

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
UMOM NEW DAY CENTERS INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
3333 E VAN BUREN

City or town, state or province, country, and ZIP or foreign postal code
PHOENIX, AZ 85008

D Employer identification number
86-0521062

E Telephone number
(602) 889-0670

G Gross receipts \$ 18,234,309

F Name and address of principal officer
DARLENE NEWSOM
3333 E VAN BUREN
PHOENIX, AZ 85008

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW UMOM ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1985

M State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PREVENT AND END HOMELESSNESS WITH INNOVATIVE STRATEGIES AND HOUSING SOLUTIONS THAT MEET THE UNIQUE NEEDS OF EACH FAMILY AND INDIVIDUAL

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	33
4 Number of independent voting members of the governing body (Part VI, line 1b)	33
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	385
6 Total number of volunteers (estimate if necessary)	22,945
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	15,122,518	15,945,255
9 Program service revenue (Part VIII, line 2g)	546,997	1,168,058
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	99,075	187,613
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	144,162	741,524
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,912,752	18,042,450
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	750,833	1,045,128
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,717,625	8,904,604
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,119,736		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,490,324	8,102,582
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	15,958,782	18,052,314
19 Revenue less expenses Subtract line 18 from line 12	-46,030	-9,864

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	32,641,298	30,647,954
21 Total liabilities (Part X, line 26)	2,525,718	3,481,369
22 Net assets or fund balances Subtract line 21 from line 20	30,115,580	27,166,585

Part II Signature Block

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

Sign Here

Signature of officer
Date 2018-04-30

KAREN JOHNSON PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name RACHEL R LOCKE CPA
Preparer's signature RACHEL R LOCKE CPA
Date 2018-05-02
Check if self-employed PTIN P00450405

Firm's name ▶ FESTER & CHAPMAN PLLC
Firm's EIN ▶ 82-1455657

Firm's address ▶ 9019 E BAHIA DR STE 100
Phone no (602) 264-3077
SCOTTSDALE, AZ 85260

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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? [X] 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 [X] 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 \$ 2,385,566 including grants of \$) (Revenue \$ 1,168,058)
See Additional Data

4b (Code) (Expenses \$ 4,117,192 including grants of \$ 1,045,128) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 1,757,284 including grants of \$) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 7,842,457 including grants of \$) (Revenue \$)
UMOM'S BROAD ROSTER OF SUPPORTIVE WORKFORCE DEVELOPMENT PROGRAMS INCLUDES A SOCIAL ENTERPRISE ENDEAVOR CALLED HOMEGROWN TRAINING AND HELPINGS CAF AND CATERING THE HOMEGROWN PROGRAM OFFERS A NINE WEEK FOOD SERVICE TRAINING PROGRAM AND A SIX WEEK BARISTA TRAINING PROGRAM, BOTH PROGRAMS PROVIDE PARTICIPANTS WITH OPPORTUNITIES TO DEVELOP MARKETABLE EMPLOYMENT SKILLS IN THE FOOD, HOSPITALITY, AND CUSTOMER SERVICE SECTORS HELPINGS CAF AND CATERING PROVIDES FRESH FOOD AND CATERING SERVICES TO THE COMMUNITY, WHILE SIMULTANEOUSLY PROVIDING JOB TRAINING TO HOMELESS INDIVIDUALS IN JUNE 2016, UMOM ADDED BELONGINGS THRIFT SHOP TO THE SOCIAL ENTERPRISE PORTFOLIO AND A 6-WEEK RETAIL TRAINING PROGRAM WAS CREATED UMOM OPERATES A SECURE 56-BED/20 UNIT EMERGENCY SHELTER FACILITY FOR WOMEN, OR MEN, WITH CHILDREN OR WITHOUT CHILDREN WHO ARE FLEEING FROM DOMESTIC VIOLENCE THE SHELTER PROVIDES IMMEDIATE, SAFE, TEMPORARY SHELTER FOR SURVIVORS WITH OR WITHOUT CHILDREN FLEEING FROM VIOLENT SITUATIONS AND CONNECTS THEM TO THE RESOURCES THEY NEED (I E SOCIAL SERVICES, EMPLOYMENT, HOUSING, ETC) IN ADDITION TO THE DOMESTIC VIOLENCE SHELTER, UMOM ALSO OPERATES A TRANSITION IN PLACE (TIP) PROGRAM OF 12 COMMUNITY BASED UNITS FOR DV SURVIVORS WITH SUBSTANCE USE ISSUES IN THE LAST FISCAL YEAR, UMOM ASSISTED 281 CRIME VICTIMS IN 98 HOUSEHOLDS IN ITS DOMESTIC VIOLENCE SHELTER, 46 INDIVIDUALS (15 SURVIVORS AND 31 CHILDREN) IN THE TIP PROGRAM, AND 49 SURVIVORS THROUGH RAPID REHOUSING THE CHILD DEVELOPMENT CENTER OFFERS A FULL CONTINUUM OF CARE FOR CHILDREN AGES 6 WEEKS THROUGH 17 YEARS OLD PROGRAMS INCLUDE A LICENSED AND ACCREDITED CHILD CARE FACILITY ON CAMPUS AND THE KIDS DEN AND TEEN ACTIVITY PROGRAM FOR OLDER CHILDREN AFTER SCHOOL, ON WEEKENDS, AND DURING THE SUMMER THE CHILD DEVELOPMENT CENTER IS LICENSED BY THE STATE OF ARIZONA TO SERVE OVER 300 CHILDREN AGES 6 WEEKS TO 5 YEARS THE WELLNESS CENTER, OPERATED THROUGH A PARTNERSHIP WITH PHOENIX CHILDREN'S HOSPITAL, OFFERS HEALTH SCREENINGS, PRENATAL CARE, PREVENTATIVE CARE AND ACUTE MEDICAL CARE TO ALL UMOM RESIDENTS UNDER AGE 25 UMOM OFFERS THE FOLLOWING YOUTH PROGRAMS OUTREACH AND ENGAGEMENT - STREET OUTREACH IS ONE OF THE MAIN WAYS THAT UMOM MAKES INITIAL CONTACT WITH HOMELESS YOUTH, MAKING THEM AWARE OF SERVICES AVAILABLE AND ASSISTING THEM WITH LEAVING THE STREETS STREET OUTREACH IS CONDUCTED FIVE DAYS A WEEK AND IS BASED OUT OF UMOM'S PHOENIX YOUTH RESOURCE CENTER WHICH IS A SITE-BASED FORM OF OUTREACH WHERE BASIC NEEDS ARE MET BY PROVIDING A SAFE PLACE, MEALS, CLOTHING, SHOWERS, LAUNDRY AND ACCESS TO CASE MANAGEMENT WITH ALL OUTREACH EFFORTS THERE IS A FOCUS ON RELATIONSHIP BUILDING AND ASSISTING YOUTH IN ACCESSING ADDITIONAL SERVICES THE VAST MAJORITY OF YOUTH ENGAGED THROUGH STREET OUTREACH AND THE RESOURCE CENTERS ARE BETWEEN THE AGES OF 18-25 OPEN HANDS - OFFERS BRIEF AND LONG-TERM CRISIS 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 ENGAGING ENVIRONMENT FOR CHILDREN WITH CASE PLANS GOALS OF REUNIFYING, RESTORING AND BUILDING HEALTHIER FAMILY/SOCIAL RELATIONSHIPS OPEN HANDS HAS THE ONLY CRISIS SHELTER BEDS AVAILABLE FOR NON-SYSTEM RUNAWAY HOMELESS YOUTH WHO IN MARICOPA COUNTY THE FACILITY HAS A CAPACITY OF 10 BEDS AND 4 ARE DESIGNATED FOR YOUTH IN FOSTER CARE NEEDING IMMEDIATE CRISIS SERVICES INDEPENDENT LIVING PROGRAMS - THE INDEPENDENT LIVING PROGRAM (ILP) IS A SEMI-INDEPENDENT TRANSITIONAL LIVING PROGRAM FOR FOSTER CARE AND HOMELESS YOUTH AGES 16-18 UMOM OPERATES TWO SEPARATE ILP FACILITIES BOTH LOCATED IN PHOENIX THE PROGRAM OFFERS SAFE AND STABLE HOUSING SOLUTIONS AND PROVIDES 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 SECURITY AND SUPPORT OF 24-HOUR ON-SITE STAFF LOCATED ON THE PROPERTY THE APARTMENT UNITS RANGE FROM 1-2 BEDROOMS AND CAN HOUSE YOUNG PARENTING MOTHERS WITH THEIR INFANT CHILD CLIENTS PARTICIPATE IN CREATING A CASE PLAN WITH A SERIES OF GOALS THAT INCLUDE, LIFE SKILLS DEVELOPMENT, LINKAGES TO NEEDED SERVICES, EDUCATION, MEDICAL, DENTAL, VOCATIONAL, BEHAVIORAL, PARENTING, COUNSELING GOALS, SPECIALIZED NEEDS AS WELL AS AN AFTERCARE WHILE PARTICIPATING IN THE PROGRAM, CLIENTS ARE ALSO REQUIRED TO MAINTAIN FULL SCHEDULES THAT CAN INCLUDE SCHOOL-ONLY, WORK-ONLY (IF EDUCATION PLAN IS COMPLETE) OR A COMBINATION OF SCHOOL AND WORK NATIONAL SAFE PLACE - UMOM IS 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 THEIR OWN SAFE PLACE IS AN OUTREACH AND PREVENTION PROGRAM FOR YOUNG PEOPLE AGES 12-17 IN NEED OF IMMEDIATE HELP AND SAFETY AS A COMMUNITY INITIATIVE, THE PROGRAM DESIGNATES SCHOOLS, FIRE STATIONS, LIBRARIES AND YOUTH-FRIENDLY BUSINESSES AS SAFE PLACE SITES WHERE YOUTH CAN ACCESS HELP AND SUPPORTIVE RESOURCES SAFE PLACE LOCATIONS EXTEND THE DOORS OF UMOM SERVICES TO SUPPORT TEENS IN CRISIS SITUATIONS, CREATING A SAFETY NET FOR YOUTH

4d Other program services (Describe in Schedule O)
(Expenses \$ 7,842,457 including grants of \$) (Revenue \$)

4e Total program service expenses 16,102,499

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>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
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>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
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>		No
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>		No
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>		No
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>		No
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>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
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>	Yes	
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>		No
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>		No
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>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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>		No
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>		No
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>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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>		No
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>		No
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>		No
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)		No
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>	Yes	
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>	Yes	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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>	Yes	
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>		No
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>	Yes	
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>		No
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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>		No
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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (33); 1b Enter the number of voting members included in line 1a, above, who are independent (33); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b 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? (Yes)

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (AZ); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in 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 3333 E VAN BUREN STREET PHOENIX, AZ 85008 (602) 275-7852)

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	278,739				
	d Related organizations	1d					
	e Government grants (contributions)	1e	9,397,875				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,268,641				
	g Noncash contributions included in lines 1a-1f \$ _____		323,952				
	h Total. Add lines 1a-1f		15,945,255				
Program Service Revenue		Business Code					
	2a DEVELOPER FEES		531390	598,915	598,915		
	b SOC ENTERPRISE/TRAINING PROG		722320	457,084	457,084		
	c TRANSITIONAL SHELTER/HOUSING		623990	112,059	112,059		
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		1,168,058					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		187,613			187,613	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 278,739 of contributions reported on line 1c) See Part IV, line 18	a	539,754				
		b Less direct expenses	b	190,236			
		c Net income or (loss) from fundraising events		349,518			
	9a Gross income from gaming activities See Part IV, line 19	a	21,280				
b Less direct expenses		b	1,623				
c Net income or (loss) from gaming activities			19,657	19,657			
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a OTHER		623990	372,349	372,349			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			372,349				
12 Total revenue. See Instructions			18,042,450	1,560,064		187,613	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,045,128	1,045,128		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	564,326	445,546	74,655	44,125
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,782,497	5,887,436	266,294	628,767
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	128,267	116,091	2,785	9,391
9 Other employee benefits	907,148	821,035	19,694	66,419
10 Payroll taxes	522,366	472,780	11,340	38,246
11 Fees for services (non-employees)				
a Management				
b Legal	52,219	44,923	5,016	2,280
c Accounting	48,532	41,751	4,662	2,119
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,303,111	1,121,054	125,166	56,891
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	818,464	758,497	59,726	241
17 Travel	263,235	235,708	20,748	6,779
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,135,354	1,012,736	71,527	51,091
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT HOUSING ASSISTANCE	1,810,761	1,810,761		
b FOOD & KITCHEN SUPPLIES	855,074	799,641		55,433
c HOUSING DEVELOPMENT	431,121	431,121		
d PROGRAM & OFFICE SUPPLIES	403,343	375,379	18,757	9,207
e All other expenses	981,368	682,912	149,709	148,747
25 Total functional expenses. Add lines 1 through 24e	18,052,314	16,102,499	830,079	1,119,736
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	159,108	1	655,996
	2 Savings and temporary cash investments	2,127,974	2	878,319
	3 Pledges and grants receivable, net	3,299,775	3	2,468,859
	4 Accounts receivable, net	870,519	4	1,371,764
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	5,669,784	7	2,401,692
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	163,019	9	104,494
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	29,889,863		
	b Less accumulated depreciation	7,704,411		
		20,047,500	10c	22,185,452
	11 Investments—publicly traded securities		11	321,493
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	303,619	15	259,885	
16 Total assets. Add lines 1 through 15 (must equal line 34)	32,641,298	16	30,647,954	
Liabilities	17 Accounts payable and accrued expenses	705,698	17	922,369
	18 Grants payable		18	
	19 Deferred revenue	61,020	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,759,000	25	2,559,000
	26 Total liabilities. Add lines 17 through 25	2,525,718	26	3,481,369
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	26,610,286	27	25,738,089
	28 Temporarily restricted net assets	3,505,294	28	1,428,496
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	30,115,580	33	27,166,585	
34 Total liabilities and net assets/fund balances	32,641,298	34	30,647,954	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,042,450
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,052,314
3	Revenue less expenses Subtract line 2 from line 1	3	-9,864
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,115,580
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,939,131
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,166,585

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 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</p>		
<p>2a 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</p>		No
<p>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</p>	Yes	
<p>c 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 in Schedule O</p>	Yes	
<p>3a 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?</p>	Yes	
<p>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 in Schedule O and describe any steps taken to undergo such audits</p>	Yes	

Additional Data

Software ID:

Software Version:

EIN: 86-0521062

Name: UMOM NEW DAY CENTERS INC

Form 990 (2016)

Form 990, Part III, Line 4a:

UMOM NEW DAY CENTER EMERGENCY SHELTER PROGRAM SERVES HOMELESS FAMILIES IN ADDITION TO PROVIDING FOR BASIC NEEDS OF FOOD, SHELTER AND CLOTHING, RESIDENTS HAVE ACCESS TO COMPREHENSIVE SERVICES TO HELP THEM END THEIR HOMELESSNESS WHICH INCLUDES WORKFORCE DEVELOPMENT AND TRAINING FOR ADULTS, CHILD CARE, AFTERSCHOOL PROGRAMS, CASE MANAGEMENT, HOUSING SERVICES, AND HEALTHCARE IN FISCAL YEAR 15/16 UMOM'S TWO FAMILY SHELTER PROGRAMS SERVED OVER 400 HOUSEHOLDS WITH CHILDREN TOTALING MORE THAN 1,400 INDIVIDUALS UMOM HAS THE CAPACITY TO SERVE 82 HOUSEHOLDS WITH CHILDREN IN EMERGENCY SHELTER AND 48 MORE HOUSEHOLDS IN EXTENDED SHELTER/TRANSITIONAL HOUSING

Form 990, Part III, Line 4b:

UMOM NEW DAY CENTERS HAS AN ARRAY OF HOUSING PROGRAMS DESIGNED TO MEET THE NEEDS OF AT-RISK FAMILIES. UMOM'S AFFORDABLE HOUSING PROGRAMS INCLUDE RAPID RE-HOUSING AND PERMANENT SUPPORTIVE HOUSING FOR FAMILIES. IN FY 15/16 UMOM HAD THE CAPACITY TO SERVE 125 FAMILIES IN THE RAPID REHOUSING PROGRAM AND 61 FAMILIES IN PERMANENT SUPPORTIVE HOUSING. ADDITIONALLY, UMOM HAD THE CAPACITY TO SERVE 72 VETERAN HOUSEHOLDS WITH RAPID REHOUSING THROUGH THE SUPPORT SERVICES FOR VETERAN FAMILY GRANT. PERFORMANCE DATA INDICATES THAT AT LEAST 89% OF THE HOUSEHOLDS RECEIVING RAPID REHOUSING SUPPORT WERE ABLE TO SUSTAIN THE PERMANENT HOUSING UNIT AFTER UMOM'S ASSISTANCE CONCLUDED.

Form 990, Part III, Line 4c:

THE WATKINS OVERFLOW SHELTER PROGRAM PROVIDES SAFE SHELTER FOR 145 SINGLE WOMEN AND 17 FAMILIES EACH NIGHT. THE CITY OF PHOENIX OWNS THE FACILITY AND UMOM WORKS IN PARTNERSHIP WITH THE CITY OF PHOENIX IN PROVIDING THESE SERVICES. IN ADDITION TO HAVING A WARM PLACE TO SLEEP, PROGRAM PARTICIPANTS ARE PROVIDED MEALS, HYGIENE ITEMS, CLOTHING AND MEDICAL ATTENTION, AS WELL AS HOUSING-BASED CASE MANAGEMENT AND OTHER SUPPORTIVE SERVICES PROVIDED BY UMOM.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours 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			
JIM KOWALSKI DIRECTOR	2 00	X						0	0	0
KAREN JOHNSON PRESIDENT	2 00	X		X				0	0	0
JOHN STANDRING DIRECTOR	2 00	X						0	0	0
KRISTINE NEWMAN VICE PRESIDE	2 00	X		X				0	0	0
JENNIFER SPINA SECRETARY	2 00	X		X				0	0	0
DEBBIE CARLSON-BADGE DIRECTOR	2 00	X						0	0	0
SEAN AHERN DIRECTOR	2 00	X						0	0	0
ANDREA CLAUS DIRECTOR	2 00	X						0	0	0
SUSAN BRIMS EX-OFFICIO M	2 00	X						0	0	0
DAVE BURNS DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours 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			
GEORGE HEREDIA DIRECTOR	2 00	X						0	0	0
GREG GIERWIELANIEC TREASURER	2 00	X		X				0	0	0
SUSAN GLAWE DIRECTOR	2 00	X						0	0	0
JAMES GOERGEN DIRECTOR	2 00	X						0	0	0
YVETTE GONZALES DIRECTOR	2 00	X						0	0	0
MICHAEL GREER DIRECTOR	2 00	X						0	0	0
CURTIS HANSEN DIRECTOR	2 00	X						0	0	0
BETH KATZ DIRECTOR	2 00	X						0	0	0
ANNE MEYER DIRECTOR	2 00	X						0	0	0
JAMES WADSWORTH DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours 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			
SHRUTI GURUDANTI DIRECTOR	2 00	X						0	0	0
KENDIS MUSCHEID DIRECTOR	2 00	X						0	0	0
SUZANNE PEARL DIRECTOR	2 00	X						0	0	0
KATHLEEN HETH DIRECTOR	2 00	X						0	0	0
KAYE ROUNTREE EX-OFFICIO M	2 00	X						0	0	0
DANIELLE KING BOARD INTERN	2 00	X						0	0	0
LAUREN STINE DIRECTOR	2 00	X						0	0	0
NEIL LEFTWICH EX-OFFICIO M	2 00	X						0	0	0
ANTHONY WASHINGTON DIRECTOR	2 00	X						0	0	0
SCOTT MAXWELL DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours 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			
CRAIG PRICHARD MEMBER AT LA	2 00	X						0	0	0
DAVID RIDGEWAY DIRECTOR	2 00	X						0	0	0
ANGELA TALBOT DIRECTOR	2 00	X						0	0	0
ANDREW WYANT DIRECTOR	2 00	X						0	0	0
DARLENE NEWSOM CEO	40 00			X				178,039	0	11,153
DANIEL GOTTRY CAO	40 00			X				124,835	0	18,023
MATTIE LORD CPO	40 00			X				106,708	0	8,645
MELISSA STEIMER CDO	40 00			X				97,252	0	19,671

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UMOM NEW DAY CENTERS INC

Employer identification number

86-0521062

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 **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		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	15,015,169	10,975,212	17,990,450	15,122,518	15,945,255	75,048,604
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15,015,169	10,975,212	17,990,450	15,122,518	15,945,255	75,048,604
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,304,317
6 Public support. Subtract line 5 from line 4						65,744,287

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	15,015,169	10,975,212	17,990,450	15,122,518	15,945,255	75,048,604
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,739	32,408	25,041	99,075	187,613	392,876
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						75,441,480
12 Gross receipts from related activities, etc (see instructions)					12	2,101,441
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	87.150 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	85.600 %
16a 33 1/3% support test—2016. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2015. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

Section D. All Type III Supporting Organizations

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

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
UMOM NEW DAY CENTERS INC

Employer identification number
86-0521062

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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 are a 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 programs
 - 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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 in 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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** Temporarily restricted 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
- | | | |
|--|--------------------------|--------------------------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | | |
| 3a(ii) | <input type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | <input type="checkbox"/> | <input type="checkbox"/> |
- 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
1a Land		4,041,359		4,041,359
b Buildings		21,470,818	6,025,000	15,445,818
c Leasehold improvements				
d Equipment		2,333,115	1,532,074	801,041
e Other		2,044,571	147,337	1,897,234
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				22,185,452

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)		
Total. (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)		
Total. (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)	
Total. (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.

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

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 FIN 48 (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.

1	Total revenue, gains, and other support per audited financial statements		1	18,469,511
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	427,061	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	427,061
3	Subtract line 2e from line 1		3	18,042,450
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	18,042,450

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.

1	Total expenses and losses per audited financial statements		1	21,418,506
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	427,061	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	2,939,131	
e	Add lines 2a through 2d		2e	3,366,192
3	Subtract line 2e from line 1		3	18,052,314
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	18,052,314

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 86-0521062

Name: UMOM NEW DAY CENTERS INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	PRIOR YEAR HHS NET ASSETS 2,939,131

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization UMOM NEW DAY CENTERS INC

Employer identification number 86-0521062

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... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Rows 1-10 and 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

AZ

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		DINNER (event type)	GOLF (event type)	3 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	426,086	132,715	259,692	818,493
2	Less Contributions	190,693	50,430	37,616	278,739
3	Gross income (line 1 minus line 2)	235,393	82,285	222,076	539,754
Direct Expenses	4 Cash prizes			400	400
	5 Noncash prizes		332		332
	6 Rent/facility costs		23,351	18,764	42,115
	7 Food and beverages	52,049	23,351		75,400
	8 Entertainment	5,870	500		6,370
	9 Other direct expenses	26,976	21,484	17,159	65,619
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				349,518

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes			1,623	1,623
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				1,623
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				19,657

9 Enter the state(s) in which the organization conducts gaming activities AZ

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain EXEMPT UNDER THE RULES OF ARIZONA

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

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 ▶ JESSICA PALACIO

Address ▶ 3333 E VAN BUREN
PHOENIX, AZ 85008

- 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 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization

UMOM NEW DAY CENTERS INC

Employer identification number

86-0521062

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance

- 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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(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.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	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

Additional Data

Software ID:
Software Version:
EIN: 86-0521062
Name: UMOM NEW DAY CENTERS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVE THE FAMILY 450 W 4TH PLACE MESA, AZ 85201	86-0665712	3	657,675				FAMILY SERVICES
TUMBLEWEED CENTER FOR YOUTH DEV 3707 N 7TH STREET 305 PHOENIX, AZ 85014	23-7284153	3	111,326				YOUTH DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMAN SERVICES CAMPUS 1125 W JACKSON ST PHOENIX, AZ 85007	46-3333160	3	276,127				

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.

2015
Open to Public Inspection

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization UMOM NEW DAY CENTERS INC	Employer identification number 86-0521062
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Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 idemnification 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 (e.g., maid, chauffeur, chef)		
<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 idemnification 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 (e.g., maid, chauffeur, chef)									
b If any of the boxes in 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.	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>3 Indicate which, if any, of the following the filing 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input 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 type="checkbox"/> Approval by the board or compensation committee				
<input 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 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?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 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?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
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?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
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.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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 are not 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 DARLENE NEWSOMCEO	(i)	178,039 -----	-----	-----	-----	11,153 -----	189,192 -----	-----
	(ii)							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UMOM NEW DAY CENTERS INC

Employer identification number
86-0521062

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		112,656	ESTIMATED FMV
6 Cars and other vehicles	X	3	44,972	ESTIMATED FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES)	X	500	125,122	ESTIMATED FMV
26 Other ▶ (FURNISHINGS)	X	250	41,202	ESTIMATED FMV
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	Yes	
----	-----	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		No
-----	--	----

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
UMOM NEW DAY CENTERS INC

Employer identification number

86-0521062

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 2	UMOM ADDED YOUTH PROGRAMS WHICH WERE PREVIOUSLY PERFORMED BY A DIFFERENT NONPROFIT ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>UMOM'S BROAD ROSTER OF SUPPORTIVE WORKFORCE DEVELOPMENT PROGRAMS INCLUDES A SOCIAL ENTERPRISE ENDEAVOR CALLED HOMEGROWN TRAINING AND HELPINGS CAF AND CATERING THE HOMEGROWN PROGRAM OFFERS A NINE WEEK FOOD SERVICE TRAINING PROGRAM AND A SIX WEEK BARISTA TRAINING PROGRAM , BOTH PROGRAMS PROVIDE PARTICIPANTS WITH OPPORTUNITIES TO DEVELOP MARKETABLE EMPLOYMENT SKILLS IN THE FOOD, HOSPITALITY, AND CUSTOMER SERVICE SECTORS HELPINGS CAF AND CATERING PROVIDES FRESH FOOD AND CATERING SERVICES TO THE COMMUNITY, WHILE SIMULTANEOUSLY PROVIDING JOB TRAINING TO HOMELESS INDIVIDUALS IN JUNE 2016, UMOM ADDED BELONGINGS THRIFT SHOP TO THE SOCIAL ENTERPRISE PORTFOLIO AND A 6-WEEK RETAIL TRAINING PROGRAM WAS CREATED UMOM OPERATES A SECURE 56-BED/20 UNIT EMERGENCY SHELTER FACILITY FOR WOMEN, OR MEN, WITH CHILDREN OR WITHOUT CHILDREN WHO ARE FLEEING FROM DOMESTIC VIOLENCE THE SHELTER PROVIDES IMMEDIATE, SAFE, TEMPORARY SHELTER FOR SURVIVORS WITH OR WITHOUT CHILDREN FLEEING FROM VIOLENT SITUATIONS AND CONNECTS THEM TO THE RESOURCES THEY NEED (I.E. SOCIAL SERVICES, EMPLOYMENT, HOUSING, ETC) IN ADDITION TO THE DOMESTIC VIOLENCE SHELTER, UMOM ALSO OPERATES A TRANSITION IN PLACE (TIP) PROGRAM OF 12 COMMUNITY BASED UNITS FOR DV SURVIVORS WITH SUBSTANCE USE ISSUES IN THE LAST FISCAL YEAR, UMOM ASSISTED 281 CRIME VICTIMS IN 98 HOUSEHOLDS IN ITS DOMESTIC VIOLENCE SHELTER, 46 INDIVIDUALS (15 SURVIVORS AND 31 CHILDREN) IN THE TIP PROGRAM, AND 49 SURVIVORS THROUGH RAPID REHOUSING THE CHILD DEVELOPMENT CENTER OFFERS A FULL CONTINUUM OF CARE FOR CHILDREN AGES 6 WEEKS THROUGH 17 YEARS OLD PROGRAMS INCLUDE A LICENSED AND ACCREDITED CHILD CARE FACILITY ON CAMPUS AND THE KIDS DEN AND TEEN ACTIVITY PROGRAM FOR OLDER CHILDREN AFTER SCHOOL, ON WEEKENDS, AND DURING THE SUMMER THE CHILD DEVELOPMENT CENTER IS LICENSED BY THE STATE OF ARIZONA TO SERVE OVER 300 CHILDREN AGES 6 WEEKS TO 5 YEARS THE WELLNESS CENTER, OPERATED THROUGH A PARTNERSHIP WITH PHOENIX CHILDREN'S HOSPITAL, OFFERS HEALTH SCREENINGS, PRENATAL CARE, PREVENTATIVE CARE AND ACUTE MEDICAL CARE TO ALL UMOM RESIDENTS UNDER AGE 25 UMOM OFFERS THE FOLLOWING YOUTH PROGRAMS OUTREACH AND ENGAGEMENT - STREET OUTREACH IS ONE OF THE MAIN WAYS THAT UMOM MAKES INITIAL CONTACT WITH HOMELESS YOUTH, MAKING THEM AWARE OF SERVICES AVAILABLE AND ASSISTING THEM WITH LEAVING THE STREETS STREET OUTREACH IS CONDUCTED FIVE DAYS A WEEK AND IS BASED OUT OF UMOM'S PHOENIX YOUTH RESOURCE CENTER WHICH IS A SITE-BASED FORM OF OUTREACH WHERE BASIC NEEDS ARE MET BY PROVIDING A SAFE PLACE, MEALS, CLOTHING, SHOWERS, LAUNDRY AND ACCESS TO CASE MANAGEMENT WITH ALL OUTREACH EFFORTS THERE IS A FOCUS ON RELATIONSHIP BUILDING AND ASSISTING YOUTH IN ACCESSING ADDITIONAL SERVICES THE VAST MAJORITY OF YOUTH ENGAGED THROUGH STREET OUTREACH AND THE RESOURCE CENTERS ARE BETWEEN THE AGES OF 18-25 OPEN HANDS - OFFERS BRIEF AND LONG-TERM CRISIS RESIDENTIAL SERVICES FOR HOMELESS, RUNAWAY AND AT-RISK YOUTH AGES 12-17 IN A STRUCTURED AND HOME-LIKE ATMOSPHERE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	THE PRIMARY AIM OF THIS PROGRAM IS TO PROVIDE A SAFE AND ENGAGING ENVIRONMENT FOR CHILDREN WITH CASE PLANS GOALS OF REUNIFYING, RESTORING AND BUILDING HEALTHIER FAMILY/SOCIAL RELATIONSHIPS OPEN HANDS HAS THE ONLY CRISIS SHELTER BEDS AVAILABLE FOR NON-SYSTEM RUNAWAY HOMELESS YOUTH WHO IN MARICOPA COUNTY THE FACILITY HAS A CAPACITY OF 10 BEDS AND 4 ARE DESIGNATED FOR YOUTH IN FOSTER CARE NEEDING IMMEDIATE CRISIS SERVICES INDEPENDENT LIVING PROGRAMS - THE INDEPENDENT LIVING PROGRAM (ILP) IS A SEMI-INDEPENDENT TRANSITIONAL LIVING PROGRAM FOR FOSTER CARE AND HOMELESS YOUTH AGES 16-18 UMOM OPERATES TWO SEPARATE ILP FACILITIES BOTH LOCATED IN PHOENIX THE PROGRAM OFFERS SAFE AND STABLE HOUSING SOLUTIONS AND PROVIDES 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 SECURITY AND SUPPORT OF 24-HOUR ON-SITE STAFF LOCATED ON THE PROPERTY THE APARTMENT UNITS RANGE FROM 1-2 BEDROOMS AND CAN HOUSE YOUNG PARENTING MOTHERS WITH THEIR INFANT CHILD CLIENTS PARTICIPATE IN CREATING A CASE PLAN WITH A SERIES OF GOALS THAT INCLUDE, LIFE SKILLS DEVELOPMENT, LINKAGES TO NEEDED SERVICES, EDUCATION, MEDICAL, DENTAL, VOCATIONAL, BEHAVIORAL, PARENTING, COUNSELING GOALS, SPECIALIZED NEEDS AS WELL AS AN AFTERCARE WHILE PARTICIPATING IN THE PROGRAM, CLIENTS ARE ALSO REQUIRED TO MAINTAIN FULL SCHEDULES THAT CAN INCLUDE SCHOOL-ONLY, WORK-ONLY (IF EDUCATION PLAN IS COMPLETE) OR A COMBINATION OF SCHOOL AND WORK NATIONAL SAFE PLACE - UMOM IS 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 THEIR OWN SAFE PLACE IS AN OUTREACH AND PREVENTION PROGRAM FOR YOUNG PEOPLE AGES 12-17 IN NEED OF IMMEDIATE HELP AND SAFETY AS A COMMUNITY INITIATIVE, THE PROGRAM DESIGNATES SCHOOLS, FIRE STATIONS, LIBRARIES AND YOUTH-FRIENDLY BUSINESSES AS SAFE PLACE SITES WHERE YOUTH CAN ACCESS HELP AND SUPPORTIVE RESOURCES SAFE PLACE LOCATIONS EXTEND THE DOORS OF UMOM SERVICES TO SUPPORT TEENS IN CRISIS SITUATIONS, CREATING A SAFETY NET FOR YOUTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PRIOR YEAR HHS NET ASSETS -2,939,131

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
UMOM NEW DAY CENTERS INC

Employer identification number

86-0521062

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

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) HELPING HANDS HOUSING SERVICES INC 3333 E VAN BUREN PHOENIX, AZ 85008 86-0739825	HOUSING	AZ	3	7	NA		No
(2) CASA DE PAZ IV 3333 E VAN BUREN PHOENIX, AZ 85008 68-0593527	HOUSING	AZ	3	7	HELPING HHHS		No
(3) CASA DE PAZ III 3333 E VAN BUREN PHOENIX, AZ 85008 68-0593522	HOUSING	AZ	3	7	HELPING HHHS		No
(4) CASA DE PAZ I 3333 E VAN BUREN PHOENIX, AZ 85008 13-4283887	HOUSING	AZ	3	7	HELPING HHHS		No

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) 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	
(1) UMOM FAMILY HOUSING II LLLP 5930 E PIMA STREET SUITE 144 TUCSON, AZ 85712 27-0523346	HOUSING	AZ	N/A	UNRELATED				No			No	
(2) UMOM FAMILY HOUSING I LLLP 5930 E PIMA STREET SUITE 144 TUCSON, AZ 85712 26-2879039	HOUSING	AZ	N/A	UNRELATED				No			No	
(3) UMOM FAMILY HOUSING III LP 5930 E PIMA STREET SUITE 144 TUCSON, AZ 85712 30-0714202	HOUSING	AZ	N/A	UNRELATED				No			No	
(4) UMOM HOUSING III LLC 3333 E VAN BUREN ST PHOENIX, AZ 85008 46-2422247	HOUSING	AZ	N/A	RELATED				No			No	
(5) UMOM HOUSING IV LLC 3333 E VAN BUREN ST PHOENIX, AZ 85008 81-1432037	HOUSING	AZ	N/A	RELATED				No			No	

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 26-3691978	BUILDING	AZ	UMOM	C CORP					No
(2) DAY CENTER II LLC 3333 E VAN BUREN PHOENIX, AZ 85008 27-4938988	BUILDING	AZ	UMOM	C CORP					No
(3) DAY CENTER III LLC 3333 E VAN BUREN PHOENIX, AZ 85008 45-3757764	BUILDING	AZ	UMOM	C CORP					No
(4) DAY CENTER IV LLC 3333 E VAN BUREN PHOENIX, AZ 85008 81-4662876	BUILDING	AZ	UMOM	C CORP					No

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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	Yes

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) HELPING HANDS & SUBSIDIARIES	S	135,201	BOOK VALUE
(2) HELPING HANDS & SUBSIDIARIES	O	33,775	% OF AMOUNT PAID
(3) UMOM HOUSING III LLC	S	21,000	BOOK VALUE

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)