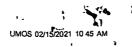
	_	<b>\</b> .			298	393261	01016 7	!
• .	t^	-1, - 12 (1) · 1	<u>_</u> -			1	٨	
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6		• ¥	-	•		300	1	
						$\mathcal{L} = \mathcal{L} + \mathcal{L}$	OMB No 1545-0047	
	Form	990-T	Exempt Organization Busir (and proxy tax under	ness	Income Tax Re	eturn 🗸 🗀	2040	
			For calendar year 2019 or other tax year beginning $0.7/0.1$			20	2019	
	Depa	rtment of the Treasury	Go to www irs.gov/Form990T for instr	ructions	and the latest information	on. Op	a to Public Inspection for	
	Intern	al Revenue Service	Do not enter SSN numbers on this form as it may t	be made	public if your organization		(C)S) Organizations Only	•
	<u>A</u> L	Check box if address changed	Name of organization ( Check box if name cha	•	•	D Employer identific (Employees' trust, so		
	B E	xempt under section		I.ONT.	TY SERVICES	(Employees trust, s	ee instructions)	
	1	( 501( C)( )3 )	Print UMOS			20 1047	1172	
	}-	408(e) 220(e) 408A 530(a)	or Number, street, and room or suite no. If a PO box, see ins.  Type 2701 S CHASE AVE	structions		39-1047		
	⊢	529(a)	City or town, state or province, country, and ZIP or foreign	m nostal or		(See instructions)	s activity code	
	C B	ook value of all assets	MILWAUKEE		53207	531120		
		t end of year	F Group exemption number (See instructions )					
		16,770,987	G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a) trust	Other trust <	1
	H E		ne organization's unrelated trades or businesses	1	Describe the only (or fir	st) unrelated trade	or business here	ı
`	Þ		PORTIONS OF THE BUILDING				only one, complete	
)			one, describe the first in the blank space at the end	•	revious sentence, comp	elete Parts I and II,	complete a	
J			idditional trade or business, then complete Parts III-V			12	N I Van IV Na	
	1 C	"Yes," enter the name	as the corporation a subsidiary in an affiliated group of the parent corporation	ora par	ent-subsidiary controlled	r group /	Yes X No	
		<u> </u>						
	4 4 - 64 44		of▶ DANIEL VIDAS		Telep	hone number ▶ 4	14-389-6000	
	EPa	H Unrelated	d Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
	1a	Gross receipts or sale						
	ь	Less returns and allo		1c	65 65			,
	2	Cost of goods sold (S	•	2				
	3 4a	Gross profit Subtract	me (attach Schedule D)	3 4a				
707	b		'97, Part II, line 17) (attach Form 4797)	4b			N CORRES -	
7	c	Capital loss deduction	,	4c			FC-14/	
-	5	•	artnership and S corporation (attach	1			2 5021	
>		statement)	, , , , ,	15			2021	
۲1 ر	6	Rent income (Schedu	ule C)	6				
Ξĵ	7		ced income (Schedule E)	7	189,686	CGDEN	UTAH 22,036	
	8		ties, and rents from controlled organization (Schedule F)	8				
L)	9		section 501(c)(7), (9), or (17) organization (Schedule G)	9	<del> </del>	··· <del>-</del>		
ANA	10	Advertising income (S	duty income (Schedule I)	10				
4	12	• •	nstructions, attach schedule	11				
$\tilde{\mathbf{c}}$	13	Total. Combine lines	<b>/</b> ·	13	189,686	167,650	22,036	
Ŵ	Pa	t Deductio	ons Not Taken Elsewhere (See Instruction					ctly
			d with the unrelated business income)		- <del></del> -	<del></del>	<sub>1</sub>	•
	14		cers, directors, and trustees (Schedule K)			14		
	15	Salanes and wages				15	<del></del>	
	16 17	Repairs and maintena Bad debts	ance			16		
	18		dule) (see instructions)			18		
	19	Taxes and licenses	100, (300 moducacina)			19		
	20	Depreciation (attach F	/ Form 4562)		20			
	21		imed on Schedule A and elsewhere on return		21a	21b	]o	
	22	Depletion				22		
	23	Contributions to defer	rred compensation plans			23		
	24	Employee benefit pro				24		
	25	Excess exempt exper	,			25		
	26	Excess readership co				26	<del> </del>	
	27	Other deductions (atta				27		
	28 29	/	dd lines 14 through 27	inhte	lina 20 from line 42	28	22,036	
	29 30	/	axable income before net operating loss deduction. Serating loss ansing in tax years beginning on or after			29	22,036	
	"/	instructions)	stand loss arising in tax years beginning on or after	January	1, 2010 (See	30		
	31/	•	exable income Subtract line 30 from line 29			31	22,036	
	DAA		uction Act Notice, see instructions.		11	0 6 2021	Form 990-T (2019)	
		•			/ AUD	0 6 2021	` -/	
						ENTITY OF	$\Gamma$	1
					RECEIVE		$\mathcal{Y}^{M}$	l
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Form	990 TA2019) UNITED MIGRANT OPPORTUNITY SERVICE	CF639-1047172	Page 2
32	Total of unrelated business taxable income computed from all unrelated trades or I	businesses (see	
	instructions)	į	22,036
33	Amounts paid for disallowed fringes	•	33
34	Charitable contributions (see instructions for limitation rules)		34
35	Total unrelated business taxable income before pre-2018 NOLs and specific deductions the sum of less 23 and 23.	ctions Subtract line	22 036
36	34 from the sum of lines 32 and 33  Deductions for net operating loss ansing in tax years beginning before January 1, 2	2018 (see	22,036
30	instructions)	2010 (300	0 22,036
37	Total of unrelated business taxable income before specific deduction. Subtract line	36 from line 35	37 0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is gn	eater than line 37,	
	enter the smaller of zero or line 37		39 0
	Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	•	
41	Trusts Taxable at Trust Rates. See instructions for tax computation income tax of the amount on line 39 from Tax rate schedule or Schedule D (Form		41
42	Proxy tax. See instructions	1071)	42
43	Alternative minimum tax (trusts only)	·	43
44	Tax on Noncompliant Facility Income. See instructions		44
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		<b>45</b> 0
3.5	Tax and Payments		
46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
C	General business credit. Attach Form 3800 (see instructions)	46c	<mark>-</mark>
ď	Credit for pnor year minimum tax (attach Form 8801 or 8827)	46d	40.
	Total credits. Add lines 46a through 46d Subtract line 46e from line 45		46e
47 48	Other taxes	cets )	48
49	Check of from. Form 4255 Form 8611 Form 8697 Form 8866 Uniter (att. Total tax. Add lines 47 and 48 (see instructions)	sui)	49 0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) ii	ine 3	50
51a	Payments A 2018 overpayment credited to 2019	51a	
ь	2019 estimated tax payments	51b	
C	Tax deposited with Form 8868	51c	
d	Foreign organizations Tax paid or withheld at source (see instructions)	51d	
е	Backup withholding (see instructions)	51e	_
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	<u></u>
g	Other credits, adjustments, and payments Form 2439  Form 4136  Other  Total	54-	
52	☐ Form 4136 ☐ ☐ Other ☐ Total ►  Total payments. Add lines 51a through 51g	51g	52
52 53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	<b>▶</b> [	53
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	•	54 0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount		55
56	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶	Refunded ▶	56
<u> </u>	Statements Regarding Certain Activities and Other Info	ormation (see instructions	5)
	At any time during the 2019 calendar year, did the organization have an interest in over a financial account (bank, securities, or other) in a foreign country? If "YES," the FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter here	or a signature or other author he organization may have to f the name of the foreign coun	tty Yes No
	During the tax year, did the organization receive a distribution from, or was it the griff "YES," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year.		
Sig	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which pre	tements, and to the best of my knowledge	and belief, it is May the IRS discuss this return
Her			May the IRS discuss this return with the preparer shown below (see instructions)?
	2/22/21 PRESIDENT/CE	<u> </u>	Yes No
	Print/Type preparer's name Preparer's signature	Date	Check if PTIN
Paid	MIKE S HEDDEN	02/15/2	1 - 1
Prepa			s EIN ► 39-1648207
Use (	Only 6300 76TH ST STE 200		
	Firm's address	Pho	ne no 262-657-7716
			Form <b>990-T</b> (2019)



Form	n 990-1 (2019) UNITEL	D MIGRANT	OPI	ORTUNI.	<u> PY SERVICES</u>	<u> 339-1</u>	04/1/2	Page 3	
Sct	nedule A - Cost of Go	oods Sold. Ent	er me	thod of inve	entory valuation >	<b>-</b>			
1	Inventory at beginning of ye	ear 1		6	inventory at end of	year		6	
2	Purchases	2		7	Cost of goods so	ld. Subt	ract 🖫	7.6	
3	Cost of labor	3			line 6 from line 5	Enter he	re and		
4a	Additional sec 263A costs				in Part I, line 2		[""	7	
	(attach schedule)	4a		8	Do the rules of sec	tion 263	A (with respect to	Yes No	
b	Other costs (attach schedule)	4b		ŀ			red for resale) apply		
5	Total. Add lines 1 through	4b 5			to the organization	•	,,,,,,,,,,,,,	Maria Professional Maria Maria	
Sch	nedule C - Rent Incon	ne (From Real	Prop	erty and P	ersonal Propert	v Leas	ed With Real Pr	operty)	
	ee instructions)	,	•	•	• • •	,			
1. Des	scription of property								
(1)	NT / 7\				· ·				
(2)						_	<del>,                                    </del>		
(3)									
(4)									
		2. Rent receive	d or accor	ued					
	(a) From personal property (if the pe	ercentage of rent		(b) From real an	od personal property (if the		3(a) Deductions due	ctly connected with the income	
	for personal property is more than	- 1	р		or personal property exceed	ls	1 ''	and 2(b) (attach schedule)	
	more than 50%)			50% or if the rent	s based on profit or income)	)			
(1)	- · · · · · · · · · · · · · · · · · · ·								
(2)									
(3)									
(4)									
Total			Total				A Tatal dadustics		
	otal income. Add totals of o	columns 2(a) and 2		ter			(b) Total deductions  Enter here and on page		
	and on page 1, Part I, line 6		(5) (1)	ic.	<b>&gt;</b>		Part I, line 6, column (I		
Sch	edule E - Unrelated	Debt-Financed	Inco	me (see ins	tructions)		· · · · · · · · · · · · · · · · · · ·	<u></u>	
				(			3 Deductions directly coni	nected with or allocable to	
	4 0				s income from or	STM			
	1. Description of debt-fina	anced property		allocable to debt-financed property			traight line depreciation	(b) Other deductions	
					p. op	( , ,	(attach schedule)	(attach schedule)	
(1)	CEC RENTAL PR	OPERTY			166,624		234	101,403	
(2)		OPERTY			99,753		44,152	73,796	
(3)		OPERTY			146,785		50,512	74,378	
(4)					2207.00		00/012	, 1, 3, 13	
1-4	4. Amount of average	5. Average adjusted b	asis		5. Column			8. Allocable deductions	
	acquisition debt on or allocable to debt-financed	of or allocable to debt-financed proper	<b>.</b> ,		4 divided	ı	ross income reportable	(column 6 x total of columns	
	property (attach schedule)	(attach schedule)	''	þ	y column 5	(0	olumn 2 x column 6)	3(a) and 3(b))	
(1)	59,764	206,	783		28,90%		48,154	29,373	
(2)	298,376	552,			53.99%		53,857	63, 680	
(3)	202,374		819		59.73%		87,675	74,597	
(4)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				%		5,75,5	11,001	
	E STATEMENT 3 S	EE STATEMEN	T 4	<del></del>		Enter	here and on page 1,	Enter here and on page 1,	
			=				I. line 7, column (A)	Part I, line 7, column (B)	
Total	s				•		189 686	167 650	

Total dividends-received deductions included in column 8

Form 990-T (2019) UNITED MIGRANT OPPORTUNITY SERVICES39-1047172

Schedule F - Interest, Ani	nuities. Ro	alties, and F	Rents F	rom Cont	rolled	Organ	iizatio	ns (see ir	structio	ns)	
	T		Exemi	pt Controlle	d Orga	anization	าร				
1. Name of controlled		2. Employer		pt Condono	0,90	27.112.010.1	<del></del> —			<del></del>	
organization	ا	entification number	3. Net un	related income	4. To	al of specifi	fied 5	i. Part of column	4 that is	6. Deductions directly	
organizatori	"	identification number		e instructions)	pay	payments made		nduded in the c	ontrolling	connected with income	
		ļ.					рп	organization's gross income		ın column 5	
(1) N/A											
			<del> </del>								
(2)	<del></del>	<del>, ,</del>	<del> </del>				<del></del>				
(3)											
(4)			L								
Nonexempt Controlled Organiz	zations										
						40.5		- 0 # - 1 !-	- 44	Dadisahara darah	
3 Tamabia Innana	] 8	. Net unrelated incomi	в	<ol><li>Total of specif</li></ol>	fied	ı		nn 9 that is		. Deductions directly	
7 Taxable Income	] (	loss) (see instructions	)	payments mad	le	1	ded in the	gross income		onnected with income in column 10	
<del></del>				<del></del>		- Grigaria		033 1103110		Column 10	
(1)											
(2)						<u></u>					
(3)				-	< -						
(4)											
<u>C1</u>	h	<del></del>	l			Add	columns 5	5 and 10	———Adi	d columns 6 and 11	
						Enter	here and	on page 1,	Ente	r here and on page 1,	
						Part I	l, line 8, ca	olumn (A)	Par	Part I, line 8, column (B)	
Totals					<u> </u>	L					
Schedule G - Investment	Income of	a Section 501	1(c)(7),	(9), or (17	) Org	<u>anizati</u>	on (se	e instruction	ons)		
		T			ductions					5. Total deductions	
1. Description of income		2. Amount of a	ncome		connected	, [	4.	Set-asides	- 1	and set-asides (col 3	
·				(attach	schedule)		(attac	ch schedule)		plus cal 4)	
37 / P		<del> </del>		+		<del></del>					
(1) N/A		<del></del>		<del> </del>							
(2)		ļ.,									
(3)	<u> </u>			<u> </u>					$oldsymbol{\perp}$		
(4)						1		1	1		
		Estar born and a	n none 1							or hom and an acco 1	
		Enter here and of Part I, line 9, co								er here and on page 1, rt I, line 9, column (B)	
T.A.I.		raiti, ille 3, w	illariii (A)							it i, inte 3, coluinti (b)	
Totals	4 4 4	<del></del>		Land State Control					CARRIED .	<del></del>	
Schedule I - Exploited Ex	empt Activi	ty income, C	tner i	nan Adver	using	Incon	ne (sec	e instructio	ns)	·· <del></del>	
	ļ	ì						1			
	2. Gross	3. Expen		4. Net income (		5. Gross	ıncome			7. Excess exempt	
	unrelated	directi		from unrelated or business (co		from acti		6. Exp		expenses (column 6 minus	
<ol> <li>Description of exploited activity</li> </ol>	business incor	nmductro	production of unrelated		1 3)			עו פועפטיטיוווים		column 5, but not	
	from trade of business	unrelate					business income		101.2	more than	
	Dusiness	business ir	ncome	cols 5 through	י 7 ו					column 4)	
<del>-</del>										- <del> </del>	
(1) N/A											
(2)											
(3)											
(4)								T		1	
<u> </u>	Enter here and	on Enter here a	and on							Enter here and	
	pæge 1, Part i	, page 1, P	anti, 🤮							on page 1,	
_	line 10, col (A	) line 10, col	I(B) 🧱							Part II, line 25	
Totals •		L	2								
Schedule J - Advertising I											
Part Income From F	Periodicals	Reported on	a Con	solidated	Basis	<u> </u>					
				4. Advertising						7. Excess readership	
-	2. Gross	3 Direc	, l	gain or (loss) (	col	5. Circui	lation	6 Read	ership	costs (column 6	
1. Name of penodical	advertising	advertising		2 mınuścol 3)		s. Circui		cos	•	minus column 5, but	
i	Income	2012:03/19		a gain, compu		11.00	<del>-</del>		-	not more than	
			lar:	cols 5 through	/			<del> </del>		column 4).	
(1) N/A								<u> </u>			
(2)											
(3)				100							
(4)	····										
`		<del></del>	- 1		1404						
Totals (carry to Part II, line (5))		1			1						
_ougher (carry to rait ii, line (3)/ 📂		L						<u> </u>		i	

Total. Enter here and on page 1, Part II, line 14

Form 900-T (2019) UNITED MIGRANT OPPORTUNITY SERVICES 39-1047172

Page 5

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col 7. Excess readership 2 Gross costs (column 6 3 Direct 5. Circulation 6. Readership advertising 2 minus col 3) If 1 Name of periodical minus column 5, but advertising costs псоте costs income a gain, compute not more than cols 5 through 7 column 4) (1) N/A (2) (3) Totals from Part I • Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B) on page 1, Part II, line 26 Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4. Compensation attributable to 1. Name time devoted to 2. Title unrelated business business (1) N/A (2) % % (3) % (4)

Form **990-T** (2019)

# UMOS UNITED MIGRANT OPPORTUNITY SERVICES 39-1047172 Federal Statements

FYE: 6/30/2020

### Statement 1 - Form 990-T, Schedule E, Column 3a - Straight Line Depreciation

Description	Deduction
CEC RENTAL PROPERTY	234
TOTAL	234
DOT RENTAL PROPERTY	44,152
TOTAL	44,152
DVR RENTAL PROPERTY	50,512
TOTAL	50,512

## Statement 2 - Form 990-T, Schedule E, Column 3b - Other Deductions

Description	Deduction
CEC RENTAL PROPERTY INTEREST INSURANCE ADMIN CAM PURCHASED SERVICES RENTAL LEASING FEE CEC WRITEOFF	1,383 10,611 13,868 41,585 3,526 7,662 22,768
DOT RENTAL PROPERTY INTEREST INSURANCE SUPPLIES UTILITIES ADMIN BENEFITS BLDG OCCUPANCY CAM COMMON OFFICE INFO TECH-DIRECT PURCHASED SERVICES SALARIES	6,907 5,246 696 12,271 10,723 3,134 13 20,634 1 2 5,208 8,961
DVR RENTAL PROPERTY INTEREST INSURANCE SUPPLIES TAXES UTILITIES ADMIN BENEFITS CAM	73,796 4,684 5,723 352 10,041 6,577 11,355 2,791 22,349

UMOS UNITED MIGRANT OPPORTUNITY SERVICES
'39-1047172 Federal Statements

2/15/2021 10:45 AM

FYE. 6/30/2020

## Statement 2 - Form 990-T, Schedule E, Column 3b - Other Deductions (continued)

Description	<u>D</u>	Deduction	
INFO TECH-DIRECT	\$	1,004	
PURCHASED SERVICES		1,586	
SALARIES		7,903	
BUILDING/OCCUPANCY	<u></u>	13	
TOTAL		74,378	

#### Statement 3 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

Description	Deduction
CEC RENTAL PROPERTY SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	717,168
AVERAGE ACQUISITION DEBT	59,764
DOT RENTAL PROPERTY SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD AVERAGE ACQUISITION DEBT	3,580,512 12 298,376
DVR RENTAL PROPERTY SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD AVERAGE ACQUISITION DEBT	2,428,488 12 202,374

#### Statement 4 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

Description	Deduction
CEC RENTAL PROPERTY ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	206,899 206,666
DIVIDED BY 2	413,565
AVERAGE ADJUSTED BASIS	206,783
DOT RENTAL PROPERTY ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	573,132 532,223
DIVIDED BY 2	1,105,355
AVERAGE ADJUSTED BASIS	552,678
DVR RENTAL PROPERTY ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	352,379 325,258 677,637
DIVIDED BY 2	2

UMOS UNITED MIGRANT OPPORTUNITY SERVICES
-39-1047-172 Federal Statements 2/15/2021 10:45 AM FYE: 6/30/2020 Statement 4 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis (continued) Deduction Description AVERAGE ADJUSTED BASIS 338,819