Number <b>**-***1062</b>
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		(a) Other event <u>MISCELLANEOUS</u> <small>(event type)</small>	(b) Other event <hr/> <small>(event type)</small>	(c) Other event <hr/> <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	<b>1</b> Gross receipts	<b>133,427</b>			<b>133,427</b>
	<b>2</b> Less: Charitable contributions				
	<b>3</b> Gross income <small>(line 1 minus line 2)</small>	<b>133,427</b>			<b>133,427</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs	<b>8,187</b>			<b>8,187</b>
	<b>7</b> Food/beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other expenses				

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2018 &amp; 2019</b>
For calendar year 2019, or tax year beginning <b>07/01/19</b> , ending <b>06/30/20</b>		

Name

Taxpayer Identification Number

**UMOM NEW DAY CENTERS, INC.****\*\*-\*\*\*1062**

		2018	2019	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1. 11,844,250	7,936,776	-3,907,474
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 13,339,485	11,888,778	-1,450,707
	4. Program service revenue	4. 271,708	197,362	-74,346
	5. Investment income	5. 75,449	197,095	121,646
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 43,121	-69,115	-112,236
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 442,281	2,220,364	1,778,083
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12. 26,016,294</b>	<b>22,371,260</b>	<b>-3,645,034</b>
<b>Expenses</b>	13. Grants and similar amounts paid	13. 1,260,506	650,004	-610,502
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 700,413	692,184	-8,229
	16. Salaries, other compensation, and employee benefits	16. 11,113,072	11,976,615	863,543
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 1,198,244	1,159,037	-39,207
	19. Occupancy, rent, utilities, and maintenance	19. 1,211,842	1,165,362	-46,480
	20. Depreciation and Depletion	20. 1,357,756	1,282,948	-74,808
	21. Other expenses	21. 4,826,412	6,228,694	1,402,282
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22. 21,668,245</b>	<b>23,154,844</b>	<b>1,486,599</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23. 4,348,049</b>	<b>-783,584</b>	<b>-5,131,633</b>
<b>Other Information</b>	24. Total exempt revenue	24. 26,016,294	22,371,260	-3,645,034
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 789,438	2,614,821	1,825,383
	27. Total assets	27. 32,570,448	32,824,537	254,089
	28. Total liabilities	28. 3,524,775	4,562,448	1,037,673
	29. Retained earnings	29. 29,045,673	28,262,089	-783,584
	30. Number of voting members of governing body	30. 30	30	
	31. Number of independent voting members of governing body	31. 30	30	
	32. Number of employees	32. 392	392	
33. Number of volunteers	33. 8323	5508		

Form **990****Tax Return History****2019**

Name

**UMOM NEW DAY CENTERS, INC.**

Employer Identification Number

**\*\*-\*\*\*1062**

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	15,122,518	15,945,255	18,467,330	25,183,735	19,825,554	
Membership dues						
Program service revenue	546,997	1,168,058	1,486,594	271,708	197,362	
Capital gain or loss						
Investment income	99,075	187,613	44,632	75,449	197,095	
Fundraising revenue (income/loss)	4,652	349,518	142,958	43,121	-69,115	
Gaming revenue (income/loss)	13,005	19,657	9,597			
Other revenue	126,505	372,349	247,940	442,281	2,220,364	
<b>Total revenue</b>	<b>15,912,752</b>	<b>18,042,450</b>	<b>20,399,051</b>	<b>26,016,294</b>	<b>22,371,260</b>	
Grants and similar amounts paid	750,833	1,045,128	1,417,218	1,260,506	650,004	
Benefits paid to or for members						
Compensation of officers, etc.	410,822	564,326	650,110	700,413	692,184	
Other compensation	8,306,803	8,340,278	11,097,213	11,113,072	11,976,615	
Professional fees	885,147	1,403,862	1,183,985	1,198,244	1,159,037	
Occupancy costs	431,377	818,464	1,178,798	1,211,842	1,165,362	
Depreciation and depletion	1,075,924	1,135,354	1,358,815	1,357,756	1,282,948	
Other expenses	4,097,876	4,744,902	5,892,718	4,826,412	6,228,694	
<b>Total expenses</b>	<b>15,958,782</b>	<b>18,052,314</b>	<b>22,778,857</b>	<b>21,668,245</b>	<b>23,154,844</b>	
<b>Excess or (Deficit)</b>	<b>-46,030</b>	<b>-9,864</b>	<b>-2,379,806</b>	<b>4,348,049</b>	<b>-783,584</b>	
<b>Total exempt revenue</b>	<b>15,912,752</b>	<b>18,042,450</b>	<b>20,399,051</b>	<b>26,016,294</b>	<b>22,371,260</b>	
Total unrelated revenue						
Total excludable revenue	785,582	1,747,677	1,788,763	789,438	2,614,821	
Total Assets	32,641,298	30,647,954	28,535,296	32,570,448	32,824,537	
Total Liabilities	2,525,718	3,481,369	3,837,672	3,524,775	4,562,448	
Net Fund Balances	30,115,580	27,166,585	24,697,624	29,045,673	28,262,089	

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT INCOME	\$ 197,095		14			
TOTAL	<u>\$ 197,095</u>					

**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER	\$ 1,094,442	\$ 735,582	\$ 339,681	\$ 19,179
TOTAL	<u>\$ 1,094,442</u>	<u>\$ 735,582</u>	<u>\$ 339,681</u>	<u>\$ 19,179</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
MAINTENANCE & REPAIRS	\$ 286,649	\$ 286,052	\$ 556	\$ 41
COMMUNICATION	223,991	22,500	193,164	8,327
CLIENT SUPPORT & ACTIVITI	215,286	214,211	1,075	
OTHER OPERATING	214,027	58,249	57,392	98,386
EMPLOYMENT EXPENSES	166,464	18,007	145,674	2,783
TOTAL	<u>\$ 1,106,417</u>	<u>\$ 599,019</u>	<u>\$ 397,861</u>	<u>\$ 109,537</u>

**Schedule A, Part II, Line 8(e)**

Description	Amount
INVESTMENT INCOME	\$ 197,095
TOTAL	<u>\$ 197,095</u>

**Federal Statements****Schedule A, Part II, Line 12 - Current year**

<u>Description</u>	<u>Amount</u>
SOC ENTERPRISE/TRAINING PROG	\$ 197,362
OTHER	19,823
PAYCHECK PROTECTION PROGRAM	1,600,541
DEVELOPER FEES	600,000
WALK	
MISCELLANEOUS	133,427
BUCKLES & BANGLES	
TOTAL	<u>\$ 2,551,153</u>