Agency_UMOS, Inc.	_ Agency Directo	rLupe Martin	ez_	
Name of parent company and/or affilia another business entity Not Applicable	ated enterprises			nd/or affiliate o
Address 2701 South Chase Street	Milwaukee,	Wisconsin	53207	
(Street) Contact Person Leonardo (Jim) Martinez,	(City)	(State)	(Zip)	
Telephone # (414) 389-6012	Email <u>Leonardo.</u>	Martinez@umos	s.org	
Agency Fiscal Period 7/1/14—6/30/15 (Mo/Day/Year to Mo/Day/		oer <u>39-1047172</u>		
Please complete the following information Program name, and if applicable, a proproposal must include programs from outpan one division, a separate, complete	ogram number n nlv one division.	nust be assign In order to an	ed to each p	program. This
Division: DCSDDSD	MSD <u>X</u> Housin	9		
(REFER TO TABLE OF CONTENTS IN PROG	RAM REQUIREMEN	ITS FOR PROGR	AM NUMBER &	NAME)
A. Program Number: MSD-001 Pro	ogram Name:	Energy <u>Assistan</u> o	ce Program	<u>. </u>
2014 Funding: Not Applicable Site(s):	2015 Reques	: <u>\$1,346,3</u> 4	8	
(1) Zone 3: West Allis City Hall (2) Zone 4: Our Savior's Lutheran Chu	(3);	Zone 5: Greenfle Zone 6: UMOS Jo	eld City Hail	
THIS SHEET MUST BE ATTACHED TO THE TO PLEASE DUPLICATE AS NEEDED. PLEASE U YOU ARE SUBMITTING PROPOSALS, AS WE DIVISION FOR WHICH YOU ARE APPLYING	OP OF THE PROPO SE A SEPARATE S	SAL PACKAGE. HEET FOR FACI		ON FOR MUROL
	011	⁷ Po . ; e 7		
UMOS: Helping Over 10,000 Milwaukee Cour				Page 1

2015 PURCHASE OF SERVICE PROPOSAL CONTENTS - I. INITIAL SUBMISSION

<u>Technical</u> Requirements		Pro	posal
Kedunements	-	Check	
ltem #	Item Description	each Item Included	Page # of Proposal
INTRODUCT	The state of the s		
1	Proposal Summary Sheet	✓	11
·	Proposal Contents	✓	2
2	Cover Letter	√	4
	NCY PROPOSAL		
3	Authorization To File	√	5
4	Agency Description and Assurances	✓	7
5	Board Of Directors, Owners, Stockholders Summary	✓	9
6	Ownership, Independence, and Governance	✓	11
7	Owners/Officers	✓	28
8	Mission Statement	✓	29
9	Agency Organizational Chart	✓	30
10	Agency Licenses and Certificates	✓	31
11	Indemnity, Data And Information, and HIPAA Compliance Statement		32
13	Related Organization/Related Party Disclosure	✓	33
14	Employee Hours-Related Organization Disclosure	✓	34
15	Conflict Of Interest & Prohibited Practices Certification	√	35
16	Equal Employment Opportunity Certificate	✓	36
17	Equal Opportunity Policy	V	37
18	Audit Fraud Hotline	√	38
19	Certification Statement Regarding Debarment And Suspension	V	39
20	Additional Disclosures	√	40
21	Certification Regarding Compliance With Background Checks - Children & Youth	¥	41
22	Certification Regarding Compliance With Background Checks - Caregiver		42
23	Promotion of Cultural Competence	√	43
24	Emergency Management Plan	✓	46
Part 2 - BUD	GET AND OTHER FINANCIAL INFORMATION	7 71	
25	IRS Form 990 For Non-Profit Agencies	√	51
26	Certified Audit/Board Approved Financial Statement	V	111
27	Electronic versions of: Form 1 (Program Volume Data)	√	142
	Form 2 and 2A	✓	
	Form 2B	✓	
	Form 3 and 3S (Anticipated Program Expenses)	✓	
	Form 4 and 4S (Anticipated Program Revenue)	✓	
	Form 5 and 5A	✓	
	Form 6-6H	✓	

Part 3 - PROGRAM PROPOSAL

Technical Requirements		Pr	oposal
Item#	Item Description	Check each Item Included	Page # of Proposal
28			
	Program Organizational Chart	V	250
29a	Program Logic Model	1	251
29b	Program Narrative	1	253
29c	Experience Assessment For Agency	1	269
29d	Experience Assessment For Agency Leadership	1	272
29e	Most Recent Program Evaluation (Current Contractors)	1	274
30	Provider Proposal Site Information	1	277
31	Accessibility	1	285
32	Staffing Plan	/	287
33	Staffing Requirements	1	290
34	Current Direct Service Provider/Indirect Staff Roster	/	300
36	Client Characteristics Chart		304

DCPI	Designation of Confidential and Proprietary Information	Not Included
SDE	Statement of Deviations and Exceptions	Not Included
Note: DCP	land CDE former or antiquel shoot activities	TTOCHICIAGEA

Note: DCPI and SDE forms are optional, check column if included

Part 4 - OVERVIEW OF PROPOSAL	REVIEW PROCESS	. PROPOSAL	REVIEW	AND SCOPING
CRITERIA			12-11-11	AND COCKING

Overview Of Proposal Review Process	
Proposal Review and Scoring Criteria	_

Agency attests that all items and documents checked are complete and included in the proposal packet.

Authorized Signature:	6	Date:	March 25, 2015	
Printed Name:	Lupe Martinez	Title:	President	
Agency:	UMOS, Inc.			

UMOS: Helping Over 16,000 Milwauker County Residents Improve Their Lives Every Month



Juan Jose Lopez Chairman Shaning Address - BO, Rox 04429 • Milwanker, WI 55204 4 importate Officer - 2701 S, Chast Avenue • Milwanker, WI 55207 • (414) 5894000 • Fax: (414) 4894216 Lupe Martinez
President &
Chief Executive Officer



ITEM#2

March 12, 2015

Mr. Héctor Colón, Director Milwaukee County Department of Health and Human Services 1220 West Vliet Street, Room 301R Milwaukee, WI 53205

Dear Mr. Colón:

am familiar with the "Year 2015 Purchase of Service Guidelines: Program and Technical Requirements" set forth by the Milwaukee County Department of Health and Human Services and am submitting the attached proposal which, to the best of my knowledge, is a true and complete representation of the requested materials.

Sincerely,

Authorized Signature:	6	Date:	March 25, 2015
Printed Name:	Lupe Martinez	Title:	President
Agency:	UMOS, Inc.		

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

YEAR 2015 AUTHORIZATION TO FILE RESOLUTION (Applicable for Non-Profit and For-Profit Corporations Only)

ITEM #3

PLEASE NOTE: Proposals cannot be recommended for funding to the Milwaukee County Board until the Authorization to File is completed and received by DHHS Contract Administration.

This is to certify that at the March 12, 2015 meeting of the Board of Directors of
UMOS, Inc., the following resolution was introduced byJulio Guix, and seconded by
Jan Banicki , and unanimously approved by the Board:
BE IT RESOLVED, that the Board of Directors of UMOS, Inc. hereby authorizes the
filing of a proposal for the Year 2015 Milwaukee County Department of Health and
Human Services (DHHS) funding.
In connection therewith, Lupe Martinez, President/CEO is authorized to negotiate with
DHHS staff. In accordance with Resolution of the UMOS Board of Directors signed and
dated June 1, 2006, Lupe Martinez, President/CEO is authorized to sign the Year 2015
Purchase of Service Contract(s).
Name: <u>hedde Unil</u> (Signature of the Secretary of the Board of Directors)
Date: March 25, 2015
Printed Name: Nedda Avila
[Please see resolution on following page, per DHHS guidance, as UMOS Bylaws do not address the matter of authorization.]

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

UMOS

Building Better Futures

Juan Jose Lopez Chairman Mailing Address: P.O. Box 0+129, Milwaukee, WI 53304

Corporate Offices: 2"01 S. Chase Avenue, Milwaukee, WI 5320", (414) 389-6000, Fax: (414) 189-0216

Lupe Martinez President & Chief Executive Officer

United Migrant Opportunity Services, Inc. 2701 South Chase Ave. Milwaukee, WI Office of the President

Resolution of the Board of Directors

Be it resolved, that the President/CEO of the Corporation, Lupe Martinez, is authorized to enter into and execute all contacts, agreements, leases, and any and all other documents of obligation on behalf of the Corporation. Such authority shall include the sale, purchase and rental of real and personal property, all banking and financial transactions, and any transactions required to conduct the day to day affairs of the Corporation. This authority shall not extend to powers reserved for the Board of Directors by the Articles, Bylaws, or State and Federal Statutes.

The undersigned, Nedda Avila, Secretary of the Corporation, hereby, certifies that this resolution was adopted by the Board of Directors on May 30, 2006 which has not been altered, amended, or repealed.

6/1/0 C

<u>Medda Avela</u> Secretary

SUBSCRIBED AND SWORN BEFORE ME

THIS / DAY OF fund

Notary/Milwaukee County

MY COMMISSION EXPIRES

Florida • Kansas • Minnesota • Missouri • South Dakota • Texas • Wisconsin

PUBLIC

www.umos.org

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

YEAR 2015 AGENCY DESCRIPTION AND ASSURANCES

ITEM#4

rieas	se check all the statements below that describe	your business entity:
ل_ Fo	orporation Partnership/Joint Venture or-Profit Limited Liability Company (LLC) on-Profit Single Member LLC	Service Corporation (SC) Sole Proprietorship Individual Credentialed Provider
The a	agency has on file and agrees to make the follow HHS.	wing documents available for review upon request
<u>X</u>	Articles of Incorporation (applicable for Corporation	ns only)
	Operating Agreement (applicable for LLC only)	
<u>X</u>	Bylaws (applicable for Corporations only)	
<u>X</u>	Personnel Policies	
<u>X</u>	A client grievance procedure informing clients co- process clients may use to enforce those rights. §51.61 and Wisconsin Administrative Code DHS	vered under DHS 94 of their rights and identifying the The procedure is in compliance with Wisconsin Statute 94.
<u>X</u>	Audit Hotline Policy (see item 18)	
<u>X</u>	Accounting Policies and Procedure Manual in cor (GAAP) and the Wisconsin Department of Health	npliance with General Accepted Accounting Principles and Family Services (DHFS) allowable cost policies.
<u> </u>	Agency billing procedure, in compliance with DH and services provided by the agency and purchas	S 1, regulating billing and collection activities for care ed by Milwaukee County.
<u>X</u>	A 'whistleblower' policy and procedure that enable on illegal practices or violations of organizational p will not retaliate against individuals who make suc	s individuals to come forward with credible information policies. This policy must specify that the organization h reports.
<u>X</u>	the agency and the Board of Directors (if applic	e all conflicts of interest, or appearance thereof, within able) are avoided or appropriately managed through n, the policy should require full written disclosure of all n.
	A code of ethics policy, which outlines the practic volunteers. The code of ethics policy shall be a affected groups as part of orientation and updated	ces and behaviors expected from trustees, staff, and dopted by the board and shall be disseminated to all annually.
	An emergency policy, which outlines the policies a such as a tornado, blizzard, electrical blackout, padisaster. Provider shall develop a written plan, to	and procedures to be prepared for an emergency ndemic influenza, or other natural or man-made be retained in the Provider's office, which addresses:
	 The steps Provider has taken or will be taking Which, if any, of Provider's services will remai The role of staff members during an emergene Provider's order of succession and emergence 	n operational during an emergency; cy; v communications plan: and
	 How Provider will assist Participants/Service F UMOS: Helping Over 10,000 Milwaukee County Residen 	Recipients to individually prepare for an emergency. Is improve Their Lives Every Month Page 7

Providers who offer case management or residential care for individuals with substantial cognitive, medical, or physical needs are actively encouraged to develop an individualized emergency preparedness plan and shall assure at-risk Participants/Service Recipients have been offered any assistance they might require to complete the plan.

Occupancy Permit and/or other permits required by local municipalities, as applicable, for services being provided.

Agency agrees to submit 2 original copies of a certified audit report, performed by an independent certified public accountant licensed to practice by the State of Wisconsin, in compliance with the audit requirements of the Purchase of Service Contract.

Authorized Signature:	5	Date:	March 25, 2015
Printed Name:	Lupe Martinez	Title:	President
Agency:	UMOS, Inc.		

UMOS: Helping Over 40,000 Milwaukee County Residents Improve Their Lives Every Month

Items 5, 6, & 7 partially comprise the points scored under Administrative Ability Item 5 partially comprises the points scored under Cultural Diversity and Cultural Competence

YEAR 2015 BOARD OF DIRECTORS/AGENCY OWNERS/STOCKHOLDERS DEMOGRAPHY SUMMARY

Board members and staff must be able to serve a culturally diverse population in a manner that reflects culturally competent decision making and service delivery.

Cultural Diversity – The presence of individuals and groups from different cultures. Cultural diversity in the workplace refers to the degree to which an organization, agency or other group is comprised of people from a variety of differing backgrounds related to behaviors, attitudes, practices, beliefs, values, and racial and ethnic identity.

Ethnicity	Female	Male	Disabled
Asian or Pacific Islander	0	0	0
Black	0	0	0
Hispanic	7	6	0
American Indian or Alaskan Native	0	0	0
White	1	1	1
Totals	8	7	1

A "disabled individual" is defined pursuant to section 504 of the Rehabilitation Act of 1973 as any person who:

- Has a physical or mental impairment that substantially limits one or more major life activities (e.g. caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working);
- 2. Has a record of such impairment, or;
- 3. Is regarded as having such impairment.

Ethnicity is defined as:

- 1. Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- 2. Black: All persons having origins in any of the Black racial groups of Africa.
- 3. Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain, or other European countries).
- 4. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
 - White: All persons who are not Asian or Pacific Islander, Black, Hispanic, American Indian or Alaskan Native.

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month	
IIMOS: Helping Over 10 000 Milweylan County Residents I	
annual rivionis over 10,000 minwaukee County Resolutions improve Their Lives Every Month	Page 9
	Lago a

Item 5 Cont'd.

Authorized Signature:	6	Date:	March 25, 2015
Printed Name:	Lupe Martinez	Title:	President
Agency:	UMOS, Inc.		

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Page 1338

YEAR 2015 BOARD OF DIRECTORS OWNERSHIP, INDEPENDENCE, COMPENSATION, AND GOVERNANCE (Applicable to for-profit and nonprofit Corporations Only)

ease list the current board members and indicate the office title, term, percentage of ownership interest (applicable for for-profit corporations only), amount of prior year's distributions or dividends (applicable for for-profit corporations only), whether the board member receives any compensation from the agency, and whether the board member can be considered independent. "Independent" board members include individuals (1) who are not compensated by the organization as an employee or independent contractor; (2) whose compensation is not determined by individuals who are compensated by the organization; (3) who do not receive, directly or indirectly, material financial benefits from the organization except as a member of the charitable class served by the organization; and (4) who are not related to (as a spouse, sibling, parent or child), or do not reside with, any individual described above.

In addition, a resume must be submitted for each board member. The resume should include the board member's name, education and experience but should exclude identifying information such as social security numbers, addresses, D.O.B and marital status.

Board Member Name	Office Title	Term	% Owner- ship	Amount Distributions/ Dividends (\$)	Compen- sated? (Yes/No)	Independent? (Yes/No)	Resume Attached
Juan Jose Lopez	Chair	2013-15	0%	\$0.00	No	Yes	Yes
Maria Watts	Vice Chair	2014-16	0%	\$0.00	No	Yes	Yes
Nedda Avila	Secretary	2013-15	0%	\$0.00	No	Yes	Yes
Julio Guix	Treasurer	2015-17	0%	\$0.00	No	Yes	Yes
Jan Banicki	5 th Member	2014-16	0%	\$0.00	No	Yes	Yes
Ben Obregon	Director	2013-15	0%	\$0.00	No	Yes	Yes
Guadelupe (Wally) Rendón	Director	2015-17	0%	\$0.00	No	Yes	Yes
Peggy Romo West	Director	2015-17	0%	\$0.00	No	Yes	Yes
Jose Carrillo	Director	2014-16	0%	\$0.00	No	Yes	Yes
Marisela Galaviz	Director	2014-16	0%	\$0.00	No	Yes	Yes
Silvia Perez-Rathell	Director	2014-16	0%	\$0.00	No	Yes	Yes
Cynthia Galvan	Director	2013-15	0%	\$0.00	No	Yes	
Joe Villmow	Director	2015-17	0%	\$0.00	No	Yes	Yes
Maria Borda Weisner	Director	2013-15	0%	\$0.00	No	Yes	Yes
Kevin Magee	Director	2015-17		\$0.00	No	Yes	Yes

Are positions of Agency Head (e.g. President, Chief Executive Officer Chair, and Treasurer held by separate individuals? ☑ Yes ☐ No	r, Executive Director, etc.), Board
∐ N0	

If agency is a **non-profit** corporation with fewer than five board members, explain the rationale for the number of board members, and indicate what, if any, compensatory controls are in place to mitigate self-dealing and other potential abuses by the Board.

Not Applicable

UMOS: Helping:Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Board Committees/ Advisory Committees

Committee Name	Committee Purpose
Executive Committee	To exercise authority of the Board between Board meetings
Personnel Committee	To review periodically UMOS personnel policies, and make recommendations to the Board
Planning, Evaluation & Finance Committee	To monitor and evaluate all UMOS programs and financial operations, and make recommendations to the Board
Nominating Committee	To represent a slate of names for election at the annual meeting, and make recommendations to fill Board vacancies
Bylaws Committee	To conduct periodic reviews of UMOS' bylaws, and make recommendations to the Board
Migrant/Seasonal Head Start Policy Council Committee	To serve as a linkage between UMOS Board and the community served, and make recommendations for Head Start program improvements
Community Services Block Grant (CSBG) Advisory Committee	To serve as a linkage between UMOS Board, the community served, local elected officials, and low-income clients per requirements of WIs. Stat. 49.265
Community Development Block Grant (CDBG) Advisory Committee	To serve as a linkage between UMOS Board and the low-income community served per CDBG requirements

The Board of Directors' 2015 meetings for the agency will be held on the following dates:

January 17, 2015	Mav	September
February	June	October 10, 2015
March	July 25, 2015	November
	August	December
April 11, 2015	August	DOCUMENT.

'ontractor agrees to retain Board of Directors' meeting minutes for a period of at least four (4) years following contract termination and agrees to provide Milwaukee DHHS access to the meeting minutes upon request.

Authorized Signature:	6	Date: _	March 25, 2015
Printed Name:	Lupe Martinez	Title: _	President
Agency:	UMOS, Inc.		

UMOS: Helping Over 10:000) Milwaukoe County Residents Improve Their Lives Every Month

Juan Jose Lopez

Experience

Bureau Director, Program Management & Special Populations	Wisconsin Department of Workforce Development	2007 - 2015	Madison, Wi
Program & Policy Analyst	Wisconsin Department of Justice	2006-	Madison, WI
Executive Director	Boys & Girls Club of Dane County	2007 2002-	Madison, WI
Executive Director	Briarpatch, Inc.	2006 1996-	Madison, Wi
Project Director	Project Opportunity of the Madison Community Foundation	2001 1992- 1996	Madison, WI

Education

Bachelor of Arts – Social Work	University of Wisconsin - Madison	Madison, Wi
VVUIK		

Other Affiliations

Board Chairman Vice President Vice President Member Member	UMOS Board of Directors Latino Chamber of Commerce of Dane County Rotary Club of Madison Foundation Rotary Club of Madison Latino Professionals of Greater Madison
	Latino Professionals of Greater Madison
Past Member	Salvation Army of Dane County
Past Member	Madison Metropolitan School Board

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Maria Watts

Experience

Manager of Community Development, Community Relations Officer

Wisconsin Housing & Economic **Development Authority**

1996-2015 Milwaukee, WI

Assistant Vice President

Tri-City National Bank

1997-1998 Wauwatosa, W

Home Buyer Coordinator

La Casa de Esperanza, Inc.

1993-1997

Waukesha, W

Education

Bachelor of Science -Accounting

University of Coahuila

Coahuila, Mexico

Other Affiliations

Board Vice Chairman Member Past Member Past Member

UMOS Board of Directors Transform Milwaukee Jobs La Casa de Esperanza, Inc. Committee Waukesha Public Library Board of Directors

Nedda Avila

Experience

Retired 2012-Milwaukee, 2015 WI Community Advocate, AODA/DV Counselor Milwaukee Women's Center 1992-Milwaukee, 2012 WI AODA/DV Advocate. 16th Street Community Health Center 1981-Milwaukee, Community Relations 1991 WI Specialist

Education

Certified AODA Counselor Alverno College

Business Administration Milwaukee Area Technical College Courses

Milwaukee, WI Milwaukee, WI

Other Affiliations

Board Secretary Member Past Member

UMOS Board of Directors La Causa Board of Directors Puerto Rican Foundation

Julio Guix

Experience

Retired/Community Volunteer Currency Vault Supervisor, Operations Officer, Personal Banking Officer, Assistant Vice President, Branch Manager

M & I Marshall & Ilsley Bank

2008-2015 1971-

2007

Greenfield, WI Milwaukee, WI

Education

High School Diploma

Washington High School

Milwaukee, Wl

Other Affiliations

Board Treasurer Member Volunteer Past Member **UMOS Board of Directors**

Wisconsin Hispanic Scholarship Foundation, Inc. Board of Directors

Fiesta Mexicana

Past Member Council for the Spanish Speaking Board of Directors
Past Member Walker's Point Development Corporation Board of Directors
Past Member Walker's Point Center for the Arts Board of Directors

Jan Banicki

Experience

Office Operations Associate

Wisconsin Department of Health Services- Mendota Mental Health

1993-2015

Madison, WI

Resident Care Technician

Institute Central Wisconsin Center

1989-

1993

Madison, WI

Education

Associate Degree Certified Nursing Assistant

Madison Area Technical College

Madison, WI Madison, WI

Other Affiliations

5th Member and Head Start Liaison County Supervisor

County Supervisor Board Supervisor Volunteer **UMOS** Board of Directors

Marquette County Board of Supervisors (Marquette County, WI) Buffalo Township Board of Supervisors (Wisconsin)

Home & Community Education

Benjamin Obregon

Experience

Retired/Community Volunteer

Horizon Management **Property Manager**

2012-2015 Madison, Wi

1990-2012 Madison, WI

Education

Associate Degree

Madison Area Technical College

Madison, WI

Other Affiliations

Member and

Parliamentarian **Board Vice Chairman**

Past Member Past Member Past Member **UMOS Board of Directors**

Legal Action of Wisconsin Board of Directors Downtown Madison Senior Center Board of Directors Mayor's Senior Citizens Advisory Committee

National Legal Aid & Defender Association - Latino Section

Marisela Galaviz

Experience

Student Services Manager, High School Equivalency Program Coordinator, Collage Assistant Migrant Program Coordinator, Educational Assistant III, Student Life Assistant to Coordinator Milwaukee Area Technical College (MATC)

1993-2015

Milwaukee, W!

Education

Master of Science

University of Wisconsin - Stout

Menomonie,

Bachelor of Science

University of Wisconsin - Stout

WI Menomonie,

Associate Degree

Milwaukee Area Technical College

Wi Milwaukee, Wi

Other Affiliations

Member Past Member Past Member UMOS Board of Directors MATC Hispanic/Asian Task Force MATC South Campus Diversity Committee

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Guadelupe (Wally) Rendon

Experience

Member Education/Outreach Representative Spanish Teacher Educator's Credit Union

2005-2015 Racine, WI

Self-Employed

1995-

Racine, Wi

Police Officer

Racine Police Department

2015 1975-1999

Racine, WI

Education

Journalism Courses Police Science Courses High School Diploma Vanderbilt University Gateway Technical College Pearsall High School Nashville, TN Kenosha, WI Pearsall, TX

Other Affiliations

Member Member Member Member UMOS Board of Directors
Racine Unified School Board
United Way of Pacine Board

United Way of Racine Board of Directors Hispanic Business and Professionals Association, Inc.

Member Family Literacy of Racine

Member Governor's Migrant Council Committe

Cynthia Galvan

Experience

Instructor, **Education Assistant III**

Adjunct Instructor

Faculty Advisor

Milwaukee Area Technical College (MATC)

Gateway Technical College

Pearson Publishing

1998-2015

2009-2015 2011-

2015

Kenosha, WI Milwaukee, WI

Milwaukee.

WI

Education

Master of Arts

Master of Science

Bachelor of Arts Associate Degree Mount Mary College

University of Wisconsin - Platteville

University of Wisconsin - Parkside Milwaukee Area Technical College Milwaukee, WI

Platteville, WI Kenosha, Wi

Milwaukee, Wi

Other Affiliations

American Federation of Teachers Local 212

Member

Member Member

Member Member

Past Volunteer Past Member Past Member

Miss Latina Fund

Hispanic Business Professionals Association Executive Board MATC Teacher Education Advisory Committee

Fiesta Mexicana

Hispanic Round Table (Racine, WI)

LULAC Council 321

UMOS Board of Directors

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Silvia Perez Rathell

Experience

Director of Corporate and Federal Relations Vice President of Corporate Relations Director of Corporate Events League of United Latin American Citizens
(LULAC)

United States Hispanic Chamber of
Commerce

UMOS, Inc.

2009200720052005-

Education

Master of Science

Cardinal Stritch University

Milwaukee,

Washington,

DC

Washington,

DC

Milwaukee,

WI

2015

2009

2007

Bachelor of Science

Alverno College

WI Milwaukee, WI

Other Affiliations

Member Member Past Member Past Member UMOS Board of Directors

Social Security Administration Latino Advisory Board

National Center for missing and Exploited Children Latino Advisory Board

National Red Cross Disaster Relief Latino Advisory Board

Kevin Magee

Experience

Managing Attorney, Migrant Project Director Staff Attorney

Legal Action of Wisconsin

1990-1997

1990

Madison, WI

lowa Legal Aid

1980-

Des Moines, IA

Education

Juris Doctor Bachelor of Arts

Lewis and Clark Law School University of Virginia Portland, OR Charlottesville, VA

Other Affiliations

Member Member Member UMOS Board of Directors Conexiones Latinas

Community Shares of Wisconsin

Member Member Past Member Wisconsin Unemployment Appeals and Veterans Clinic Wisconsin State Bar Public Interest Law Section University of Wisconsin Consumer Law Clinic

Joe Villmow

Experience

President/Founder	EmpowerMe Foundation/EmpowerMe LLC	2012- 2015	Milwaukee, Wl
President/Founder	J Villmow LLC	2012- 2015	Milwaukee, Wl
President/Founder	Security Network Systems LLC	2008- 2015	Milwaukee, Wl
Facility Manager	M Red Management, Inc.	2010- 2012	Milwaukee, Wl
Property Manager	Gabaldon Properties	2005- 2010	Milwaukee, Wl

Education

Bachelor of Science

Marquette University

Milwaukee, Wl

Other Affiliations

Member President Member Past Member UMOS Board of Directors
LULAC Council 334
Marguette University Ethni

Marquette University Ethnic Alumni Association Board of Directors
Marquette University Business Administration Alumni Association Board of

Past Member Volunteer Marquette University Young Alumni Association Board of Directors

Fiesta Mexicana

Peggy Romo West

Experience

Board Supervisor 12th Milwaukee County Board of Supervisors 2004-Milwaukee. District 2015 W Workshop Facilitator UMOS, Inc. 1999-Milwaukee, 2004 WI Job Recruiter Bridges to Work 1998 Milwaukee,

Education

Associate Degree Milwaukee Area Technical College Milwaukee, WI
Certified Nursing Assistant Milwaukee Area Technical College Wilwaukee, WI

Other Affiliations

Member **UMOS Board of Directors** Member Sports Authority Planning Council Member Milwaukee Center for Independence Board of Visitors Member Kosciuszko Community Center Advisory Board Member Milwaukee County Economic Strategic Planning Committee Member Family Care Governing Board Member Mental Health Redesign Task Force Executive Board Member Human TraffickingTask Force of Greater Milwaukee Member Combined Community Services Board Past Member **UMOS Latina Resource Center Advisory Board**

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Page 25

WI

Jose Carrillo

Experience

Retired/Community	General Motors	2009-	Janesville,
Volunteer		2015	WI
Assembler,		1977-	Janesville,
Automation Equipment		2009	WI
Repair Worker Assembler	American Motors	1973- 1977	Kenosha, WI

Education

Electrical Engineering Courses	Milwaukee School of Engineering	Milwaukee, Wl
Journeyman Electrician	State Indentured Program/Blackhawk	Janesville,
Southly than 2.000 to	Technical College	. WI
General Education	Blackhawk Technical College	Janesville,
Development		WI
Certificate		

Other Affiliations

Member Past Member Past Member Past Member Past Member	UMOS Board of Directors Rock County Criminal Justice Coordinating Council State Prison Industries Board United Auto Workers Local 95 Arrowhead Library System Board Pock County Council on Anima
Past Member	Rock County Council on Aging

Maria Borda Wiesner

Experience

Retired 2013-Milwaukee, 2015 WI Director of Educational Cardinal Stritch University 2008-Milwaukee, Programs Spanish 2013 WI Director of Certificate Archdiocese of Milwaukee 1987-Milwaukee. Program in Lay 2008 WI Ministry Formation, Associate Director for Youth Ministry

Education

Master of Arts
Saint Francis Seminary
St. Francis,
WI
Bachelor of Arts
Judson University
Elgin, IL

Other Affiliations

Member UMOS Board of Directors

Past Member Sacred Heart School of Theology Board of Directors

Past Member United States Conference of Catholic Bishops

Past Member National Association for Lay Ministry

Past Member Sojourner Truth House

Past Member UMOS Latina Resource Center Advisory Board

(applicable to all organizations)

Please list each agency owner, stockholder, officer, LLC manager, Partner, and/or LLC member, and indicate the office title and total compensation. For Non-profits this will include names of officers appointed by the Board (such as COO or CEO). In addition, for For-profit organizations also provide the percentage of ownership interest, amount of prior year's distributions or dividends from the agency during the prior year. Please note that only those stockholders holding twenty percent or greater interest must be listed. Volunteer board members with no ownership stake or compensation need not be listed here (but should be listed on Item 6). *This Item applies to both For-profit and Non-profit agencies*.

Name	Status	Office/ Title	% Owner- ship	Amount of Distributions/ Dividends (\$)	Total Compensation (\$)*
Lupe Martinez	□Stockholder/Owner/LLC Member/ Partner (for profit only) □ Officer/LLC Manager (for profit only) □ Officer (non profit only)	President/ CEO	0%	\$0.00	\$175,886
Leonardo Martinez	Stockholder/Owner/LLC Member/ Partner (for profit only) ☐ Officer/LLC Manager (for profit only) ☑ Officer (non profit only)	Vice President- Operations	0%	\$0.00	\$129,033
Celestine Koehn	Stockholder/Owner/LLC Member/ Partner (for profit only) ☐ Officer/LLC Manager (for profit only) ☑ Officer (non profit only)	Vice President- Administration	0%	\$0.00	\$126,509
Daniel Vidas	☐ Stockholder/Owner/LLC Member/ Partner (for profit only) ☐ Officer/LLC Manager (for profit only) ☑ Officer (non profit only)	Chief Financial Officer	0%	\$0.00	\$118,890
John Bauknecht	☐ Stockholder/Owner/LLC Member/ Partner (for profit only) ☐ Officer/LLC Manager (for profit only) ☑ Officer (non profit only)	Corporate Attorney	0%	\$0.00	\$115,393
	Strickholder/Owner/LLC Member/ Partner (for profit only) Officer/LLC Manager (for profit only) Officer (non profit only)				

*Total Compensation sho	ould reflect amount reported on II	RS Form W-2 a	nd 1099.
Authorized Signature:	6	Date:	March 25, 2015
Printed Name:	Lupe Martinez	Title:	President
Agency:	UMOS, Inc.		

UMOS: Helping Over 10/000 Milwaukee County Residents Improve Their Lives Every Month

Item 8 comprises the points scored under Mission

YEAR 2015 AGENCY MISSION STATEMENT

ITEM#8

Jency: UMOS, Inc.

Submit your agency's Mission Statement. Explain how it aligns with the Division or Program's stated mission, values or goals.

At the heart of it, Milwaukee County Department of Health & Human Services and UMOS, Inc. share a common theme across their mission statements and visions for the community:

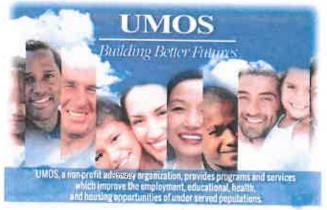
Milwaukee County Department of Health & Human Services	UMOS, Inc.
The mission of the Milwaukee County Department of Health & Human Services is to enhance the quality of life for individuals who need support living healthy, independent, and safe lives within our community.	UMOS, a non-profit advocacy organization, provides

Both organizations are dedicated to helping Milwaukee County residents build better futures for themselves by empowering them. Both understand that offering an array of quality services for low-income Milwaukee County residents, and doing so in a respectful, compassionate, and culturally affirming manner, can transform lives and ud to individuals and families realizing their full potential.

UMOS, Inc. partners with Milwaukee County Department of Health & Human Services and other public entities to make a positive impact in the lives of its disadvantaged neighbors. Together, we are helping individuals and families access meaningful programs and services, so they can lead healthy, independent, and safe lives now and in the future.

Now celebrating its 50th anniversary of improving lives in Milwaukee County, UMOS employs over 300 human services professionals, some of whom were hired from the programs the agency operates here. As a mission-oriented organization, the nonprofit has invested millions of dollars in its headquarters, transforming a closed business site into one of the county's largest service delivery centers for low-income individuals and families of all backgrounds.

UMOS, Inc. is proud to serve over 10,000 individuals and families in Milwaukee County on a monthly



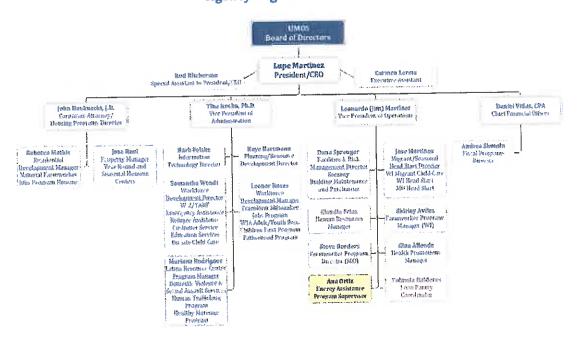
basis, and is equally proud to have been entrusted to serve as Kenosha County's sole Energy Assistance agent. Therefore, Assistance is of critical importance in helping low-income families lead healthy, independent, and safe less, and UMOS, Inc. would be honored to work with Wisconsin's largest Department of Health & Human Services in ensuring even more eligible Milwaukee County residents receive those vital services.

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

"ubmit an organizational chart of the agency detailing each major department or program.

UMOS, Inc.

Agency Organizational Chart



March 31, 2015

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

AGENCY LICENSES AND CERTIFICATIONS

ITEM # 10

Submit a copy of each agency license or certificate required to provide the service for which you are requesting funds and copies of any notices of noncompliance or restrictions.

While no agency licenses or certificates are required to provide Energy Assistance intake and benefit issuance services, UMOS is an experienced provider. It is the sole contractor responsible for processing Energy Assistance applications in Kenosha County.

UMOS: Helping Over 10/000 Milwaukee County Residents Improve Their Lives Every Month

YEAR 2015 INDEMNITY, DATA & INFORMATION SYSTEMS COMPLIANCE, HIPAA

ITEM # 11

...demnity/Insurance

Contractor agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless, the County and its agents, officers and employees, from and against all loss or expense including costs and attorney's fees by reason of liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Contractor, or its (their) agents which may arise out of or are connected with the activities covered by this agreement.

Contractor shall indemnify and save County harmless from any award of damages and costs against County for any action based on U.S. patent or copyright infringement regarding computer programs involved in the performance of the tasks and services covered by this agreement.

Provision for Data and Information Systems Compliance

Contractor shall utilize computer applications in compliance with County standards in maintaining program data related to the contract, or bear full responsibility for the cost of converting program data into formats useable by County applications. All Contractors shall have internet access, an email address, and shall utilize Microsoft Excel 2000 or newer, or shall use applications which are exportable/convertible to Excel.

Health Insurance Portability and Accountability Act

The contractor agrees to comply with the federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the extent those regulations apply to the services he contractor provides or purchases with funds provided under this contract.

Authorized Signature:	6	Date:	March 25, 2015	
Printed Name:	Lupe Martinez	Title:	President	
Agency:	UMOS, Inc.			

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

<u>Milwaukee (</u>	County E	mplovae
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Submit a list of any Milwaukee County employee, or former County employee to whom your agency paid a wage, alary, or independent contractor fee during the preceding three-year period. Include payments made during 2012, 2013, and 2014 to any person who was at the time of payment, also employed by Milwaukee County.

Employee	2012 Wages	2013 Wages	2014 Wages
Not Applicable			

No employment relationship with current or former Milwaukee County employees (within 3 years) exists.

Related Party Relationships

The agency rents from or contracts with a person who has ownership or employment interest in the agency; serves on the Board of Directors; or is a member of the immediate family of an owner, officer, employee, or board member? \square Yes \bowtie No

If such a relationship exists, submit a copy of lease agreements, certified appraisals, and contract agreements, etc.

Submit a full disclosure of the relationship, including the extent of interest and amount of estimated income anticipated from each source, for each individual if any board member, stockholder, owner, officer, or member of the immediate family of any board member, stockholder, owner or officer, holds interest in firms or serves on the board from which materials or services are purchased by the agency, its subsidiaries, or affiliates. 'mmediate family' means an individual's spouse or an individual's relative by marriage, lineal descent, or adoption who receives, directly or indirectly, more than one-half of his/her support directly from the individual or from whom the individual receives, directly or indirectly, more than one-half of his/her support.

Name Not Applicable	Relationship	% or Estimated Income	
THOS APPRICABLE			
Authorized Signature:	_ 6	Date: <u>March 25, 2015</u>	
Printed Name:	Lupe Martinez	Title: President	
Agency:	UMOS, Inc.		

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 2C - YEAR 2015 EMPLOYEE HOURS - RELATED ORGANIZATION DISCLOSURE ITEM # 14

or each employee of your agency who works for more than one related organization which may or may not be under contract to Milwaukee County, the total number of weekly hours scheduled for each affiliated corporate or business enterprise must be accounted for by program/activity.

"Related Organization" is defined as an organization with a board, management, and/or ownership which is (are) shared with the Proposer organization.

Employee Name	Related Organization/ Employer	Program/Activity	Total Weekly Hours
Not Applicable			

Please check the statement below, sign and date the form if the above condition does not exist.

X No employee of the agency works for more than one related organization that may or may not be under contract to Milwaukee County.

Authorized Signature:	6	Date:	March 25, 2015
Printed Name:	Lupe Martinez	Title:	President
Agency:	UMOS, Inc.		

HMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Interest in Contract

'o officer, employee or agent of the County who exercises any functions or responsibilities with carrying out any services or requirements to which this contract pertains has any personal interest, direct or indirect, in this contract.

Interest of Other Public Officials

No member of the governing body of a locality, County or State and no other public official of such locality, County or State who exercises any functions or responsibilities in the review or approval of the carrying out of this contract has any personal interest, direct or indirect, in this contract.

Contractor covenants s/he presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services under this contract. Any conflict of interest on the part of the Contractor will be disclosed to the County. In the event Contractor has a conflict of interest that does not permit Contractor to perform the services under the contract with respect to any client or recipient, Contractor will notify the County and will provide the County with all records and reports relating to same.

Prohibited Practices

Contractor attests that it is familiar with Milwaukee County's Code of Ethics, Chapter 9 of Milwaukee County Code of General Ordinances, which states in part, "No person may offer to give any County officer or employee or his immediate family, or no County officer or employee or his immediate family may solicit or receive anything of value pursuant to an understanding that such officer's or employee's vote, official action, or judgment would be influenced thereby."

aid chapter further states, "No person(s) with a personal financial interest in the approval or denial of a contract being considered by a County department or with an agency funded and regulated by a County department, may make a campaign contribution to any candidate for an elected County office that has final authority during its consideration. Contract considerations shall begin when a contract is submitted directly to a County department or to an agency until the contract has reached its final disposition, including adoption, county executive action, proceedings on veto (if necessary) or departmental approval."

Where Agency intends to meet its obligations under this or any part of this RFP through a subcontract with another entity, Agency shall first obtain the written permission of County; and further, Agency shall ensure it requires of its subcontractors the same obligations incurred by Agency under this RFP.

	Lupe Martinez	Title:	President
gency:	UMOS, Inc.		- 1 and the same and the 1 discount of 1 dis
IMOS hereby discloses that I	ion. Peggy Romo West, Milwauk	ee County Supervisor-12	th District, is a volunteer,
ncompensated member of ti dependence, Compensation	ie UMOS Board of Directors, as r	eflected on Item #6, Boo	ard of Directors Ownership,

In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or SUCCESSFUL BIDDER or CONTRACTOR or LESSEE or (Other-specify), (Hence forth referred to as VENDOR) certifies Milwaukee County as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract rarded

Non-Discrimination

VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, or ancestry, age, sex, sexual orientation, gender identity and gender expression, disability, marital status, family status, lawful source of income, or status as a victim of domestic abuse, sexual assault or stalking, which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship.

VENDOR will post in conspicuous places, available to its employees, notices to be provided by the County setting forth the provision of

the non-discriminatory clause.

A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

Affirmative Action Program

VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and disabled persons and other protected groups, at all levels of employment in all divisions of the vendor's work force, where these groups may have been previously underutilized and under-represented.

VENDOR also agrees that in the event of any dispute as to compliance with the afore-stated requirements, it shall be his responsibility to show that he has met all such requirements.

Non-Segregated Facilities VENDOR certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.

Subcontractors

VENDOR certifies that it has obtained or will obtain certifications regarding non-discrimination, affirmative action program and non segregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the ward of any subcontracts, and that it will retain such certifications in its files.

Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures established in Title 41 Code of Federal Regulations, Chapter 60.

Affirmative Action Plan

VENDOR certifies that, if it has 50 or more employees, it will develop and/or update and submit (within 120 days of contract award) an Affirmative Action Plan to: Mr. Paul Grant, Audit Compliance Manager, Milwaukee County Department of Audit, 2711 West Welis Street 9th Floor, Milwaukee, WI 53208 [Telephone No.: (414) 278-4292].

VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with any of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Milwaukee County Department of Audit, 2711

West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4292]. If a current plan has been filed, indicate where filed Wisconsin Department of Children & Families and the years covered 2014-2017. VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

Employees

UMOS, Inc. VENDOR certifies that it has 335 employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and 376 employees in total.

Compliance

VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.

Address 2701 South Chase Street (Signature) tle President/CEO City/State/Zip Milwaukee, WI 53207	Executed this <u>25th day of March,</u> 20 <u>15</u> by: Firm Name <u>UMOS, Inc.</u>	
	Address 2701 South Chase Street (Signature)	
Page 3	UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month	Page 36

<u>UMOS, Inc.</u> is in compliance with the equal opportunity policy and standards of all applicable Federal nd State rules and regulations regarding nondiscrimination in employment and service delivery.

EMPLOYMENT - AFFIRMATIVE ACTION & CIVIL RIGHTS

It is the official policy of <u>UMOS</u>, <u>Inc.</u> that no otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner on the basis of race, religion, color, national origin or ancestry, age, sex, sexual orientation, gender identity and gender expression, disability, marital status, family status, lawful source of income, or status as a victim of domestic abuse, sexual assault or stalking, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with Affirmative Action and Civil Rights standards to ensure that applicants are employed and that employees are treated during their employment without regard to the above named characteristics. Such action shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.

<u>UMOS, Inc.</u> has a written Affirmative Action Plan which includes a process by which discrimination complaints may be heard and resolved.

SERVICE DELIVERY - CIVIL RIGHTS

It is the official policy of <u>UMOS</u>, <u>Inc.</u> that no otherwise qualified applicant for services or service recipient shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical andition, developmental disability, arrest or conviction record, sexual orientation, military/veteran attacts or military participation. We pledge that we shall comply with civil rights laws to ensure equal opportunity for access to service delivery and treatment without regard to the above named characteristics. <u>UMOS</u>, <u>Inc.</u> has a written Civil Rights Action Plan which includes a process by which discrimination complaints may be heard and resolved.

All officials and employees of <u>UMOS</u>, <u>Inc.</u> are informed of this statement of policy. Decisions regarding employment and service delivery shall be made to further the principles of affirmative action and civil rights.

To ensure compliance with all applicable Federal and State rules and regulations regarding Equal Opportunity and nondiscrimination in employment and service delivery, <u>Claudia Frias</u> has been designated as our Equal Opportunity Coordinator. Any perceived discrimination issues regarding employment or service delivery shall be discussed with Ms. <u>Claudia Frias</u>. Ms. <u>Claudia Frias</u> may be reached during week days at <u>(414)</u> 389-6009.

A copy of the Affirmative Action Plan and/or the Civil Rights Action Plan including the process by which discrimination complaints may be heard and resolved is available upon request.

President/CEO March 25, 2015
(Director or Chief Officer) (Title) (Date)

This Policy Statement shall be posted in a conspicuous location.

UMOS: Helping Over 10:000 Milwaukee County Residents Improve Their Lives Every Month

Audit Services Division Hotline

Milwaukee County has set up the Audit Services Division Hotline to be the primary conduit for concerned employees, citizens, and contractors to communicate allegations of fraud, waste and abuse involving County government. Milwaukee County's resolution states, in part,

"all department heads and administrators of Milwaukee County are hereby directed to provide information regarding Milwaukee County Audit Services Division Fraud Hotline to all professional service and construction contractors when they commence work for Milwaukee County and, further, that instructions and bulletins shall be provided to said contractors that they post this information in a location where their employees will have access to it and provide said information to any and all subcontractors that they may retain; and

...Milwaukee County funded construction and work sites shall also have posted the bulletin that the Audit Services Division has developed which provides the Fraud Hotline number and other information and the Department of Public Works shall inform contractors of this equirement"

A Hotline bulletin is attached (See flyer under Appendices). Please distribute the revised bulletin to contractors as contracts are let or renewed and also post it prominently at all County employee work locations associated with your organization.

This certifies that the copies of Audit Hotline poster will be posted at prominent locations within our organization upon effective date of awarded contract.

Authorized Signature:	6	Date:	March 25, 2015
Printed Name:	Lupe Martinez	Title:	President
Agency:	UMOS, Inc.		

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

CERTIFICATION STATEMENT

DEBARMENT AND SUSPENSION

The Proposer certifies to the best of its knowledge and belief, that the corporation, LLC, partnership, or sole proprietor, and/or its' principals, owners, officers, shareholders, key employees, directors and member partners: (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (2) of this certification; and, (4) have not within a three-year period preceding this proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Authorized Signature:	6	Date:	March 25, 2015
Printed Name:	Lupe Martinez	 Title:	President
Agency:	UMOS, Inc.	 	

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

ř	Has your organizat	tion or any r erminated t	epresentative, owner, p for failure to perform or	partner or officer e for providing uns	ver failed to perform atisfactory service?	work awarded
	☐ Yes ⊠ No I	f yes, on a	separate page please	provide a detailed	explanation.	
2.	(collectively "your action where the	Company") violation of	s, has your organizati ever been a party to al any local, state or fed es by your Company w	ny court or admini Jeral statute, ordir	strative proceedings	o uiscipiinai y
	☐ Yes ☒ No	lf yes, on a following:	separate page, please	provide a detaile	d explanation outlini	ng the
		•	Date of citation or viol Description of violation Parties involved Current status of citati	า		
3.	Within the past 5	years has y	our organization had a	ny reported finding	gs on an annual inde	pendent audit?
	☐ Yes ⊠ No	If yes, on a	separate page please	provide a detaile	d explanation.	
4.	Within the past 5 of review or audit	years, has by indeper	your organization beer ident auditor, or any go	n required to subnovernmental agen	nit a corrective actio cy or purchaser of s	n plan by virtue ervices?
	i	corrective mplemente	separate page please action has been acc d? If not, please expla	epted by the pl in remaining action	on required by purch	asing agency.
5.	entity ever been or any crime or no of controlled sub-	convicted of nunicipal vio stances or a	ners, partners, shareho f, or pleaded guilty, or r plation, involving disho alcohol, or are charges ion, indictment or othe	o contest to, a fei nesty, assault, se pending against	ony, serious or gros xual misconduct or a	abuse, or abuse
	☐ Yes ⊠ No	If yes, on a	a separate page, pleas	e provide a detail	ed explanation.	
Auth	norized Signature):	6	Date	March 25,	2015
Prin	ted Name:	Lupe	Martinez	Title:	President	
Age	ency:	UMOS	S, Inc.	<u> </u>		
	UMOS: Helping Ove	r 10 000 M	lwaukee County Resider	is Improve Their Li	ves Every Month	Page 40

CERTIFICATION STATEMENT

ITEM# 21

RESOLUTION REGARDING FILE 99-233 REQUIRING BACKGROUND CHECKS FOR AGENCIES SERVING CHILDREN AND YOUTH

This is	s to certify that	UMOS, Inc.		
	(1	Name of Agency/Organization)		
(4)	has received -			
(1)	BACKGROUND	nd read the enclosed, "PRO\CHECKS ON DEPARTMENT OF ROVIDING DIRECT CARE AN YOUTH;"	HUMAN SERVI	CES CONTRACT AGENCY
(2)	has a written scr activity for current youth; and,	eening process in place to ensult and prospective employees prov	re background cl riding direct care	hecks on criminal and gang and services to children and
(3)	is in compliance checks.	with the provisions of File No. 9	9-233, the Reso	lution requiring background
Autho	orized Signature:	6	Date:	March 25, 2015
Printe	ed Name:	Lupe Martinez	Title: _	President
Agen	cy:	UMOS, Inc.		

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Page 41

This is to certify that

CERTIFICATION STATEMENT

RESOLUTION REGARDING CAREGIVER AND CRIMINAL BACKGROUND CHECKS

(Applies to all agencies with employees who meet the definition of "caregiver", per definition below)

Contract agencies and agencies with which the DHHS has reimbursable agreements shall certify, by written statement, that they will comply with the provisions of ss.50.065 and ss.146.40 Wis. Stats. and DHS 12 and DHS13, Wis. Admin. Code State of Wisconsin Caregiver Program (all are online at http://www.legis.state.wi.us/rsb/code.htm). Agencies under contract shall conduct background checks at their own expense.

DEFINITION: EMPLOYEES AS CAREGIVERS (Wisconsin Caregiver Program Manual, http://dhfs.wisconsin.gov/caregiver/pdffiles/Chap2-CaregiverBC.pdf)

A caregiver is a person who meets all of the following:

- · is employed by or under contract with an entity;
- · has regular, direct contact with the entity's clients or the personal property of the clients; and
- is under the entity's control.

This includes employees who provide direct care and may also include Housekeeping, maintenance, dietary and administrative staff, if those persons are under the entity's control and have regular, direct contact with clients served by the entity.

This is to certify that(I	UMOS, Inc. Name of Agency/Organization)		V.
is in compliance with the Wis. Admin. Code <i>State</i>	e provisions of ss.50.065 and ss of Wisconsin Caregiver Prograi	s.146.40 Wis. Stat m	s. and DHS 12 and DHS 13
Authorized Signature:	0	Date:	March 25, 2015
Printed Name:	Lupe Martinez	Title:	President
Agency:	UMOS, Inc.		

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Item 23 partially comprises the points scored under Cultural Diversity and Cultural Competence

CULTURAL COMPETENCE

ITEM # 23

<u>ultural Competence</u> - A set of congruent behaviors, attitudes, practices and policies formed within a system, within an agency, and among professionals to enable the system, agency and professionals to work respectfully, effectively and responsibly in diverse situations. Essential elements of cultural competence include valuing diversity, understanding the dynamics of difference, institutionalizing cultural knowledge, and adapting to and encouraging organizational diversity.

<u>Cultural Humility</u> - Cultural Humility recognizes variation within members of a group which may otherwise be similar in terms of race, gender, ethnicity, or other characteristic. The emphasis in Cultural Humility is not on specific knowledge of any given cultural orientation, but rather on an approach which demonstrates a respectful attitude toward diverse points of view, recognizing that groups of individuals cannot be reduced to a set of discrete traits. This approach specifically avoids making broad assumptions about groups based on defined traits or behaviors; instead, it focuses on recognizing and integrating the unique perspective each client brings to the service delivery experience.

Describe your proposed strategy for developing and maintaining Cultural Competence. Apart from having a culturally diverse board and or staff, please provide specific examples of existing and/or proposed policies, procedures, and other practices promoting Cultural Competence. A defining characteristic of Cultural Humility is client centered care. Proposers should describe their client centered approach specifically in terms of how it incorporates Cultural Humility.

e very reason UMOS was founded 50 years ago was to address the diverse needs of an extremely underserved population who spoke little or no English, were frequently taken advantage of, and had few advocates. From its very beginning, UMOS has been committed to seeing the humanity, respecting the dignity, and celebrating the heritages of every person it serves, no matter the individual's race, ethnicity, national origin, gender, orientation, age, educational attainment, socioeconomic background, health status, or primary language. That commitment to providing quality service delivery based on the individual strengths and needs, and celebrating cultural diversity, continues to this day.

UMOS is proud that people of color comprise nearly 90% of its Board of Directors and 80% of its staff. However, its commitment to cultural diversity and competence does not end there. To demonstrate its commitment to cultural competence, the Board of Directors adopted a Statement of Values, which not only explicitly declares UMOS' "commitment to excellence," but also affirms its "respect for the worth and dignity of individuals," "respect for pluralism and diversity," and "recognition diverse cultural values."

UMOS INC.

Statement of Values

The Board of Directors of UMOS has established a set of core values to provide guidance in the operation and governance of the Corporation.

- Commitment to the public good.
- · Accountability to the public.
- Commitment beyond the law.
- · Respect for the worth and disprity of individuals.
- Inclusiveness and social justice.
- Respect for pluralism and diversity.
- Transparency, integrity and honesty.
- · Commitment to excellence,
- Recognition of diverse cultural values.
- Commitment to the promotion of civil rights.
 Commitment to equal educational and amployment opportunities.
- Personal and professional integrity of board members.
- Responsible representation of the Corporation by directors, members and staff.
- Political and administrative advocacy.
 Responsible stawardship of resources.

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

As is the case with all agency programming, UMOS human services professionals will be guided by the Board-adopted Statement of Values in making available to Energy Assistance to Milwaukee County's diverse population.

as part of its professional development and living out its values, UMOS hosts an all-agency staff meeting twice annually to discuss programming, professionalism, and cultural competence. Included is an example of an all-agency staff meeting agenda featuring Maria Flores of the U.S. Equal **Employment Opportunity** Commission's Milwaukee Area Office speaking on, "Promoting Diversity & Equal Employment Opportunity—Moving from Unconscious Bias to Respectful Interaction."

Another aspect of UMOS' clientcentered, values-driven approach ensuring the organization uelivers programming in the client's predominant language and does so in facilities that are ADA accessible, convenient for lowincome clients who often rely on public transportation, and capable of supporting reasonable



Clarion Hotel Airport 5311 South Howell Avenue, Milwaukee, Wisconsin

AGENDA 7:30 a.m.-4:45 p.m.

7:30 a.m8:00 a.m. 8:00 a.m8:05 a.m.	Full Breakfast Welcome/Housekeeping Ctaudia Frias, Human Resources Manager
8:05 a.m.	President's Welcome Lupe Martinez, President/CEO W2-Moving Forward Tins Koehn, PhD, Vice President of Administration
9:00 a.m9:45 a.m.	Financial Solutions, LLC Retirement-401K Jeffrey Stuckert/Bill Kenton
9:45 a.m10:00 a.m.	How to Make Work-Life Balance Work Tina Koehn, PhD, Vice President of Administration
10:00 a.m10:15 a.m.	Break
10:15 a.m11:45 a.m.	WPS Insurance & UHC Flexible Spending Accounts Gregg Kamp & Ellen Dunn Gallagher Benefit Services
12:00 p.m1:30 p.m.	Lunch
1:30 p.m2:00 p.m.	United Way Joanne Williams
2:00 p.m3:30 p.m.	Promoting Diversity & EEO- Moving from Unconscious Bias to Respectful Interaction Maria Flores, U.S. EEOC Milwaukee Area Office
3:30 p.m3:45 p.m.	Break
3:45 p.m4:30 p.m.	Safe Workplace Mitch Ross, Infrastructure Protection Officer/Intelligence Fusion Center/MPD Southeastern Wisconsin Threat Analysis Center
4:30 p.m.	Closing Remarks Jim Martinez, Vice President of Operations

accommodations. In addition to employing human services professionals who are fluent in American Sign Language, Arabic, Burmese, Hmong, Karen, Lao, Mandarin Chinese, Polish, Russian, and Spanish, the organization also utilizes LanguageLine Solutions, which makes it possible to provide services to clients in over 230 languages.

UMOS is proposing to use the following as Energy Assistance service sites:

- Zone 3...West Allis City Hall, 7525 West Greenfield Avenue, West Allis, WI 53214
- Zone 4...Our Savior's Lutheran Church, 3022 West Wisconsin Avenue, Milwaukee, WI 53208
- Zone 5...Greenfield City Hall, 7325 West Forest Home Avenue, Milwaukee, WI 53220
- Zone 6...UMOS Job Center South, 2701 South Chase Avenue, Milwaukee, WI 53207

Each of the above-mentioned, primary sites is located conveniently in high-need areas, is well known in the mmunity, is along major bus routes, offers ample parking, and is ADA accessible.

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Among the highest values driving UMOS' policies and program operations is respect for the individual and cultural differences. Organizational demographics, from the Board to staff, reflect the degree to which the nonprofit values cultural diversity at all levels. Hiring multilingual staff and retaining services that allow the ency to serve clients in the languages in which they are most comfortable communicating are added, concrete reflections of the importance UMOS places on multiculturalism. Partnering with public and private entities with service sites that are convenient and accessible for low-income individuals and families of all levels of abilities is yet more evidence of UMOS' continuing commitment to inclusion.

Every person is unique. Every person has worth. Every person deserves to be seen, heard, and respected throughout every interaction. These are hallmarks of UMOS' client-centered, values-driven approach, and the examples provided throughout this section demonstrate the agency lives its beliefs regarding the importance of the individual and inclusion.

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month



Activation Worksheet

Task/Decision	Assigned To:	Time Completed
Assess the situation and activate the COOP plan	Lupe Martinez, CEO	Within four hours of
if any of the following events occurs and is	Tina Koehn, VP	incident
expected to continue for a period of time	Jimmy Martinez, VP	
estimated to exceed 12 hours:	Dan Vidas, CFO	
o Loss or absence of leadership at the	John Bauknecht, Attorney	
Vice President level or above	Dana Sprenger, Facilities	
o Loss or inaccessibility of buildings.		
o Loss of at least 40% of staff		
o Significant loss of IT systems		
o Significant loss of other critical		
operating systems		
o Serious illness, accident or pandemic		
o Severe weather		
Appoint Department COOP Incident	Lupe Martinez, CEO	Within four hours of
Commander (CIC) (this could be the person who	Tina Koehn, VP	incident
activated the COOP plan)	Jimmy Martinez, VP	. <u></u>
Initiate and communicate evaluation	Dana Sprenger, Facilities	Immediately, if building
,	_	occupied
Identify essential services to remain operational	Lupe Martinez, CEO	Within four hours of
,	Tina Koehn, VP	incident
	Jimmy Martinez, VP	
	John Bauchnect, Attorney	
Decide if the COOP plan should be partially or	Lupe Martinez, CEO	Within four hours of
fully activated	Tina Koehn, VP	incident
, ,,	Jimmy Martinez, VP	
	Dan Vidas, CFO	
	John Bauknecht, Attorney	
	Dana Sprenger, Facilities	
Decide whether to:	Lupe Martinez, CEO	Within four hours of
o Stay in current facility	Tina Koehn, VP	incident
o Initiate devolution	Jimmy Martinez, VP	
Relocate to an alternate site	Dan Vidas, CFO	
	John Bauknecht, Attorney	
	Dana Sprenger, Facilities	
If relocating:	Tina Koehn, VP	Within four hours of
o Select alternate facility	Jimmy Martinez, VP	incident
o Decide which (if not all) essential	John Bauknecht, Attorney	
functions to relocate	Dana Sprenger, Facilities	
o Appoint a relocation manager and team		
Initiate notification process	Rod Ritcherson, Consultant	Within six hours of
miner momentum kinagas		incident
Determine if someone should stay at the	Dana Sprenger, Facilities	Within four hours of
primary site. If so, instruct him/her to provide		incident
status reports on a regular basis (e.g. every two	1	

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month



Task/Decision	Assigned To:	Time Completed
hours for the first 48 hours and every four hours after that).		
Appoint staff who should work at the alternate site (may be same as relocation team)	Tina Koehn, VP Jimmy Martinez, VP Samantha Wendt, Director Dana Sprenger, Facilities	Within six hours of incident
Inform personnel who are not assigned to the alternate location what their assignments are	Samantha Wendt, Director Claudia Frias, HR Manager	Within seven hours of incident
Begin to re-establish electronic systems connectivity.	Barb Felske, CIO	Within two hours of incident

Alert and Notification Worksheet

Task/Decision	Assigned To:	Time Completed
Compose a notification message. If necessary, get approval before you start disseminating it.	Rod Ritcherson, Consultant	Within eight hours of incident
Decide on notification method(s) (phone calls, 800 line, website, email, social media, etc.)	Rod Ritcherson, Consultant	Within eight hours of incident
Establish an information telephone line. This line can be called by unassigned staff and/or the public to receive updated information regarding your department's situation.	Barb Felske, CIO	Within six hours of incident
Contact department personnel: O Brief description of the emergency situation O Alternate site info if relocating Expectations (be available by phone, check website daily, etc.) How additional information will be made available	Rod Ritcherson, Consultant Tina Koehn, VP Jimmy Martinez, VP John Bauknecht, Attorney Dana Sprenger, Facilities	Within six hours incident
If relocating, contact the alternate facility manager.	Tina Koehn, VP Jimmy Martinez, VP	Within four hours of incident

Fire and tornado drills are conducted annually per requirements of the state of Wisconsin.

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Get on the floor if explosion is heard. Do not touch or remove any objects in the area. Be prepared to evacuate. It confronted by UMOS Public Safety or Police, and follow their directives. Do whatever possible to ensure your safety. UMOS Public Safety 389-6658, or Ext. 6668 (from UMOS phone) Mitwaukee Police Department 911, or 9-911 (from UMOS phone) LIMOS Public Safety 389-4688, or Ext. 6668 (from UMOS phone) Milwaukee Police Department 9/1, or 9-9/1 (from UMOS phone) Take nothing with you nor touch anything. Northy anyone you ancounter of danger. If confronted by UMOS Public Safety or Police, follow their directives. Cat UMOS Public Safety and Mitwaukee Police Department. CODE ORANGE - Bomb Threat Emergency Call UKOS Public Safety and Milwaukee Police Departm Action Steps (If IN AN III LOCATION) Safely move out of the path of danger. Hold your location until help arrives. Action Steps (IF IN A WE LOCATION): Evacuate immediately. Initial Response: Page 2 For the following crises/emergencies, immediately contact the Public Safety desk located in the UMOS administration lobby, or by phone at 389-6668 (UMOS axt. 6668): Page 7 Page 10 Page 12 UMOS EMERGENCY PROCEDURES/CODE COLORS CODE GREEN - Chises or Emergencies Baling Date Repr UMOS CODE GREY - Severe Weather Emergency (e.g. Tornado) CODE YELLOW - See, Chemical, Biohazand Any Form of Violence Verbal Abuse Physical Health Emergency Rental Health Emergency Emergency Numbers andfor questons

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

CODE RED FIN

Do whatever possible to ensure your safety. hritial Response:

Action Steps (EVACUATE THE AREA):

- Pult fire aleam, Identify a design, ted meeting erea. Evertuate-Follow posted evertuation route.
- Facilitate orderly evacuation, staff follow last cilent out.
 - Turn off fights, class doors.
- Report to design; and meeting area. If confront their directives. In confronted by LIMOS Public Safety or Police, follow their directives. Take attendence with 6s present/absant? Call UMOS Public Safety and Milweukee Police Department.

UNOS Public Sefey 359-6668, or Ext. 6668 (from UNOS phone) Mitwaukee Police Department 911, or 9-911 (from UNOS phone)

Page 4

Action Steps (FIGHT UR PLEE):

If the extinguishers are wellable and you have been trained, these sleps should be followed whose responding to a working first

- Identify a safe ovecuation path before approaching the fire. Do not allow, the fire, heat, or Sound the fire starm and cell Public Safety and Fire Department.
 - smoke to come hyween you and the evacuation padt. Select the the extinguisher.
- Discharge the extinguisher within its effective range using \$14.8.5 technique ("uit, Aen,
- Evacuate immediately if the fire progresses beyond the extinguisher capabilities. Back away from an extinguished fire in case it fames up again.
 - Voter If you have the oligintest doubt about your ability to fight a fire, EVACUATE

ODE RED - Fire Extinguisher Use



Host fire extinguishers operate using the following 👫 👛 🛎

2. ARM - Akn low, pointing the extingulater nozzle (or its horn or hose) at the base of the five. 1. PULL - Pull the pin. This will also tnesk the tamper sest.

3. SQUEEZE - Squeeze the handle to release the extinguishing

agent.
4. SWERP - Sweep from side to side at the base of the fire until
Nappears to be out. Words the area. If the fire re-ignities, repeat
steps 2-4.

CODE YELLOW - Gas, Chemical, or Biohazard

Do whatever possible to ensure your safety. Initial Response:

Action Staps (EVACUATE THE AREA):

- Identify a designated meeting area.
- Evacuate by following posted evacuation route.
- Fecilitate orderly evacuation; staff follow fast client out.
 - Turn off lights, close doors.
- if confronted by UNIOS Public Safety or Police, follow their directives. Report to designated meeting area.
 - Call UMOS Public Safety and Milwaukee Police Department. Take attendance - who is present/absent?

UMOS Public Safety 389-6668, or Ext. 6668 (from UMOS phone) Milwaukee Polica Department 911, or 9-911 (from UMOS phone)

Pege 7

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

CODE BLUE - Armed Intruder Emergency

Do whatsver possible to ensure your safety. Initial Response:

Three Possible Action Steps (GET OUT, HIDE OUT, TAKE OUT):

GET OUT (if safe to do so):

- Get OUT of the room/building or the immediate area quickly and quelty.
- Leave belongings behind. When in a safe location, call Public Safety and Milwaukee Poltze Department. Public Safety 414-389-8668, of Ext. 8668 (from LINGS phone) Milwaukes Police department 911, or 9-911 (from LINGS phone)
- As you axit the building and encounter others, encourage then to exit with you.

Page 8

HIDE OUT (if not safe to get out, <u>Hale Out</u> in a safe location): + Lock the door (if unable to lock, barricade the door with fundure).

- Lock windows and turn off lights.
- Remain quiet.

- If you are in a group setting, do not huddle together.
 Get on the floor if shots are heard.
- If a phone is available, call Public Safety or Milwaukee Police Department.
 If confronted by Public Safety or Police, follow their directives.
- TAKE OUT (if confronted by intruder and there are no other options, Take Qut Intruder) Make a plan with others if the intruder confronts you.

 - Spread out in the room.
 - Act as a team to overcome the intruder. Do whatever is necessary to protect your safety.

CODE GREY - Severe Weather Emergency (e.g., Tornado)

Do whatever possible to ensure your safety Initial Response:

Action Steps (IF IN A SAFE LOCATION)

- Hold your location (Until ALL-CLEAR is given).
 - Move away from windows and doors.
- Be prepared to evecuate to atternative site, if necessary. DO NOT close windows or doors.
- Seek the west aide of the building where there are no windows unless you are located in the class room areas, evacuate to the immediate hallway. If confronted by UMOS Public Safety or Police, follow their directives.

Page 10

Action Steps (If in AN INSAFE LOCATION):

- Safety move out of the path of danger.

- Notify anyone you encounter of danger.
 If confronted by UMOS Public Safety or Police, follow their directives.
 Call UMOS Public Safety and Milwaukee Police Department.

UMOS Public Safety 389-6668, or Ext. 6668 (from UMOS phone) Milwaukee Pokice Department 911, or 9-911 (from UMOS phone)

COOK ORAY - Bevere Westber Erre

egentor (e.g., Tornado)

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

IRS FORM 990 /TEM# 25

Organizations exempt from income tax under Section 501(c) of the Internal Revenue Code are required to submit the most recent copy of their Internal Revenue Service (IRS) Form 990 with their corresponding CPA audit report.

Note: This does not apply to new agencies that have never filed IRS Form 990

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Return of Organization Exempt From It Under section 501(c), 527, or 4937(e)(1) of the Internal Revenue Code (ex	sept private foundati be made public.	Open to Public
and the delice Earlier 1 Information shout Form 900 and 35 matricalons is at www.s	B.pov/form990.	Inspection
For the 2013 calendar year, or tax year beginning) 7/D3/13, and ending 0.6/30/Check-Hopstacks O Neme of organization UNITED MICRANT OPPORTUNITY SERVICE UMCG	~	Employer identification number
Doing Business Ac		39-1047172
Murric clustics Murrices and street (or F C two street is not delivered to rivest address)		Telephone numeer
local return 2701 S CHASE AVE		<u>414-389-6000</u>
Telemental (अपने का town) स्वास्त्र के कारकाव्यक्त स्वयायाम् कार्य देश का स्वयंत्राम कार्यको स्वयंत्र		maximosalas 23,270,914
Amended return MILWAUKEE WI 53207	8.0	inseriorital Zijii 10, 914
Application painting LUPE PURTINEZ	Hims to the a prouper	(Em for subordinales Yes X No
1 1701 S CHASE AVE	HIPPOURS IN SIA, [d]H	save audiodedy Yos Ma
MILWAUREE WI 53207	n 180, one	ch n kar (sove-meinurdiona)
Tal. present status X 5.01 (c) State (c) () Investme) 494 7(a)(1) or 527		
Website: Width, UMOS, ORG	H(e) Group exemption	
Form of apporazaligo, IX Corporation I has I Acastronian Other ▶ L	Year of termalion 196	5 M State of Eggal domestic. Will
Part Summary		
1 Briefly describe the organization's mission or most significant activities: UMCS, A DON-PROFIT ADVICACY DEGANIZATION, PROVIDES ! WHICH INFROME THE EMPLOYMENT, EDUCATIONAL, HEALTH AN OF UNDER-SERVED POPULATIONS. 2 Check this box P If the organization discontinued its operations or disposed of more the 3 Number of voting members of the governing body (Part VI, line 1s) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2013 (Part V, line 2e) 6 Total number of vokunteers (estimate if necessary)	ir Honsinc o	i PORTUNITIES
2 Check this box P if the organization discontinues its operations of disposes of these was at 3 Number of volting members of the governing body (Part VI, fine 1a)	11 25 /0 O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[3 17
Number of voting members of the governing body (Parl VI, line 1b)		4 17
5 Total number of individuals employed in calendar year 2013 (Part V. line 2e)		5 753
6 Total number of volunteers (estimate if necessary)		6 965
7s Total unrelated business revenue from Part VIII, column (C), fine 12		78 95,162
b Net unrelated business taxable income from Form 990-T, line 34	Prior Year	76 Current Year
8 Contributions and grants (Part VIII, line 1h)	22,776.	
Program service revenue (Part VIII, line 2g)		518 739,343
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Characteristic (Part VIII, column (A), lines 5, 5d, 5c, 9c, 10c, and 11e)		0
11 Official (SAGUITA (LAS)) All Contains (W) mises of one of sections and a recipient		318 95,162
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), tine 12)	23,832,	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	16,685,	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 18a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other compensations (Part IX, column (A), lines 11e-11d, 11f-24e)	20,000	0
b Total fundraising expenses (Parl IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 1 in-11d, 11f-24e)		236 7,646,108
18 Total expenses. Add lines 13-17 (must equa) Part IX, column (A), line 25)		255 21,581,562
19 Revenue less emenses. Subtract line 18 from line 12	-670. Beginning of Curren	
20 Total assets (Part X. line 15)		729 17,134,390
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26)	9,048,	
21 Total liaburnes (Mart X, line 25) 22 Net assets or fund belances. Subtract line 21 from line 20	7,195.	922 8,334,135
Part II Signature Block		
Under penalties of perjury, I declare that I have examined this return, including accompanying exhedules and true, correct, and complete. Declaration of prepares (other than officer) is based on all information of which pr	statements, and to the aparer has any knowle	best of my knowledge and belief, i adge.
Sign Typrature of nifteer		Drite
	IDENT/CEO	
Tupor co point scame afect tibe		
Prical Types pre-parents make Pre-parent segmenting	Tresta	Che. H. PTIN
Paid TERRI A. SCHMIDT TERRI A. SCHMIDT		5 sett-employed \$000037140
Preparer Tume name ANDREA & ORENDORFF LLP	Fang	VEND 39-1649207
Use Only 6300 76TH ST STE 200 KENOSUA, WI 53142-4018		262-657-771
	I Pho	<u> </u>
Mey the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2013
Levy Let Labotator Regression Ver advisor see the safement association		=
UMOS: Helping Over 10,000 Milwaukee County Residents Improve The	in Lives Every	Month Page 5

Part III Statement of Program Service Accomplishments	Page
Check if Schedule O contains a response or note to any line in this Part III	X
Briefly describe the organization's mission:	
UMOS, A NON-PROFIT ADVOCACY ORGANIZATION, PROVIDES PROGRAMS AN	D SERVICE
THE STATE OF THE SEE BOTTENIA ROUGATIONAL. HEALTH AND HORSTNESS	ידעוותפספס
OF UNDER-SERVED POPULATIONS.	O1(1 014T
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
# "Yes," describe these new services on Schedule O.	Yes 🗓 No
Did the organization cease conducting, or make significant changes in how it conducts, any program	
services? If "Yes," describe these changes on Schedule O.	Yes X No
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.	
(Code:) (Expenses \$ 9,349,617 including grants of \$) (Revenue \$	
JOB SKILLS/TRAINING PROGRAMS - PROVIDE TOR AND CETTLE	
IKAINING PROGRAMS TO ASSIST DISPLACED WODKEDS IN CAINING	
THE SKILLS NEEDED TO FIND SUITABLE EMPLOYMENT.	
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ROM LOW INCOME FAMILIES.	
more management and a second s	
Construction of the Constr	
(Code: V/Emerges F. 3/1 775 Industry	
(Code:)(Expenses\$ 341,775 including grants of\$) (Revenue \$	
IOUSING AND REHABILITATION PROGRAMS - MANAGE PERMANENT	
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IOUSING AND REHABILITATION PROGRAMS - MANAGE PERMANENT IOUSING UNITS FOR MIGRANT FARM WORKER FAMILIES AND PROVIDE UNDING FOR REHABILITATION OF HOUSING IN LOW INCOME COMMUNITIES	
IOUSING AND REHABILITATION PROGRAMS - MANAGE PERMANENT IOUSING UNITS FOR MIGRANT FARM WORKER FAMILIES AND PROVIDE UNDING FOR REHABILITATION OF HOUSING IN LOW INCOME COMMUNITIES	
IOUSING AND REHABILITATION PROGRAMS - MANAGE PERMANENT IOUSING UNITS FOR MIGRANT FARM WORKER FAMILIES AND PROVIDE UNDING FOR REHABILITATION OF HOUSING IN LOW INCOME COMMUNITIES	
IOUSING AND REHABILITATION PROGRAMS - MANAGE PERMANENT IOUSING UNITS FOR MIGRANT FARM WORKER FAMILIES AND PROVIDE UNDING FOR REHABILITATION OF HOUSING IN LOW INCOME COMMUNITIES	
IOUSING AND REHABILITATION PROGRAMS - MANAGE PERMANENT IOUSING UNITS FOR MIGRANT FARM WORKER FAMILIES AND PROVIDE UNDING FOR REHABILITATION OF HOUSING IN LOW INCOME COMMUNITIES OF THE PROGRAM OF THE PR	
Other program services. (Describe in Schedule C.) (Expenses \$ 3,741,334 including grants of \$) (Revenue \$)	
Other program services. (Describe in Schedule C.)	
OUSING AND REHABILITATION PROGRAMS - MANAGE PERMANENT IOUSING UNITS FOR MIGRANT FARM WORKER FAMILIES AND PROVIDE UNDING FOR REHABILITATION OF HOUSING IN LOW INCOME COMMUNITIES Other program services. (Describe in Schedule O.) (Expenses \$ 3,741,334 including grants of \$) (Revenue \$	Form 990 (2013)

Form	990 (2013) UNITED MIGRANT OPPORTUNITY SERVICES 9-1047172		Pi	age 3
	rt IV Checklist of Required Schedules			
-			Yes	No
1	to the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1 1	х	
	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	Ŷ	
2	is the organization required to complete Schedule B, Schedule of Computors (see Instructions)	┝╧┪	Δ	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		х
	candidates for public office? if "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	П		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			1
	Part III	5		X
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	L		l
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		١
	"Yes " complete Schedule D. Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _ l		١
	the environment historic land areas, or historic structures? If "Yes," complete Schedule D, Pari II	7	ļ	X
В	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1 . 1		١.,
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	1	l	1
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	8		l x
	debt negotiation services? If "Yes," complete Schedule D, Part IV	⊢ •	_	╅┷
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10	1	l x
	endowments, permanent endowments, or quesi-endowments? If "Yes," complete Schedule D, Part V	···	┰	╁╨
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	l	l	1
_	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes,"		1	1
8		11a	Х	l
_	complete Schedule D. Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			_
Þ	of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII	11b		Х
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			T
	of its total assets reported in Part X. line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		1	
	reported in Part X. line 162 if "Yes." complete Schedule D. Part IX	114		X.
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	 -
f	Did the constitution's separate or consolidated financial statements for the tax year include a footnote that addresses	l	ł	١.,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	 	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1	١.,	1
	Schedule D, Parts XI and XII	12g	X	┿
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		۔ ا	1
	the organization enswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h	` -	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	148	+	Î
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1	'\-	+^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmeking, tundralsing, business, investment, and program service activities outside the United States, or aggregate		1	
	fundraising, business, investment, and program service equiviles duside its different states, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	141	,	X
46	Did the organization report on Part IX, column (A), fine 3, more than \$5,000 of grants or other assistance to or	1	Т	T
16	for any foreign organization? If "Yes," complete Schedule F, Paris II and IV	15		Х
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			Г
16	acristance to or for foreign individuals? If "Yes" complete Schedule F. Parts III and IV	18		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		T	1
••	Part IX column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1.
	Part VIII. lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	+	_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			١
-	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	_	 X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20	_	X
_ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	_ 20		
DAA		F	nn 9:	90

Milwaukee County

File # 15-444

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UMOS: Halping Over 10,000 Milwaukee County Residents Improve Their Lives Every Manth

F	Part IV Checklist of Required Schedules (continued)		F	age 4
			Yee	No
21	Did the organization report more than \$6,000 of grants or other assistance to any domestic organization or			
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	X
ZE			Г	
23	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Partis I and III	22		X
	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	1	1	
24:	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond lesue with an outstanding principal amount of more than	23	X	
	\$100,000 as of the lest day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	1	l	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	X	-
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24h		Х
	to defeate any texaversel hands?	1		١
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	-	X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		X
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	1	ļ l	
ь	is the organization aware that it engaged in an excess benefit fransaction with a disqualified person in a prior	25a	-	Х
	Year, and that the transaction has not been reported on any of the organizations prior Forms cooper on any one			
	if "Yes," complete Schedule L, Part I			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b	-	X
	CUITERS OF FORMER OFFICERS, directors, trustees, key employees, bighest compensated amplement of	1		
	disqualified persons? if so, complete Schedule L, Part II	۱		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		Х
	substantial contributor or employee thereof, a grant selection committee member, or to a 25% controlled	1		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	yeas the organization a party to a business transaction with one of the following parties (see Schedule I	-	_	
	Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
4	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule 1. Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes " complete	201		
	Schedule L, Part IV	28h		x
c	A what a contain a contain a contract of the c	200,0		^
	was an officer, director, trustee, or direct or indirect owner? If "Yes." complete Schadule Part IV	2Bc		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M	28		X
30	Did the organization receive contributions of art. Nativided insecures, or other similar assets, as a suggest	1		٠
	conservation contributions? if "Yes," complete Schedule M	30		Х
31	ord the digenization inquidue, left lifetie, or dissolve and dease operations? If "Yes," complete Schedule N.	1		*
	Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its not access? If "Vec."			
	complete Schedule N, Part II	32		X
33	LICE OF SUPERIOR OWN TOUTS OF AN ARMY DISTAGRATION OF SUPERIOR OF			
	sections 301,7701-2 and 301,7701-37 if "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tex-exempt or texable entity? If "Yes," complete Schedule R, Paris II, ill,			
	or IV, and Part V, line 1	34	. 1	X
352	Did the organization have a controlled entity within the meaning of section 612(b)(13)?	36a		X
b				
**	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ъ		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
əf	Did the organization conduct more than 6% of its activities through an snifty that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38		37		Х.
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1 to and		T	
_	19? Note. All Form 990 filers are required to complete Schedule O	38	Хļ	
			000	

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UM05: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

	90 (2013) UNITED MIGRANT OPPORTUNITY SERVICES 9-1047172 V Statements Regarding Other IRS Filings and Tax Compliance			г
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	1. 1.20	1	Yes	No
E	Inter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	- 1		
E	enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable			
	the organization comply with backup withholding rules for reportable payments to vendors and	ا ــ ا	x	
r	eportable gaming (gambling) winnings to prize winners?	1c	^	_
E	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Networms that for the calendar year and no with or within the year covered by this return.	- 1	1	
1		ا ۱	х	
J	at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	^	⊢
ı	Note. If the sum of lines to and 2a is greater than 250, you may be required to e-file (see instructions)	3a	Х	
ı	Old the organization have unrelated business gross income of \$1,000 or more during the year?	3b	X	_
ı	f "Yes," has it filled a Form 990-T for this year? It "No" to line 3b, provide an explanation in Schedule O	٦٠		Н
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
4	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		,
	account)?	48		۲
1	if "Yes," enter the name of the foreign country;			ı
1	See Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a		١.
1	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		H
1	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		۲
	if "Yes" to line 5e or 5b, did the organization file Form 8886-T?	 "" -		H
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		1
	organization solicit any contributions that were not tax deductible as charitable contributions?	 ""		۲
	if "Yes," did the organization include with every solicitation an express statement that such contributions or	ВЬ		L
	gifts were not tex deductible?	US	-	t
	Organizations that may receive deductible contributions under section 170(c).	1	l	ı
	Did the organization receive a payment in excess of \$75 made parily as a contribution and parily for goods	7a	Х	l
	and services provided to the payor?	75	X	t
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	۳,	-/3_	✝
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c	1	ı
	required to file Form 8282?	۳.	-	+
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		ı
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	77	_	t
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	70		t
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		۰
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	 ""	 	†
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	i i	1	L
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1
	organization, have excess business holdings at any time during the year?	1	一	t
	Sponsoring organizations maintaining donor advised funds.	9a	1	ı
1	Did the organization make any taxable distributions under section 4966?	9b	1	†
•	Did the organization make a distribution to a donor, donor advisor, or related person?	1-00	 	t
	Section 501(c)(7) organizations. Enter:	1	1	ı
l	Indianol less and capital continuous modess on that the	┨		1
•	Gloss receipts, included out Point 850, Part Vin, into 12, 14 Pasino 65 0.	1	l	ı
	Section 501(c)(12) organizations. Enter:	1	ı	ı
L	Gross Income from members or shareholders	1	1	ı
1	Gross income from other sources (Do not net amounts due or paid to other sources	1	1	ı
	against amounts due or received from them.)	124	.i	ı
ı	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1 184	+	†
,	it "Yes," enter the amount of tax-exempt interest received or accrued during the year	┨ .	1	1
	Section 501(c)(29) qualified nonprofit health insurance issuers.	134	.1	+
	Is the organization licensed to issue qualified health plans in more than one state?	1 3	+	+
	Note. See the instructions for additional information the organization must report on Schedule O.	1	1	I
,	Enter the amount of reserves the organization is required to maintain by the states in which	1	1]
	the organization is licensed to issue qualified health plans	4	l	1
:	Enter the amount of reserves on hand	14		+
3	Did the organization receive any payments for indoor tanning services during the tax year?	14	_	+
,	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14	m 91	4

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UMOS: Helping Over 10,000 Milwankee County Residents Improve Their Lives Every Month

P	art VI Governance, Management, and Disclosure For each "Yes" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	and t		age 'No"
Ser	Check if Schedule O contains a response or note to any line in this Pert VI tion A. Governing Body and Management	See	instr	ıctic
			1	1
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17		Yes	1. N
	If there are material differences in voting rights among members of the governing body, or		ı	1
	If the governing body delegated broad authority to an executive committee or similar	1		
	committee, explain in Schedule O.			ľ
ĎÞ	was removed a second provided for the few prover with all independent to the first of the few provided for t			ı
2	Did any officer, director, trustee, or key employes have a family relationship or a business relationship with		1	l
3	any other officer, director, trustee, or key employee?	2		L
J	Did the organization delegate control over management duties customarily performed by or under the direct			Г
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	1	2
5	Did the organization make any significant changes to its governing documents since the prior Form 890 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4		\supseteq
6	Did the organization have members or stockholders?	5		2
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6	_	[2
	one or more members of the governing body?	_	١	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	X	<u> </u>
	slockholders, or persons other than the governing body?		 ,,	
В	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	7b	Х	H
a			1	
b	Each committee with authority to act on behalf of the governing body?	8a	X	H
1	is there any officer, director, trustee, or key employee listed in Part VII Section A who connect he received at	8b	Х	-
	The organization's mailing address? If "Yes," provide the names and addresse in Schedule O			3
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	ia C	nda)	
		10 G	Yes	N
Da	Did the organization have local chapters, branches, or affiliates?	10a	11978	7
b	if "Yes," did the organization have written policies and procedures governing the activities of such charters	TOR	\vdash	-
	amiliates, and branches to ensure their operations are consistent with the organization's eventual purposes?	106		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filled the form?	11a	X	_
D	Describe in Schedule O the process, if any, used by the organization to review this Form 900	114	£.X.	
₹a.	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	_
C	Lid the organization regularly and consistently moritor and enforce compliance with the notice? If "Vec."	-		_
	describe in Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	Х	
•	Did the organization have a written document retention and destruction policy?	14	X	
5	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	16a	Х	
b	Other officers or key employees of the organization	16b	Х	
	If "Yes" to line 15a or 16b, describe the process in Schedule O (see instructions).			
92	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	
_	with a taxable entity during the year?	16a		Х
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	$\neg \neg$		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
201	organization's exempt status with respect to such anangements?	16b	[
	Jer the destreast which are stated for a constant of the first con			
	List the states with which a copy of this Form 990 is required to be filed > WI			Т
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, indicate how you made these available, Check all that apply.			
33	Own website Another's website Upon request Other (soplain in Schedule O)			
. '	Discribe in Schedule O videnting (and its partition in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and linendel statements available to the public during the tax year.			
	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: DANIEL VIDAS 2701 S CHASE AVE			
	IMPLIAND WAS WAS			
Α,	LWAUKEE WI 53207 414-			
		Form	990	(201

orm 990 (2013) UNITED MI	GRANT O	PP(Œ,	U.	ΛĪ,	ľŸ.	SI	RVICES39-104	11/2	Page Page
art VII Compensation	of Officers,	Dir	ect	ors	, Ti	ust	ees	s, Key Employees, I	lighest Compensat	ed Employees, a
Independent Co	ontractors	e a	TOS	ומת	188	or I	ante	to eny line in this P	art VII	
eilon A Officero Directore	Trustees Ke	v Em	ola	Vee	8. 81	id H	lahe	et Compensated Emplo	yeas	
Complete this table for all person	ns required to b	e Ust	led.	Rep	ort (omp	ens	ation for the calendar yea	r ending with or within the	
 List all of the organization's er mpensation. Enter -0- in columns 	irrent officers,	direc	tors	, Iru	stee	s (Wi	heth	er individuals or organizal : nald	ions), regardless of amou	nt of
									employee."	
 List the organization's five cur o received reportable compensation 	rrent highest o tion (Box 5 of F	ompe ompe	insa W-2	ted and	emp Jor	loye Box	es (d 7 of	other than an officer, direct Form 1099-MISC) of more	tor, trustee, or key employ e ihan \$100,000 from the	/Be)
janization and any related organi	zenons. en er efficers :	kav e	mal	ove	pr s	nd h	iohe	est compensated employe		
 List all of the organization's for contration, more than \$10,000 of 	mer director	a or i	trus satic	tee: on fo	tha om t	t rec he o	elve raan	d, in the capacity as a ton ization and any related or	mer offector of trustee of t ganizations.	He
 List all of the organization's for penization, more than \$10,000 of a persons in the following order: 	ndividual trusti	es o	r dir	ecto	rs; li	ารแน	าทู่อา	al trustees; officers; key e	imployees; highest	
mpensated employees; and form Check this box if neither the org	er such derson	18.								ı.
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(A) Nome end Titls	(%) Avvosos			Pes	c) ition			Reportable	Ropertable	Estimated amount of
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3)KEVIN MAGEE			i		ı	1	ı			
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5)MARISELA GALAVI		Ì								
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,	f // // //									
DIRECTOR	0.00	X						1 (ol	Form 990

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UMOS. Helping Over 10,000 Milwaukee County Residents Improve Their Lixes Every Month

(A) Siante Britis Siante Britis	Average hours per week	,,,			(C) Winn			(D)	(€)	(P)	
	(Asteny hours ha	thra thra	icera	ched. 1985 pi	meen Meen		ne e	Reportable compensation fram the	Reportable compensation from related organizations	eth ca (E) compri	M Mator	
	pan) pripan quijind ndishrepine sayajan	incuid_siftr_ctee	dels in appriso	C-flear	ney emailoyes	→ ghrsiconsensens employee	-one	95명에가 보스다 (부수-집간 9년 9월~ 참기조 단)	(AT-3-1086-WEC)	១៤វិម្មិបនិ មមព្ ៤ កូរដំបន់ ពួកបញ្ច	estauri Materi	
(12)JUAN LOPEZ LOPE	2 0.00	Г	Г			Ů	-					_
HEAD START #1 13)SILVIA PEREZ-RA	0.00	X		_	_		_	0	0			(
	0.00											
DIRECTOR MAJULIAN OROFEZA	0.00	Х	-	<u> </u>	<u> </u>			0	0			(
IEAD START #2	0.00	X										
ISNEDDA AVILA	0.00	λ		-		Н		0	0			_(
SECRETARY	0.00			х								
16)JUAN JOSE LOPEZ				A				0	0			<u>C</u>
HATRMAN	0.00			х				oi	٥			
DULTO GUTX									<u> </u>			()
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BLUPE MARTINEZ	50.00						\neg					
RESIDENT/CEO	0.00				Х			175,886	0	1:	5,5	77
DILEONARDO MARTIN	4X 0.00											
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c Total from continuation she	ets to Part VII.	Sec	tion	A				304, 919 468, 240			6,2 7,5	
d Total (add lines 1b and 1o) Total number of individuals (in								773 150			33.8	
reportable compensation from	the organization	חווווו	ea i	ירוו סי	266	ISTOC	and	ove) who received more t	han \$100,000 in			
Did the organization list any to	rmer officer, d	Irect	or, c	ir tru	etse	, kenj	em	ployee, or highest compe	insaled		Yes	ΝO
employee on line 1a? if "Yes," For any individual listed on line	> 7 % its 105 a. e.i (A	ሌ <i>ማሻ</i> የ		oha b. I	مم عا	MAN	the said	Have made white our services and a stable	ion from the	3	-	X
ordanisation and telated ordan	iizalions greate	er the	PU 2.	15D,	0001	r If "	f 85,	" complete Schedule J for	r such		x	
Did any person listed on line 1 for services rendered to the or	Retirections to	Yes,	CON	nper mole	nsati ete S	on fr	om: Iule	any unrelated organization J for such nerson	n or individual	8		X
ction 5. Independent Contracto	re											<u>^</u>
Complete this table for your five companisation from the organization from the organizat	etion. Report	com	POTIS	elioi ena	eper n for	the	carle	ntactors that received mo ndar year ending with or o	ore then \$100,000 of Within the organization's ter	cyeer.		
THE RITCHERSON COMPA	Pomeso addrecs				02:			PHIN DRIVE	(B) Ion of services	Ų9	(C) mpercato	n
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Total numbers of to do you have						\perp						
Total number of Independent c received more than \$100,000 c	ontractors (incl of compensatio	udin n fro	g bu	it no	t ilmi gani	ted t zatic	oth n ▶	ose listed above) who	1			
ă,										Form	990 (:	013)
UMBS: Helping Over £0,6	000 Milway	lke	(a) (c)		Try I	300		ms Improve Their	Lives Every Mount		age .	E0

Form 990 (2013) UNTTED M	IGRANT C	חת	OR	TU	NI	TY	S	ERVICES39-104 a, and Highest Compens	/ / / ated Employees (cont	inued)	Pag	6 0
Part VII Section A. Officer	(8)	l sk	res,		E4111	hin	446	(D)	(E)	1	(F)	
Name and life	Averagii		. mad a	Pts	dion	limin i	NET-C1	Reportable compensation	Reportable compensation from	1	Estimated amount of	
	hours por	Ent	L unie	43 D\$	ino di	is both	植物	true)	celeled spatial contractions	Ι,	offer companyation	
	flist any hours for	_	-		-	or ferend	14	organization	(W-3/1099-1/ISC)		from the equalization	
	refated programasibota	25	152	Citicar	1 2	33	30000	(V4-2/1099-M/SC)			and related	
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		┞-	*	⊢	1		-					_
(12)CELESTINE KOEHN	0.00		1	l	1					1		
VP OF ADMIN	0.00	1				x		126,509		0	27,9	<u>12</u>
(13)DANIEL VIDAS		Т	Г	Г	Г	Т	Г					
	0.00	l	l			y		770 000		0	27,9	1.2
CFO (14) JOHN BAUKNECHT	0.00	╁	⊢	┼	-	+X	┝	118.890		<u> </u>	2100	<u> </u>
(14)JOHN BAOKNECHT	0.00	ı	1	l	1				1			
CORP ATTY	0.00	L	L			Х	L	115,393		0	28.6	82
(15)JOSE MARTINEZ		Т	Г	П	Г	П						
	0.00		1	L	1	x		107,448		0	13,0	83
HEAD START DIRECTOR	0.00	╫	╁╴	┿	۲	+^	╁	107,440		`	(3,71,	77.50
(10)				1		1	ı			1		
	<u> </u>		┖	┸	L	\perp	L					—
(17)		1	1	1	1							
		1		1	1							
(18)		+	+	\top	十	+	t					
(10)			1	1				1				
		╄-	╀	╀	╄	+	╄					
(19)			1	1			ı					
•		1		1	ı	1		L				
1b Sub-Iolai							Þ)		97,	<u>89</u>
c Total from continuation sl		11, \$	ectio	ηпΑ	k.		•	·				
d Total (add lines 1b and 1c 2 Total number of individuals) Uncluding but n	of Hr	niter	itot	hos	a lisi	ed :	above) who received more	than \$100,000 in			
reportable compensation fro	m the organiza	tion	•								Yes	Na
3 Did the organization list any	former officer	elfre	rter	or t	maet		ov.	employee or highest com	penseted		1100	110
amplement on line 4o2 K "Ve	e " complete Si	hed	ule -	l for	SHC	h ind	invito	U21			3	
4 For any Individual listed on longenization and related org	line 1a, la tha s	um c	ji rej	etroe	on no	COM	pen	sation and other compens es " complete Schedule J	ation from the for such			
individual	arii caucris gre	4161	D 1011				رون ا	en an en en jagbiga aan gan	in the state of		4	
individual 5 Did any person listed on line for services rendered to the	10 eviesen st e	SCCI	ue c	comp	ens nlek	atior a Sci	orit e bad	m any unrelated organiza: ule .l for such person	lon or individual		5	
Continue D. Independent Contra	miore											
Complete this table for your compensation from the organical compensation from the organi	five highest co	wiibe	nsa	led i	ndeį	pend	leni	contractors that received	more than \$100,000 of	: male tav se	MILT.	
compensation from the orga	nization, Repo (A) na budress eddress	rt cç	mpe	:n50	BOR	ior a	ne c	atendar year enging with	(B) inplice of services	AIS MA JC	(C) Compensa	den
Name s	na piudnėss address			_			+	DARC	inheren on services		2 dudo suga	
							1					
							+				+	
				_			1					
2 Total number of independe		خميدا	ممالي	. Jacob	na.	[[mal4		n those listed shows) who				—
2 Total number of independe received more than \$100.0	na commentors (OO of compens	incit ation	fror	n the	nol a org	geniz	etic	n P			1	0
UAA											FAITE 991	(Stac) w
				100		Chi. In		Order of the Links in the Land of the	Ust O was it testings and	Section .	Dest	- 60
UMOS: Helping Over 1	0,000 Mily	au	KRE	Lo	MIN	Par P	es	dents improve the	AIT LIVES EVENY MI	ona .	rag	e 60

					e or note to any line (A) Total roverue	(B) Related or vyerny! nihebon rovenue	(C) thrested business reveices	(D) Revenue excluded legal under section 512 514
	Federated ca		1m	77,714				712 014
	Membership (1 11	1b		ĺ	1		
	Fundralsing e		10					
	Related organ		1d					
	Government grants		10 2	1,807,555	1			
f	All other pertubutes are training assessed	ns, galls , quants, s nel realished alla ave	16					
		ars included in lines 1.						
<u>n</u>	Total. Add lin	es 18-17		<u> </u>	21,005,269			
-				Busn, Code				
2a		ENCY PROGRAM	th.		297,557	297,557		
b		OME HOUSING		-	267,539	267,539		
0	FROGRAH	THOOME		-	174.247	174,247		
0								
		am service reve	nue					
	Total. Add line				739,343			
3		come (Including	dividends.	interest,				
	and other simi							
		ivesiment of tax	-exempt b	ond proceeds				
5	Royalties			.				
	Į.	(i) Real		(ii) Porscral				
6a	Gross rents	646,	302				1	
	४ स्टब्स्ट सम्मो ल क्या म	551,	140					
	Remissions or (local	95,	162				- 1	
_d	Net rental inco	me or (loss)		>	95,162		95,162	
/8	Gross amount from trades of papers	(1) Securities	\neg	(ii) Other			.07.07.	
	offer the investor				1		1	
Ь	Less outer other					i		
	agra coine & sieso			-				
C	Gain or (loss)					[
al	Net gain or (to	SS)		b		i i		
		m fundraising eve	nts					
	Inot including S						- 1	
	of contributions r	sported on line 1c)						
	See Part IV, line		a			1		
ь	Less: direct ex	penses	Ь					
		(loss) from fund	raising ev	ents Þ				
9a	Gross income tro	m gerning activitie						
	See Part IV, line	19	a			1	1	
	Less: direct ex		ь				İ	
		(loss) from gam		25		1		
Oa :	Gross sales of	inventory, tess	The American	-				
	returns and allo		٨	F	Į.			
	Less: cost of g	*	6			1		
		(loss) from sale		ary Þ			}	
		Ransour Revenue	2011/19/10	Burn, Cody				
1a	2.7111			CARL COOP				
ь	•							
6								
	All other reveni							
	Total Add line	5 118-710 See instruction						
4	1 UT&1 TEVENUE.	see instruction	æ	B. 1	22,719,774	739,343	95,162	

UMOS: Helping Over 10,000 Milwedkee County Residents Improve Their Lives Every Month

cilc	on 501(c)(3) and 501(c)(4) organizations must o	complete all columns. All c	ther organizations must co	mpiete column (A).	
	Check if Schedule O conteins a resp			(C)	(D)
	ot include amounts reported on lines 6h, o, 9b, and 10b of Part VIII.	(A) I contropropes	(B) Program salves expenses	(C) Management and general superses	(D) f podlareng expensek
	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments		1	1	
	organizations, and individuals outside the				
	U.S. See Part IV. lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	170 600		179,699	
	trustees, and key employees	179,699		177, 177	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f(1)) and				
	persons described in section 4958(o)(3)(8)	10,006,462	9,175,835	830,627	
	Other salaries and wages Penalon plan accruate and contributions (include	10,000,402	7,1,0,000		
8	section 401(k) and 403(b) employer contributions)	443,916	387,810	56,106	
8	Other employee benefits	2,564,133	2,304,616	259,517	
0	Payroll taxes	741.244	658,811	82,433	
1	Fees for services (non-employees):				
	Management				
b	Legal	6,807		6,807	
C	Accounting	35,084		35,084	
đ	Lobbying				
e	Professional fundralsing services. See Part IV, line	7			
f	Investment management fees			-	
g	Other, (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list time 11g exposses on Schedule (C.)	3,339		3,339	
	Advertising and promotion	3,332		3,337	
3	Office expenses	143,958	99,354	44,604	
4	Information technology	140,700	7.33.43.43	147 404	
15	Royalties				
6	Occupancy Travel	783,676	758,293	25,383	
7 8	Payments of travel or entertainment expense				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	interest	230,869	203,301	27,568	
21	Payments to effiliates				
22	Depreciation, depletion, and amortization		P 4 6 4 4	912 1 765	
23	Insurance	74,023	56,520	17,503	<u> </u>
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24s, If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	2 400 401	3,421,720	711	
a	rearrant measurement in the set of court (155). It	3,422,431	530 563	503,133	
ь	PURCHASED SERVICES SPACE AND RELATED EXPENSE	776,607	663,179	113,428	
c	AMERICA TO A	447,892	362,146	85,746	
d		678,726	310,548	368,178	
- 0 25	All other expenses Tatal functional expenses. Airl lines 1 Exolugh 24e	21,581,562	18,941,696	2,639,866	
25 26	Joint costs. Complete this line only if the	21,001,002			
	Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundralising solidation. Check here 1 if				

UMOS: Helping Over 10,000 Milwaukes County/Residents/Improve Their Lives Every Month Page 62

	Int IX Statement of Functional Ex	kpenses			
QVI	ion 501(c)(3) and 501(c)(4) organizations musi Check if Schedule O contains a res	COMPRETE BIL COLUMNS, A	il other organizations must	complete column (A).	
lo ir	ot include amounts reported on lines 6b,	[A]	(B)	(C)	603
	b, 9b, and 10b of Part VIII.	I errat na tentinos	Program service	Management and	(O) Fundarsing
Ť	Grants and other assistance to governments and		RYPARSAS	general expenses	2920100330
Ť	organizations in the U.S. See Part IV, tine 21				
2	Grants and other assistance to individuels in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments				
•	organizations, and individuals outside the	1			
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	179,699		270 600	
6	Compensation not included above, to disqualitied			179,699	
•	persons (as defined under section 4958(1)(1)) and	1			
	persons described in section 4958(c)(3)(B)				
7	Other salaties and wages	10,006,462	9,175,835	020 627	
8	Pension plan accruals and contributions (include	+V, UVU, 910Z	7,110,630	830,627	
-	section 401(k) and 403(b) employer contributions)	443,916	387,810	50 300	
8	Other employee benefits	2,564,133	2,304,616	56,106	
0	Payroll taxes	741.244	658,811	259,517	
t	Fees for services (non-employees):	741,294	030,011	82,433	
а	Menagement				
ь	Legal	6 907		4 007	
	Accounting	6,807 35,084		6,807	
d	Lobbying	33,084		35,084	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Oher (If line 11g annual exceeds 10% of the 25, column				
¥	(A) amount, list line tilg expirence on Schedule (C)				
2	Advertising and promotion	3,339			
	Office expenses	3,339		3,339	
	Information technology	2.42 01.0	5.0 AC 4		
	Royalties	143,958	99,354	44,604	
	Occupancy				
	Travel	202 616	((1.0) (0.0)		
	Payments of travel or entertainment expenses	783,676	758,293	25,383	
		·			
9	for any federal, state, or local public officials				
	Conferences, conventions, and meetings Interest	000 000	12 0 0 0 0 0		
		230,869	203,301	27,568	
	Payments to affiliates				
	Depreciation, depletion, and amortization insurance	214 600			
		74,023	56,520	17,503	
•	Other expenses, itemize expenses not covered			1	
	above (List miscellaneous expenses in line 24e, if		ľ		
	line 24e amount exceeds 10% of the 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
8	PARTICIPANT EXPENSES	3,422,431	3,421,720	711	
U	PURCHASED SERVICES	1.042.696	539,563	503,133	
•	SPACE AND RELATED EXPENSE	776,607	663,179	113,428	
d	SUPPLIES	447,892	362,146	85,746	
	All other expenses	678,726	310,548	368,178	
_	Tatel functional appendes. Askt fires 1 Property Poles	21,581,562	18,941,696	2,639,866	
- 1	Jeim Goete, Complete this line only if the organization reputed in cotume (6) just costs from a combined educational compaign and lumbraising adiabation. Check here				
- 1	Idlowing SOP 98-2 (ASC 958-720)	1			

CONTRACTOR OF THE CONTRACTOR O	
UMOS: Halping Over 20,000 Milwaukee County Residents Improve Their Lives Every Month	
THE SECOND CONTRACTOR OF THE PROPERTY OF THE P	Page 63
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The state of the s	rage 03

art >	0(2013) UNITED MIGRANT OPPORTUNITY SERVICES 9- Balance Sheet	<u> </u>		Page 11
ail /	Check if Schedule O contains a response or note to any line in this Part X			
	Officer if Control of	(A)	\neg	(B)
		Beginning of year		End of year
Ti	Cash—non-interest bearing	1,167,426	1	2,157,332
2	Sevings and temporary cash investments	975,853	2	1,050,781
3	Savings and temporary cash investments Pledges and grants receivable, net	1,691,903	3	2.178.049
	Accounts receivable, net	53,573	4	<u> 180,631</u>
5	Accounts receivable, net Loans and other receivables from current and former officers, directors,			
`	trustees, key employees, and highest compensated employees.			
1	Complete Part il of Schedule L		5	
8	Loans and other receivables from other disqualified persons (as defined under section		- 1	
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers a	nd i	- 1	
1	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiery	İ		
	organizations (see instructions). Complete Part II of Schedule L.		6	
7			7	
8	Inventories for sale or use		8	
9		129,134	8	205.983
	Land, buildings, and equipment: cost or			
1	other basis Complete Part VI of Schedule D 10a 19, 938, 775			
Ь	Less accumulated depreciation 10b 8,936,140	11,890,367	10c	<u>11,002,63</u>
111	Investments—publicly traded securities		11	
12			12	
13			13	
14	Intengible assets		14	
15		336,473	15	359,47
16	Total assets. Add lines 1 through 15 (must equal line 34)	16,244,729		17,134,89
17	Accounts payable and accrued expenses	681,250	17	1,722,79
18	Grants payable		18	100 05
19	Deferred revenue	266,076	_	120,93
20	Tax-exempt bond liabilities	5,656,975	20	5.370.27
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		l l	
22	disquelified persons. Complete Part II of Schedule I.		22	
23	Secured mortgages and notes payable to unrelated third parties	1 222 522	23	1 171 50
24	Unsecured notes and loans payable to unrelated third parties	1,223,532	24	1,174,50
25	Other liabilities (including federal income tax, payables to related third			
1	parties, and other liabilities not included on lines 17-24). Complete Part X		[410 05
	of Schedule D	1,220,974		412,25 8,800,75
26	Total liabilities. Add lines 17 through 25	9,048,807	26	8,800,73
9	Organizations that follow SFAS 117 (ASC 958), check here ▶X and	}	•	
	complete lines 27 through 29, and lines 33 and 34.	7 105 000	1	0 224 13
27	Unrestricted net assets	7,195,922		8,334,13
28	***************************************		28	
Š 29	Permanently restricted net assets		29	
ţl	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and			
	complete lines 30 through 34.			
27 28 29 30 31 32 32	Capital stock or trust principal, or current funds		30	
2 31	Paid-in or capital surplus, or land, building, or equipment fund			
	- ·	7 105 000	32	8,334,13
⁻ 33		7,195,922		
34	Total liabilities and net assets/fund balances	16,244,729	34	17,134,89

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UMDS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Page 64

Form	990 (2013) UNITED MIGRANT OPPORTUNITY SERVICES 9-1047172				Pa	ge 12
Pε	IT XI Reconciliation of Net Assets					90 12
_	Check if Schedule O contains a response or note to any line in this Part XI					
- 1	Total revanue (must equal Part VIII, column (A), šne 12)	1	22	. 71	19.	774
2	Total expenses (must equal Part IX, column (A), line 25)	2				562
3	Revenue less expenses. Subtract line 2 from line 1	3				212
4	Net assets or fund balances at beginning of year (must equal Part X. line 33, column (A))	4				922
Б	Net unrealized gains (losses) on investments	5				242
8	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 (exptain in Schedule O)	9				1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	_				
	33, column (B))	10	۶	. 37	34.	135
Pa	rt XII Financial Statements and Reporting					200
	Check if Schedule O contains a response or note to any line in this Part XII					П
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cther		- 1			
	if the organization changed its method of accounting from a prior year or checked "Other," explain in			. 1		
	Schedule O.		- 1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	if "Yes," check a box below to indicate whether the financial statements for the year were compiled or		- 1			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		Į			
b	Were the organization's financial statements audited by an independent accountant?			2ь	Х	
	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:					
	Separate basis X Consolidated basis Both consolidated and separate basis		- 1	ļ		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			- 1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	if the organization changed either its oversight process or selection process during the fex year, explain in					
	Schedule O.					
3 a	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?			3a	х	
Ь	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.		[3b	Х	
				Form	990	(2013)

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UMOS: Helping Over 2:0,000 Milwaukee County Residents Improve Their Lives Every Month

SCHEDULE A (Form 920 or 990-EZ)

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.

2013

Department of the Treasury		Attach to Form 99	0 or Fom	n 990-EZ	_					to Public
Internal Revenue Service	Information about \$	Schedule A (Form 990 or 990-E	Z) and its	inetructio	ns (9 a)	PILWWY	.gov/to	rm990.		ection
T.I	MOS	NT OPPORTUNITY					39-	1047		·
Part Reason !	or Public Charity	Status (All organization	is must	comple	te this	part.)	5 00	<u>Instruct</u>	ions.	
The organization is not a prince organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization, check organization organization, check organization organization, check organization, check organization, check organization, check organization, check organization, check organization, check organization, check organization, check organization, check organization, check organization, check organization, check organization, check organization, check organization, check organization, check organization, organizat	or Public Charity Ivate foundation because Ition of churches, or ass ad in section 170(b)(1), operative hospital servi- ch organization operate operated for the benefit of Ivation 170(b)(1)(A)(vi). (Complete Parior focal government or g hat normally receives a ition 170(b)(1)(A)(vi). (Co ition 170(b)(1)(A)(vi). (Co ition 170(b)(1)(A)(vi). (Co ition 170(b)(1)(A)(vi). (Co ition 170(b)(1)(A)(vi). (Co ition 170(b)(1)(A)(vi). (Co ition 170(b)(1)(A)(vi). (Co ition 170(b)(1)(A)(vi). (Co ition 170(b)(1)(A)(vi). (Co ition 170(b)(1)(A)(vi). (Co ition 170(b)(1)(A)(vi). (Co ition 170(b)(1)(A)(vi). (Co ition 170(b)(1)(A)(vi). (Co ition 170(b)(A)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)	of a college or university own i il.) overnmental unit described in substantial part of its support	4, check of the section 1 at describ at describ at describ at describ at describ at the section	only one in ion 170(i) (i) (i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiiiii) (iiiiiiii	DOX.) (1)(A)(H)). (A)(H)). (A)(H)	or from member more that tax) from 11e throng the throng Type or more essential tax.	unit de the ge- the ge	nerel pui nes, and 1/3% of i nesses at the See sec lh. on-function tion 509	e hospital's in bilc gross tis tion onally integsons	
following person	157 	ontrols, either alone or togeth	er with a	orenne de	ecribed	In (ii) a	nd			Yea No
			ner svice i þi	CI SUI IS U	36G 106C	an (n) a	110		11(0)	+
	ne governing body of the mber of a person descri	e supported organization?			• • • • • • •				1100	
		described in (i) or (ii) above?							1100	
								,	117	
(f) Name of supported organization	(ii) EIN	the supported organization(S (NI) Type of organization (described on lines 1-9 above or IRC section	(Nr) is the of in col. (i) is	organization sted in your document?	the organical. (I)	rou notify neakon in of your port?	organizat Morgani	is the ion incol zed in the S.?		of mahetery port
		(see instructions))	Yes	No	Yea	No	Yes	No		
(A)										
(B)			 							
(C)			\vdash							
(D)			-			-				
(E)			-	-	-					
11-7			├—	 	-	-	\vdash			
Total										
Form 990 or 990-EZ.	on Act Notice, see the	instructions for				8	chedu	e A (Fo	m 990 or !	n#U-62) 20

DAA

UMOS; Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Sch P	edule A (Form 990 or 990-EZ) 2013 UN	TED MIGR	ANT OPPOR	RTUNITY S	ERVICES9	-1047172	Page 2			
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization falled to qualify under Part III. If the organization falls to qualify under the tests listed below please complete Rod III.									
Sec	Section A. Public Support									
Cale	ndar year (or flecal year beginning in) >>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1 2	Gitts, grante, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the	27, 470, 353	20, 954, 417		22,776,762		114, 184, 439			
	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	27, 470, 353	20, 954, 417	21,097,638	22,776,762	21,885,269	114, 184, 439			
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)					<u> </u>	120(1.04, 132			
6	Public support. Subtract lins 5 from line 4.						114, 184, 439			
260	tion B. Total Support						201/101/102			
	idar year (or fiecal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7	Amounts from line 4	27,470,353	20, 954, 417	21,097,638	22,776,762	21,885,269	114, 184, 439			
o	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,278	680	573:	4.891		7, 422			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	33,701	47,323	72, 121	84,723	20, 272	258,140			
10	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	756,310	816,368	700 405						
11	Total support. Add lines 7 through 10	730,310	GT0, 368	782,486	688,627	739, 343	3,783,134			
12	Gross receipts from related activities, etc.	(see instructions	1				118,233,135			
13	First five years. If the Form 990 is for th	e organization's fil	est second third	South or 8th hou	1000 no o onelle-	12	739,343			
Sec	organization, check this box and atop he tion C. Computation of Public S	re upport Perce	ntage		year as a section	501(c)(3)				
14	Public support percentage for 2013 (line	8. column (f) divid	ed by line 11, colu	imn (f))		14	0.0 5-27			
						15	96.58%			
18a	33 1/3% support test-2013. If the organ	nization did not of	eck the hox on lir	e 13. and line 14	is 33 1/3% or mo	re check this	96.72%			
	pox and stop here. The organization due	lifles as a publiciv	supported organ	izailon .			_ ▶ 🗓			
Ь	33 1/3% support test-2012. If the organ	nizetion did not ch	eck a box on line	13 or 16e and 8e	ne 15 ls 33 1/3% c	V Marito	= P			
	check this box and stop here. The organ	ization qualities a:	s a bublicky suppo	ried organization		Ť	N.CT			
17e	10%-facts-end-circumstances test - 20	13. If the organiza	ition did not ched	k a hoy on line 13	. 16a, or 16b, and	l line 14 is	- 1.1			
	10% or more, and if the organization mee Part IV how the organization meets the "r organization	its the "facts-and-r	circumstances" te	st chark this hav	and aton hore E	Complete to				
							> 🗌			
	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part IV how the organization in supported organization	i meets the "facts	end-droumsterio	s test, check this	s box and aton hi	are.				
18	Private foundation, if the organization di	d not check a box	on line 13 16s	16b, 17a, or 17b,	object this have on	ਹੈ 8ĕ\$. •			
	Instructions	7 415 6 1		** * ** * * * *			🚩 📖			
					Sched	ule A (Form 990	от 990-Е Z) 2013			
AA										
UV	IOS: Helping Over 30,000 Milw	eykse (Sound	N Read Harde	hapanye Thei	Militer Sive	Month	Parts 67			
-		1		called the title	STANS FREE	SWAINGU	Page 67			

Sched	lule A (Form 990 or 990-EZ) 2013 UNI!	red Migra	NT OPPOR	TUNITY S	ERVICES39-	-104717	2	Page 3
Pai	Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.							
	(Complete only if you one If the organization fails to	cked the box .	the tests liste	d below, pleas	se complete Pa	art II.)	,	
Sart	Ion A. Public Support	quality assaut						
Calen	dar year (or fiscal year beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(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						_	<u> </u>
4	Tax revenues levied for the organization's benefit and either peld 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				-	<u> </u>		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						_	
ь	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			1			Ì	
-	line 6.)		<u> </u>		<u></u>			
Sec	tion B. Total Support Industryent (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
		(8) 2005	(0) 2010	1 (3/2011	(2/22.2	1		
9	Amounts from line 6						\neg	
10u	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						_	
ê	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					ļ .	4	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					ļ	4	
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) conspiration, check this box and stop here							
Se	ction C. Computation of Public	Support Perc	entage				40.1	ā/.
15	Public support percentage for 2013 (line	≥ 8, column (f) div	ided by line 13,	column (f))			16	%
16	Public support percentage from 2012 S	chedule A. Part II	I, line 15				19 1	74
<u>Se</u>	ction D. Computation of Investr	nent income	Percentage	no 43 column (ft)			17	%
17	investment income percentage for 2015 investment income percentage from 20	o (ine 180, comin 42 Schedulo A E	n (1) Givided by III Part III lina 17	ue ro, column (1))			18	%
18	33 1/3% support tests—2013. If the of	manization did no	of check the box (on line 14, and lin	e 16 is more than	33 1/3%, and	line	
198	47 in not more than 33 1/395 check this	d gota bna xod s	ere. The organize	ation qualifies as t	в ривнску вирроги	eg organizano	n .	, Þ 🔲
Ь	43 1/3% eumnort tests-2012. If the of	roanization did no	ot check a box on	line 14 orline 19	ha, and lime 16 is m	nore inan 35 1	1376, a	nd 🛌 🗆
	line 18 is not more than 33 1/3%, check Private foundation. If the organization	this box and sto did not check a l	op here. The orga hov on line 14, 19	anization qualities Ps. or 19b. check	i as a publicly sup this box and see	po⊓eo organia nstructions	euon	D
20	ETIVATE TOURISHORE IT DIE ORGANIZATION	and 1995 of four B			Sch	edule A (For	m 990	or 980-EZ) 2013
AAG								
				A-1	(a) (b) (1 4) (b) (a)	William Co. March 1989		Dodo CP
	IMOS: Helping Over 10,000 M	lwaukee Co	intiy Residen	is improve l	near Lives Eve	STATE OF THE PARTY	_	Page 68

PART II, LINE 10 - OTHER IN	COME DETAIL		
LOW INCOME HOUSING	\$	1,133,012	
MISC AGENCY INCOME		1,170,111	
PROGRAM INCOME	.\$	1,480,011	***************************************
Alle ver			
			elevis biels the elegentricing

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	• • • •		*** ***********************************
			114 207 4110 1111 11
	*******		#1.
	• • • • • • • • • • • • • • • • • • • •		*** * ***
		1	ichedula A (Form 960 or 960-22) 201

OMB No. 1545-0047 Schedule of Contributors Schedule B (Form 990, 990-EZ, 2013 Attach to Form 990, Form 990-EZ, or Form 990-PF. or 980-PF) Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.ire.gov/form990 Department of the Tre Internet Revenue Ser Employer identification number Name of the organization UNITED MIGRANT OPPORTUNITY SERVICES 39-1047172 UMOS Organization type (check one): Filera of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization fling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules |X| For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/2 % support test of the regulations under sections 609(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Paris i, ii, and iii. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor. during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Schedule B (Form 990, 990-EZ, or 990-PF) (2013) For Papereronk Reduction Act Notice, see the instructions for Form 890, 990-EZ, or 990-PF. DAA Page 70 UMOS: Helping Over il0,000 Milwaukee County Residents Improve Their Lives Every Month

Part I	Contributors (see instructions). Use duplicate copies of	Feat I if additional sec	ace is needed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1.	US DEPARTMENT OF LABOR 200 CONSTITUTION AVE WASHINGTON DC 20210	\$ 2,640,4	Person X Payroll 1 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2.	WI DEPARTMENT OF CHILDREN & FAMILIE PO BOX 7972 MADISON WI 53707-7972	s 11,455,1	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	US DHHS - CHILDREN & FAMILY SERVICE 200 INDEPENDENCE AVE SW WASHINGTON DC 20201	s \$ 2,827,9	Person X Peyroll
(a) No.	(b) Name, address, and 21P + 4	(c) Total contributions	(d) Type of contribution
4	TMC-TEACHING & MENTORING COMMUNITIE 5215 MCPHERSON AVE STE 206 LAREDO TX 78044-2579	s 1,804,9	Person X Payroli
(a) No.	(b) Name, address, and ZP+4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		Schedul	B (Form 980, 989-62, or 989-PF) (2

SCHEDULE C (Form 990 or \$90-EZ)	For Organizations Exempt Complete If the organization is		ection 501(c) an Attach to Form	des d section 527 1990 or Form 990-EZ. 990 or 990-EZ) end its	2013
Department of the Treasury	See separate instructions.				Inspection
Internal Payonue Service	l ed "Yes," to Form 990, Part IV, III	Instructions is at W			
if the organization enswer	ed "Yes," to Form 990, Part IV, III zations: Complete Paris i-A and B.	De set complete Dort I C	A' IIIIA 40 (LOIIN	sai cembergii rouriir	oop anon
e Section 501(c)(3) organi	zations; Complete Pans I-A and b. In section 501(c)(3)) organizations:	Complete Part I & and C b	olaw Do not cor	mists Pert I.S	
		Complete Fants FA and G b	GIOW, DO HOL COIL	ibiete Lent Lo-	
 Section 527 organization 					
if the organization answer	ed "Yes," to Form 290, Part IV, II	ne 4, or Form 990-EZ, Part	VI, line 47 (Lobb	ying Activities), then	Dort II D
 Section 501(c)(3) organi 	zetions that have filed Form 5768 (election under section built	i)): Complete Par	r II-A, Lio not complete	reit iro. State Dari ii A
 Section 501(c)(3) organi 	zations that have NOT filed Form 5	768 (election under section	bor(n)): Complet	8 Part II-B. UQ NOI COM	piete rait iFA.
	ed "Yes," to Form 990, Part IV, li		90-EZ, Part V, III	ne 35c (Proxy Tax), th	en
 Section 501(c)(4), (5), or 	r (6) organizations: Complete Part i	ll .			
Name of organization UNI	TED MIGRANT OPPOR	TUNITY SERVICE	S	Employer identificat	ion number
TIMO	Q			39-10471	72
Part I-A Complete	if the organization is exer	not under section 501	l(c) or is a se	ction 527 organiz	ation.
1 Provide a description	of the organization's direct and Indi	rect political campaign activit	ties in Part IV.		
2 Political expenditures				b s	
3 Volunteer hours			· ·		
	and the second of the second	• • • • • • • • • • • • • • • • • • • •			
Part I-B Complete	if the organization is exe	mpt under section 50°	(c)(3).		
1 Enter the amount of a	ny excise tax incurred by the organ	zation under section 4955		Þs	
2 Enter the amount of a	ny excise tax incurred by organizat	ion managers under section	4955	▶ \$	
3 If the organization inci	urred a section 4955 tax, did it file i	form 4720 for this year?			Yes No
4a. Was a correction med					Yes No
h Haven " decorbe in D	art NJ		.,		
Part I-C Complete	If the organization is exe	mpt under section 50	1(c), except s	ection 501(c)(3).	
1 Enter the amount dire	ctly expended by the filing organiza	tion for section 527 exempt	function		
				▶\$	
2 Enter the amount of the	ne filing organization's funds contrib	outed to other organizations	for section		
527 exempt function a	activities			▶\$	
3 Total exempt function	expenditures. Add lines 1 and 2. E	nter here and on Form 1120	-POL,		
line 17b	•		4.1	. ▶\$	
4 Did the filing promize	tion file Form 1120-POL for this ye	er?			Yes No
5 Enter the names, add	resses and employer identification	number (EIN) of all section 5	527 political organ	rizations to which the f	ling
omanization made pa	vments. For each organization lists	ed, enter the amount paid fro	m the filing organ	itzation's funds. Also e	nter
fine amount of politica	I contributions received that were p	romptly and directly delivere	id to a separate p	olitical organization, su	ıch
as a separate segregi	ated fund or a political action comm	rittes (PAC). If additional spa	ace is needed, pr	ovide information in Pa	rl IV
	(n) Name	(b) Address	(e) EIN	(d) Amount peid from	(c) Amount of political
				filing organization's	contributions received and promptly and directly
			1	funds, il none, enler -0-	delivered to a separate
			1		political organization. If
			<u> </u>	<u> </u>	none, enler -0
(1)					
				 	
(2)					
(3)					
(4)			 		
(6)		l	1	1	i
				<u> </u>	
(6)					
	ot Natice, see the instructions for Fa	rm 990 or 990-EZ.		Schedule C (Fo	em 990 or 990-EZ) 2013
	nt Notice, see the instructions for Fo	m 990 or 980-EZ.		Schedule C (Fo	HTN 990 OF 290-EZ) 2013
	ot Notice, see the instructions for Fo	m 990 or 980-EZ.		Schedule C (Fo	mn 990 or 290-EZ) 2013
	ot Notice, see the instructions for Fo	rm 990 or 990-EZ.		Schedule C (Fo	1771 990 or 990-EZ) 2013
For Paperwork Reduction A	ot Notice, see the instructions for Fo	rm 990 or 980-EZ.		Schedule C (Fo	171 990 or 990-EZ) 2013
For Paperwork Reduction A	at Natice, see the instructions for Fa				m 990 or 990-EZ) 2013

School: 0 C (Form 990 or 990 EZ) 2013 UNTIFE	D MIGRANT OPPORTUNITY SERV	/TCES/9-1047172	Page 2
Part II-A Complete if the organ	ization is exempt under section 501(c)	3) and filed Form 5768	election under
Section soliuli			
A Check > If the filling organiza	tion belongs to an affiliated group (and list	in Part IV each affiliated	group member's
name, address, Eliv	i, expenses, and share of excess lobbying	eynenditures)	
B Check ▶ ☐ if the filling organiza	tion checked box A and "limited control" pa	ovisions apply.	
Limits on Lei	obying Expenditures	(n) Frling	(d) Affiliated
to Total labition are authorized to the control of	means amounts paid or incurred.)	organization's totals	group totals
ta Total lobbying expenditures to influence	public opinion (grass roots lobbying)	0	
b Total lobbying expenditures to influence	a legislative body (direct lobbying)	45,459	
c Total lobbying expenditures (add lines 1	and 1b)	45, 459	
d Other exempt purpose expenditures		21.581.562	
e Total exempt purpose expenditures (add	l lines 1c and 1d)	21,627,021	
f Lobbying nontaxable amount. Enter the	amount from the following table in both		
columns.		1,000,000	
If the amount on line to, volume (c) or (b) is:	The lobbying nontexable amount is:		
Net over \$550,000	20% of the amount on line to]	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000]	
Over \$1,000,000 but not ever \$1,669,800	\$175 000 plus 10% of the precess over \$1,000,000.	3) I	
Ower \$1,500,000 but not ever \$17,000,000	\$275,000 blue 5% of the excess over \$1,500,000]	
Over \$17,000,000	\$1,000,000	11	
g Grassroots nontaxable amount (enter 25	% of line 11)	250,000	
h Subtract line 1g from line 1a. If zero or le	ss, enter-0-	0	
I Subtract line 1f from line 1c. If zero or le:		Ö	<u> </u>
j if there is an amount other than zero on	either line 1h or line 1), did the organization file Form	4720	
reporting section 4911 tax for this year?			Tyes No
	4-Year Averaging Period Under Section 50	1/h)	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total				
2a Lobbying nontexable amount	1,000,000	1,000,000	1,000,000	1,000,000	4 000 000				
h Lobbying ceiting amount (150% of line 2a, column(e))			270007000	1,000,000	4,000,000 5,000,000				
c Total lobbying expenditures	51,541	46,853	47,058	45,459	190,911				
d Grassroots nontexable amount	250,000	250,000	250,000	250,000	1,000,000				
e Gressroots celling amount (150% of line 2d, column (e))				2207000	1,500,000				
f Grassroots lobbying expenditures				o.					

Schedule C (Form 980 or 990-EZ) 2013

EIMA

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

(election under section 501(h)).	(a		(b)
each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local			
legislation, including any attempt to influence public opinion on a legislative matter or	1 1	- 1	
referendum, through the use of:		- 1	
Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	-		
Paid start or management (include comparison in expenses reported on this is a start of the star			
Mailings to members, legislators, or the public?			
Publications, or published or broadcast statements?			
Grants to other organizations for lobbying purposes?	\vdash		
Direct contact with legislators, their staffs, government officials, or a legislative body?	Н		
Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	\Box		
Other activities? Total. Add lines 1c through 1l			
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
If "Yes" enter the amount of any tax incurred under section 4912			
If "Yes," enter the amount of any tax incurred by organization managers under section 4912		├	
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? It III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)	(5) or s	ection
	401(4)	1(0)(0)	
501(c)(6).			Yes No
Were substantially all (90% or more) dues received nondeductible by members?			1
Did the omenization make only in-house inbbying expanditures of \$2,000 or less?			2
and a state of the			1311
-4 ULD Complete if the presultation is exempt under section 501(CV4), section	DUTIC	11 D J. OF 3	section
the state of the s	1- 20	B III Da	et III.A Ilna 3 li
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 1	lo," O	Ř (b) Pa	ırt III-A, Ilne 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "res."	lo," O	K (D) Fe	ert III-A, line 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "yes." Dues assessments and similar amounts from members	lo," O	Ř (b) Pa	ert III-A, line 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	lo," O	K (D) Fe	rt III-A, Ilne 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "yes." Dues assessments and similar amounts from members	lo," O	1 2a	nt III-A, line 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	lo," O	1 2a 2b	nt III-A, line 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	lo," O	1 2a 2b 2c	nt III-A, line 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounte of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Addregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	lo," O	1 2a 2b	nt III-A, line 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "res." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounte of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year: Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues (f polices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	lo," O	1 2a 2b 2c	nt III-A, line 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounte of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	lo," O	1 2a 2b 2c	nt III-A, line 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounte of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	lo," O	1 2a 2b 2c	nt III-A, Ilne 3, i
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501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounte of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Int IV Supplemental Information Vide the descriptions required for Part I-A, line 1: Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list		2a 2b 2c 3 4 5	THE O,
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Social (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered in answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounte of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Toxable amount of lobbying and political expenditures (see instructions) Int IV Supplemental Information Vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list 1I-B, line 1. Also, complete this part for any additional information. CCHEDULE C, PART II-A, EXPLANATION OF FOUR YEAR AVERA	t); Part	2a 2b 2c 3 4 5 HA, line 2	; and
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Part IV	Supplementa	UNITED I Informatio	MIGRANT On (continued	OPPORTUNITY	SERVICES39	-1047172	Page 4
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A						Schedule C (Form 9	vu or 990-EZ) 2013
¥A.							
HILLOS, DE	Values AVA (200)	100 201	uthan A	/Residents Impre	+1112	LICE CONTRACTOR	Page 75

SCHEDULE D (Form 990)

Supplemental Financial Statements > Complete if the organization answered "Yes," to Form 880.

(1 01111 000)	Part IV, line 6, 7, 8, 9, 10, 11s	a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b	٠ .	Open to Public
Department of the Treesury Internal Revenue Service	► Information about Schedule D (Form 9	ch to Form 990. 90) and its instructions is at www.its	gov/form990.	Inspection
Name of the organization	Thomase acceptance		Employer Identificat	tion number
INTTED MIGRA	ANT OPPORTUNITY SERVICES	·		
TIMOS			39-10471	72
Part Organiz	ations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts.	·
Complet	e if the organization answered "Yes" to	o Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds at	d other accounts
1 Total number at end	of year			
2 Aggregate contribut	lons to (during year)			
3 Aggregate grants fro	om (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 organi	zation's property, subject to the organization's e	exclusive legal control?		Yes No
6 Did the organization	inform all grantees, donors, and donor advisor	s in writing that grant funds can be used	3	
	urposes and not for the benefit of the donor or o	ionor advisor, or for any other purpose		П. П.
	sible private benefit?	<u></u>		Yes No
Part II Conser	vation Easements.	- E 200 Ded N/ Sec 7		
	te if the organization answered "Yes" t			
	ervation easements held by the organization (ch			_
- Inner	land for public use (e.g., recreation or education			:a
Protection of na		Preservation of a certified histo	one structure	
Preservation of	open space	and the second s		
2 Complete lines 2a ti	hrough 2d if the organization held a qualified co st day of the tax year.	uselvation contribution in the lotti of a	Conservation	the End of the Tax Year
	•		2a	per partition for the
	nservation easements		2b	
	cted by conservation easements ation easements on a certified historic structure		2c	
c Number of conserve	ation easements on a cartilled historic structure	M7/06 and not on a		
a Number of conserve	ation easements included in (c) acquired after 8	71700, 2010 1101 011 E	2d	
nistone structure ha	ted in the National Register ation easements modified, transferred, released	extinguished, or terminated by the co		he
	BIDII Basements modined, dansiened, reseased	, example and of the state of t	Jan. 11	
tax year ►	here property subject to conservation easemen	t is located 🕨		
4 Number of states w 5 Does the organizati	on have a written policy regarding the periodic	nonitoring inspection, handling of		
	rcement of the conservation easements it holds			Yes No
8 Staff and volunteer	hours devoted to monitoring, inspecting, and er	rforcing conservation easements during	the year	
>	House covered to the month of make a will be			
	s incurred in monitoring, inspecting, and enforce	ing conservation easements during the	уеаг	
> s	2 11 12 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-	
8 Does each conserv	ration easement reported on line 2(d) above sati	isfy the requirements of section 170(h)	4)(B)	
(i) and section 170(Yes No
9 in Part XIII describ	e how the organization reports conservation ea	sements in its revenue and expense st	atement, and	
balance sheet, and	include, if applicable, the text of the footnote to	the organization's financial statements	that describes the	B
organization's acco	unting for conservation easements.		44 - 44 - 4	
Part III Organi	zations Maintaining Collections of A	rt, Historical Treasures, or O	ther Similar A	ssets.
Comple	te if the organization answered "Yes"	to Form 990, Fait IV, line 6.		-4
1e If the organization	elected, as permitted under SFAS 116 (ASC 95	8), not to report in its revenue statemer	π and balance she	981
works of art, histori	cal treasures, or other similar assets held for pu	idic exhibition, education, or research i	Home	
public service, prov	ride, in Part XIII, the text of the footnote to its fin	ence settements that describes these	uems. d belence chock	
b If the organization	elected, as permitted under SFAS 116 (ASC 95	8), to report in its revenue statement at	In Dalatice street	
	cal treasures, or other similar assets held for pu		II INTERIOR BITCH OF	
	ride the following amounts relating to these Item		▶ s	
	aded in Form 990, Part VIII, line 1			
(ii) Assets include	d in Form 990, Pert X	a an affice shallow sensite for financial or	min provide the	
2 If the organization	received or held works of art, historical treasure	5, Of Giver similar assets for illiands) 9	ani, provide lile	
following amounts	required to be reported under SFAS 116 (ASC:	१९००) : बाह्यसासि १५ साक्ष्य स्वापन	b \$	
a Revenues included	in Form 990, Part VIII, line 1		> \$	
b Assets included in	on Act Notice, see the instructions for Form	880		dule D (Form 990) 2013
LOLLABOLMOLK KORRCII	All wer Mance' sas ris rishing actions lot Louis	****		

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Sche Pa	dule D (Form 990) 2013 UNITED MT rt III Organizations Maintainin Using the organization's acquisition, access	a Collection	s of Ar	t Historics	Trancura	e or Other	Cimilar A	Page ssets (continue
-	concerns to leave all files abbit?	sion, and other re	_			at are e signific	ant use of its	
a b	Public exhibition Scholarly research	ď	-	or exchange p	rograms			
5	Preservation for future generations	e _	Other					
	Provide a description of the construction's	anii nadiana au a			41			
-	Provide a description of the organization's (XII).	collections and e	xpisun no	w they turther	the organizat	ion's exempt pu	Ilipose in Par	t
5	During the year, did the organization solicit	or receive danat	lone of a	بية المحاصمة في				
-	assets to be sold to relee funds rather then	to he melotainos	IUTIS OI SI	it, nistorical tri	easures, or ou	ner similar		n. n
Pa	rt IV Escrow and Custodial Ar	Canciements	as ball	OI THE OLDSINE	alion s collecti	on?	 	Yes 1
,	Complete if the organization 990, Part X, line 21.	n answered "	Yes" to				ted an am	ount on Form
la	is the organization an agent, trustee, custor included on Form 990, Part X?	ilan or other inte	rmediary	for contribution	ms or other ex	ssets not		
	if "Yes," explain the arrangement in Part XII	I and complete t	he follow	ing table:				Yes
_	Bankaka kalasa							Amount
	Beginning balance			. =			10	
a	Additions during the year Distributions during the year						1d	
*	Ending belong the year						10	
20	Ending balance Did the organization include an amount on i	Farma 600 David N	1				1f	
<u>ь</u>	If "Yes," explain the arrangement in Part XII). Check here if t	he expla	r nation has be	n provided in	Part XIII		Yes N
rai	rt V Endowment Funds. Complete if the organizatio	n answered "	Yes" to	Form 990.	Part IV. lin	s 10		
	L	(a) Current year		(b) Prior year	(c) Two year		tree years back	(e) Four years bad
1a	Beginning of year balance							tal an land par
Ь	Contributions							
C	Net investment earnings, gains, and							
	08986							
d ·	Grants or scholarships							
	Other expenditures for facilities and		T^{-}					
_	programs							
T (Administrative expenses							
9	End of year balance							
2	Provide the estimated percentage of the cur	rent year end ba	lance (III	ie 1g, column	(a)) held as:			
	Board designated or quasi-endowment							
	Parameter models and make in the first	**						
٠.	The percentages in lines 2a, 2b, and 2c sho	. 76						
3a /	Are there endowment funds not in the posse prognization by:	uid equal 100%. Ession of the orga	anization	that are held :	and administe	red for the		
	1) Unrelated organizations							Yes N
	M what a supplementations						100	3e(i)
Ьi	ii) related organizations I "Yes" to 3a(ii), are the related organization	s listed as requir	ed on So	hedule R2				3a(ii)
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equi	e onganization's	endowme	ent funds.				38
	Complete if the organization	answered "	es" to					Part X, line 10.
	Description of property	(a) Cost or othe		(b) Cost or o		(e) Accumulat		(d) Book value
4 - 1		(Prestmen	rt)	€ 0thi		deprenation		
red L Jack	and Riddings	 			12,790			2.112.79
May 6	Buildings .ccsehold improvements	 		15.83	34,598	6,780	372	9,054,22
di	Equipment			1 0	77 255	0		4.5
	Mher			1.9	31,387	2.155	768	<u>-164.38</u>
otal.	Add lines 1a through 1e. (Column (d) must	erual Form COO	Dort V a	- 193 S-	- 40(-))			
- 4040	read and the discount for (Column to) Incibit	equal Form SSD,	PHILA, C	column (B), In	e 10(c).) ,,,,			11,002,63
							Scheck	de D (Form 990) 20
44								
TYTY	At the same of the	-9						
4.47	05. Helping Over 10,000 Milwei	THE COUNTY	Resid	Citis Hallen	we Then I	HV44HEIVENV	diamilia.	Page 7

		TO FORM SSU, FARTIV, IN	ne 11b. See Form 990, Part X, line 12.
	(a) Description of security or category [sectoring pane of security]	(b) Enak value	(c) Method of valuation: Cost or end-ob-year market value
) Financial			
	eld equity interests		
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)	****		
(G)			
(H)	(h) must sound Form 000 Bart V col (R) line 12 \ b		
Part VIII	nn (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.		
rait viii	Complete if the organization answered "Yes	" to Form 990. Part IV, li	ne 11c. See Form 990, Part X, line 13.
	(a) Description of newsthread	(b) Hook value	(e) Melliod of valuation.
			Cost or end-of-year unified volum
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	25 000 D 4V -1 (D) E-40 \ D		
Part IX	mn (b) must equal Form 990, Part X, col. (8) line 13.) Dother Assets.		
	Complete if the organization answered "Yes	O FORM SSU, FRICING	(b) flook: value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) Total. (Colu	mn (b) must equal Form 990, Part X, col. (8) line 15.)	<u> </u>	
(9)	Other Liabilities. Complete if the organization answered "Yes	s" to Form 990, Part IV,	line 11e or 11f. See Form 990, Part X,
(9) Total. (Colu Part X	Other Liabilities. Complete if the organization answered "Ye line 25.	s" to Form 990, Part IV,	line 11e or 11f. See Form 990, Part X,
(9) Total. (Colu Part X	Other Liabilities. Complete if the organization answered "Ye- line 25. (a)Decorption of liability		line 11e or 11f. See Form 990, Part X,
(9) Total. (Colu Part X 1. (1) Feder	Other Liabilities. Complete if the organization answered "Ye- line 25. (a) Description of liability at Income taxes		line 11e or 11f. See Form 990, Part X,
(9) Total. (Columnation of the Columnation of the C	Other Liabilities. Complete if the organization answered "Ye- line 25. (a)Decorption of liability	(b) Book value	line 11e or 11f. See Form 990, Part X,
1. (1) Feder (2) DER	Other Liabilities. Complete if the organization answered "Ye- line 25. (a) Description of liability at Income taxes	(b) Book value	line 11e or 11f. See Form 990, Part X,
(9) Total. (Columbia) Part X 1. (1) Faden (2) DER. (3) (4)	Other Liabilities. Complete if the organization answered "Ye- line 25. (a) Description of liability at Income taxes	(b) Book value	line 11e or 11f. See Form 990, Part X,
(9) Total. (Columbrat X 1. (1) Federa (2) DERI (3)	Other Liabilities. Complete if the organization answered "Ye- line 25. (a) Description of liability at Income taxes	(b) Book value	line 11e or 11f. See Form 990, Part X,
(9) Total. (Columbia) Part X 1. (1) Feden (2) DER. (3) (4) (5)	Other Liabilities. Complete if the organization answered "Ye- line 25. (a) Description of liability at Income taxes	(b) Book value	line 11e or 11f. See Form 990, Part X,
(9) Total. (Colument X 1. (1) Feden (2) DER. (3) (4) (5)	Other Liabilities. Complete if the organization answered "Ye- line 25. (a) Description of liability at Income taxes	(b) Book value	line 11e or 11f. See Form 990, Part X,
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1. (Columbration X) 1. (1) Feder (2) DER (3) (4) (5) (6) (7) (8) (9) Total (Columbration Years)	Other Liabilities. Complete if the organization answered "Yes line 25. (a) Decomplion of liability at Income taxes IVATIVE LIABILITY Imp (b) must equal Form 990, Part X, col. (B) line 25.)	(b) Book value 412, 256 412, 256 the footnote to the organization	n's financial statements that reports the the footnote has been provided in Part XIII
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	art XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" to Form 990	mente W	th Povenue no	2 Retu	Page 4
1	Total revenue, gains, and other support per audited financial statements	, railiv,	810 LZU.		20 24 2 22
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	22,719,774
а	Net unrealized gains on investments	1. 1			
h		2a		1 1	
		2b		1 1	
	Recoveries of prior year grants	2c		i I	
Q	Other (Describe in Part XIII.)	2d		1	
	Add thes 2a through 2d			2e	
3	Subtract line 2e from line 1		,	3	22,719,774
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;	1 1			
a	Investment expenses not included on Form 990. Part VIII. line 75	4g		!	
b	Other (Describe in Part XiII.)	4b			
C	Add lines 4a and 4b	40		ا ۔ما	
. 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c	00 710 771
Pá	If XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" to Form 200	ements V	/ith Expenses p	er Re	22,719,774 turn.
1	Total expenses and losses per audited financial statements	Fatt IV. I	12a.		24 554 544
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			.1	21,581,561
	Donated services and use of facilities	1. г		- 1	
h	Prior year adjustments	2a			
		2b			
G	Other (Deterthe in Best VIII.)	2c			
- 2	Otion (Describe it Latt Vill')	2d		- 1	
	Add lines 28 through 2d			20	
147	SUDDIECT IN 25 BOTH IN 1			3	21,581,561
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	T 1 "		<u> </u>	- 41011 JOI
a	Investment expenses not included on Form 990, Part VIII, line 7b	4B		- 1	
ь	Other (Describe in Part XIII.)	4b	1		
c	Add lines 4a and 4b	1 30 1			
- 5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	04 504 540
Pa	rt XIII Supplemental Information			8	21,581,562
2: Pa	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; Part III, lines 2d and 4b; Part III, lines 2d and 4b; Part III, lines 2d and 4b.	t IV, lines 1b	and 2b; Part V, line	4; Parl	X, line
P,	nt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ONK / TAX DEPRECIATION DIFFERENCE	da any addit	ional laternation	THE	•
P,	nt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete ≇n's part to provid ART XII, LINE 4B — EXPENSE AMOUNTS INCLUD	da any addit	ional laternation	THE	R
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2; Pa P? B(nt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete ≇n's part to provid ART XII, LINE 4B — EXPENSE AMOUNTS INCLUD	de any addit	ional information. RETURN — (DTHE, \$	R1

edule D (Form 990) 2013 UNITED MIGRANT OPPORTUNITY art XIII Supplemental information (continued)		
art XIII Supplemental information (continued)		
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	Schurt	de D (Form 990) 2

SCHEDULE J (Form 980)	orm 980) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization proveded "Yes" to Form 980, Part IV tipe 23							
Department of the Treesury Internal Revenue Service	► Attach to Fo ► Information about Schedule J (nn 990. ► See separate instructions. Form 990) and de instructions is at www.ire		Open to Public Inspection				
Name of the organization UNITED MIGRANT OPPORTUNITY SERVICES Employer identification								
Part Question	is Regarding Compensation		39-104717	2				
					Yes	No		
990, Part VII, Section First-class or cha	A, line 1s. Complete Part III to provide rter travel	ny of the following to or for a person listed in F any relevant information regarding these item: Housing allowance or residence for person	s. naiuse					
Travel for compar	nions on and gross-up payments	Payments for business use of personal res	idence	'	1			
Discretionary spe		Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, cl	hef)					
or reimbursement or p	line 1a are checked, did the organizate provision of all of the expenses describ			1ь	×			
2 Did the organization re		ng or allowing expenses incurred by all		-				
directors, trustees, an	d officers, including the CEO/Executive	e Director, regarding the items checked in line				ĺ		
*********				2	.Х.			
organization's CEO/E	xecutive Director, Check all that apply.	uses to establish the compensation of the Do not check any boxes for methods used by: executive Director, but explain in Pert III.	â					
Compensation co	mmittee [X Written employment contract						
	pensation consultant	Compensation survey or study		1				
Form 990 of other	organizations	Approval by the board or compensation col	nmittee					
organization or a relat	ed organization:	Section A, line 1a, with respect to the filing						
a Receive a severance	payment or change-of-control payment ve payment from, a supplemental nonc	?		4a		Х		
c Participate in, or recei	ve payment from, an equity-based com	pensifica arrangement?		4b	Х	X		
if "Yes" to any of lines	4a-c, list the persons and provide the	applicable amounts for each item in Part III.		_4c		<u>X</u>		
5 For persons listed in F	3) and 501(c)(4) organizations must of form 990, Part VII, Section A, line 1a, d ent on the revenues of:	complete ilnes 5-8. Ild the organization pay or accrue any						
The organization?				5a		¥		
h Any related organization If "Yes" to line 5a or 5b	on? o, describe in Part III.			5b		Ŷ		
8 For persons listed in F compensation contings	orm 990, Part VII, Section A, line 1a, d ent on the net earnings of:	iid the organization pay or accrue any		6a.		v		
a The organization?				6b		X		
b Any related organization of "Yes" to line 6a or 6b	on?							
7 For persons listed in F	om 990, Pari VII, Section A, line 1a, d d in lines 5 and 6? If "Yes," describe in	id the organization provide any non-fixed						
9 YVore any amounts rep	kortad in Form 990, Part VII. palici or ac	Crued pursuant to a contract that was subject		7	-	X		
to the initial contract ex in Part III	coption described in Regulations secti	on 53,4958-4(a)(3)? If "Yes," describe				v		
a tenuant n = arm			-	-8	\dashv	X		
Regulations section 53	e organization also follow the rebuttable.	le presumption procedure described in						
	Act Notice, see the instructions for i	Form 900.	Sched	ma j fre	om RØC) 2018		
DAA								
Uniters) Electrical Division	ADOM Milyantes damen	Residents Improve Their Lives Ev				-0.4		
	Control and Control of the Control o	reservance nationals, man that the Eff	FT 1. (6) 11 (1)		age?	81		

Schedule J (Form 990) 2013 UNITED TICRANT OPPORTUNITY SERVICES 9 - 1047172 Page 1

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 in Schedule J, report compensation from the organization on row (I) and from related organizations, described in the instructions, on row (II). On not list any Individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(F-(iii) for each listed individual must equal the local emount of Form 990, Part VII.

(A) Name and Title				ether datemed	(D) Hontevable trengalit	(III) Telal planapiero IBN-H(D)	(F) Compression resisted as defens and sport Frees (30)	
		til pare	vemperself/1	(III) Other reportable somperation	empensation			
LUPE MARTINEZ	m	175,866	. 0		111,842	3,735	291,463	295,33
PRESIDENT/CEO	4/0	0	0	<u>(</u>)	()	0.000	154,423	154,84
CELESTINE KOEHN	#0	126,509	٥	9	24,95	.2,960	104,4:0	104,04
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LIMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

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Schodule J (Form ! Part III Su Provide the info for any addition	ormation, expli	metion, or descrip	T OPPORTUNITY SERVICES		6a, 6b, 7, and 8, and f	Pege 3 or Part II. Also complete this part
PART I,	LINE 4 -	SEVERANCE,	MURQUALIFIED, AND EQUI	TY-BASED PAYM	ENTS	
			SEVERANCE	NODQUALIFIED :	EQUITY-BASED	
HIPE HAR	TINES		Ó	17,500	n	
LEONARD)	MARTINES		9	5,110	0	

Schadule J (Form 950) 2013

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Part Bond Issues Phone EN (a) CUSE Major Final Proceeds Part Part Proceeds Part Part Proceeds Part Part Part Part Proceeds Part
Part I Bond Issues Bit Controller Bond
##
AREDEVELOPMENT AUTHORITY 39-118973-INCHEQUODIC (5/15/06 6,950,000 FINANCE BUILDING 7/2
A Proceeds A Proceeds A Repert limits from proceeds A Gross proceeds in reserve funds C C D A Gross proceeds in reserve funds B C C D A Gross proceeds in reserve funds B C C D A Gross proceeds in reserve funds B C C D A Gross proceeds for fissels B C C D A Gross proceeds in reserve funds C C D A Gross proceeds for fissels B C C D A Gross proceeds in reserve funds C C D A Gross proceeds for fissels B C C D A Gross proceeds
B C D Part II Proceeds 1 Amount of bonds relired 2 Amount of bonds legally defeased 3 Total proceeds of fisale 4 Gross proceeds in reserve funds 5 Capitalized historist from proceeds 8 Proceeds in refunding agravas
A 8 C P 1 Amount of bonds relired 2 Amount of bonds legally defeased 3 Tolel proceeds of issue. 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 8 Proceeds in testurding agravas
A 8 C P 1 Amount of bonds relired 2 Amount of bonds legally defeased 3 Tolel proceeds of issue. 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 8 Proceeds in testurding agravas
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3 Tojel proceeds of fissue 4 Gross proceeds in meserve funds 5 Capitalized interest from pruceeds 6 Proceeds in refunding asprovis
4 Stoss proceeds in meeting funds 5 Capitalized interest from proceeds 9 Proceeds in refunding sprows 9 Proceeds in tertunding sprows
5 Capitalized interest from proceeds 6 Proceeds in refunding espacies
8 Credit enhancement from proceeds
9 Working capital expenditures from proceeds
10 Capital capanitures from proceeds 6, 937, 279
11 Other spent proceeds
12 Cherunspenigroceeds 2007
13 Year of substantial completion Yes No Yes No Yes No Yes No Yes No
715 110 100 100
14 Were the bonds issued as part of a current refunding issue? 15 Were the bonds issued as part of an advence refunding issue?
19 West the postors sealed to begin or an adverted returning insect to the postors sealed to be an adverted returning insect to the postors sealed to be a s
10 ries site see ambitain selecute to each interest of the selection of the control of the contr
Sert III Drivete Rusiness Lise
A B C D
1 Was the organization a partner in a partner step, or a member of an LLC. Yes No Yes No Yes No Yes No Yes No
which gazed property financed by tax-exempt bonds?
2 Are there are leave strategements that may result in private business use of
bond-linenced property?

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Part ® Private Business Use (Continued)								F.35
a Are there any management or service contracts that may result in private	Yes	A No	Yes	B No	Yes	C Ma		D
business use of band-financed properly?		X	1.00		. 165	HO.	Yes	No
# F'Yes' to line 3a, does the organization reclinely engage band counsel or after suitable								
countral to review may may measure to nonness contracts relating to the Supress preparty?		1] [
Are there any research agreements that may result in private business use of								—
band-intended property?	l	[X]			1	1 1		1
H "Yea" to line 3s, done the organization southerly engage bond sourced or other								
outside equated to review any measure agreements relating to the financed property?		1			-	1		
Enter the percentage of financed property used in a pricate business use by entities	T							
Other than a section 601(c)(3) organization or a state or local government		%		16		%		
Enter the percentage of financed property used in a private business use as a						791		
result of unrelated trade or business activity carried on by your organization,	1				1			
shother section 601(c)(3) organization, or a state or local government	L	%		14		96		
Total of times 4 and 6	I	%		¥		%		
Does the bond issue meet the private security or payment test?		Ä						
this there been a rate or disposition of any of the bond-financed property to a								
nangavernmental person office then a 50 (a)(1) promission since the bonds were limited?		X .				1		
of "Yes" to line \$a, enter the percentage of bond-financed property sold or						-		
disposed of	L			w.		**		
If "Yes" to line 8s, was any remedial action taken pursuant to Regulations		1						
sections 1.141-12 and 1.145-27	L					1 1		
Has the organization established written procedures to ensure that all								
nonquelified bonds of the Issue are remodiated in accordance with the		1 1				í I	1	ĺ
requirements under Regulations sections 1,141-12 and 1,145-27 Part IV Arbitrage		<u> </u>						
index atomoste								
Hes the issuer filed Form 8038-Y, Arbitrage Rebate, Yield Reduction and		Α)
Persett in Ligu of Arbitrage Rebate?	Yes	No	Yes	No No	Yes	No	Yee	No
If "No" to line 1, did the following spok?		6						
Rebute not due vet?		1 1						
Exception to rebate?		 						
No relate due?		+ + + + + +						
If you checked "No rebate due" in line 2c, provide in Part VI the date the		X						
rebale computation was periorped								
Is the bond issue a varieble rate issue?	71							
Has the organization or the governmental issuer entered into a qualified		-						
hedge with respect to the bond issue?	Х	1 1				1		
Name of provider	US BANK	-						
Term of hedge	200,41743	10.0						
Was the hedge superintegrated?		7 7 7						
Was the hedge terminated?		 						

UM9S: Helping Over 10,000 Milwaukee County Residents Improve Table Lives Every Month

ONDERSTRANS () PERSON

Part IV Arbitrage (Continued)		A				C.		0
-	You	No.	Yes	No	Yes	No	Yes	Nα
	198	X	100					
Were gross proceeds invested in a guaranteed investment contract (GIC)?		1						1
Name of provider								
Term of GIC						T	ļ	
Wes the regulatory serie harbor for establishing the fair market value of the GAC applicated?								-
Were any gross proceeds invested beyond an available temporary period?		X						1
Has the organization established written procedures to monitor the		٠, ا	l l		1	1	l .	
necularments of section 146?		X	<u> </u>	1				
art V Procedures To Undertake Corrective Action						С		Ð
		A		В	4		Yea	No
les the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Y 9-8	100
if Sectional text requirements are timely identified and corrected through the		Į		1	1	1	I	1
okuntury closing agreement program if self-remediation is not available		1		1	1	l .	l .	
Considebases aldesines		X	l				<u> </u>	J
art VI Supplemental Information, Provide additional inform	nation for n	eeponses lo	questions o	n Scheaute	4 (206 High	ugiioii§).		
							-	
	4							
							Schol	ule K Fen

UMOS: Helping Over 10,000 Milwankee Gounty Residents Improve Their Lives Every Month

Pert VI Supplemental information. Provide additional anomalies for responses to questions on Schedule K (see instructions) (Continued)

| Pert VI Supplemental information. Provide additional anomalies for responses to questions on Schedule K (see instructions) (Continued)

UMOS: Helping Over 10,000 Milwaukee Sounty Residents Improve Their Lives Every Month

Page 87

A010 9 03/05/0050 1 36 bb

MB No. 1545-0047 Supplemental information to Form 990 or 990-EZ SCHEDULE O Complete to provide information for responses to specific questions on 2013 (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public 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 Inspection UNITED MIGRANT OPPORTUNITY SERVICES 39-1047172 FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT AIDS EDUCATIONS PROGRAMS - PROVIDE AIDS AWARENESS EDUCATION. COMMUNITY BASED PROGRAMS - PROVIDE COMMUNITY LIVING EDUCATION SERVICES HOMELESS/SHELTER/FOOD PROGRAMS - PROVIDE TEMPORARY FOOD AND SHELTER TO DISPLACED MIGRANT FARM WORKERS FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS MEMBERSHIP IN THE CORPORATION SHALL BE OPEN TO ANY PERSON WHO SUPPORTS THE PURPOSES OF UMOS AND WHO SIGNIFIES SUCH SUPPORT BY SIGNING A STATEMENT SO INDICATING. MEMBERS MAY RENEW THEIR MEMBERSHIP ANNUALLY, BY SIGNING SUCH RENEWAL STATEMENTS AND RETURN TO THBE SECRETARY WHOP SHALL KEEP THEM ON FILE. FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS ALL PERSONS WHOSE MEMEBRSHIP STATEMENTS ARE FILED PRIOR TO THE BEGINNING OF ANY CORPORATION MEETING SHALL BE ELIGIBLE TO VOTE AT SUCH MEETING ID HE/SHE IS OF LEGAL VOTING AGE, AT LEAST 18 YEARS OR OLDER. IT IS THE GOAL OF UMOS TO ENCOURAGE THE BROADEST POSSIBLE MEMBERSHIP INCLUDING BUT NOT LIMITED TO MIGRANTS, SEASONAL FARM WORKERS, EX-MIGRANTS, REPRESENTATIVES OF INDUSTRIES, BUSINESS, GROWERS, RELIGIOUS AND CIVIC ORGANIZATIONS, PUBLIC OFFICIALS AND CONCERNED INDIVIDUALS. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

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

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Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)

Page 2

39-104/172

UNITED MIGRANT OPPORTUNITY SERVICES

THE BOARD OF DIRECTORS RECEIVES A PDF COPY OF THE 990 AND THE 990-T. THEY REVIEW AND APPROVE THE 990 AND 990-T BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE BOARD IS REQUIRED ANNUALLY TO COMPLETE A CONFLICT OF INTEREST FORM.
THESE FORMS ARE REVIEWED AT THAT TIME.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL TOP MANAGEMENT OFFICIALS AND KEY PERSONNEL:

THE PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT AND KEY
PERSONNEL IS GOVERNED BY SECTION 2.2 OF THE UMOS PERSONNEL HANDBOOK AND THE
HUMAN RESOURCE PRACTICE OF OBTAINING INDEPENDENT WAGE COMPARABILITY
STUDIES.

UMOS UTILIZES A STUDY CONDUCTED BY THE AGENCY EXECUTIVES GROUP (MRA), THE NON PROFIT CENTER OF MILWAUKEE AND INDEPENDENCE FIRST. THE CLASSIFICATION OF POSITIONS TAKES INTO CONSIDERATION, AMONG OTHER THINGS, JOB DUTIES, QUALIFICATIONS, REQUIRED EDUCATION AND EXPERIENCE AND POSITION RESPONSIBILITIES. THIS STUDY CATEGORIZES JOB POSITIONS BY TITLE AND PROVIDES COMPARABLE WAGE RATES FOR THE GEOGRAPHIC AREA WHERE IT OPERATES. THE STUDY ENCOMPASSES ALL UMOS POSITIONS INCLUDING ADMINISTRATIVE, EXECUTIVE, MANAGEMENT AND OPERATIONAL PERSONNEL. UMOS UTILIZES THIS DATA TO ADJUST ITS DASE PAY SCALE TO CONFORM TO ANY CHANGES IN THE MARKET. ADDITIONALLY, THIS STUDY IS UTILIZED TO COMPLY WITH THE REQUIREMENTS OF FEDERAL AND STATE CONTRACTS THAT MANDATE THAT UMOS' SALARLES BE CONSISTENT WITH SIMILARLY SITUATED NON-PROFIT RATES.

THIS STUDY IS INDEPENDENT, OBJECTIVE AND CONDUCTED IN AN ARM'S LENGTH MANNER. THE HUMAN RESOURCE DEPARTMENT WORKS IN CONJUNCTION WITH THE

Schedulé D (Form 980 or 990-EZ) (2013)

DAA

UMDS: Holping Over 10,000 Milwankee County Residents Improve Their Lives Every Month

Schedule O (Form 990 or 990-EZ) (2013)

Page 2
Employer identification number

UNITED MIGRANT OPPORTUNITY SERVICES

39-104/172

PERSONNEL COMMITTEE OF THE UMOS BOARD IN UPDATING THE UMOS WAGE SCALE AND CORRESPONDING SALARIES.

THE PRESIDENT/CEO

THE POSITION OF THE PRESIDENT/CEO IS SIMILARLY GOVERNED BY THE ABOVE.

MENTIONED POLICY; HOWEVER, THE POSITION IS SUBJECT TO ADDITIONAL REVIEW AND SCRUTINY BY THE EXECUTIVE COMMITTEE OF THE UMOS BOARD, THE EXECUTIVE COMMITTEE ANNUALLY REVIEWS THE SALARY AND FRINGE DENEFIT STRUCTURE OF THE PRESIDENT/CEO POSITION. THIS PROCESS IS DONE IN CONJUNCTION WITH THE ANNUAL PERFORMANCE EVALUATION OF THE PRESENT/CEO. ANY ADJUSTMENTS ARE ALSO REQUIRED TO BE APPROVED BY THE EXECUTIVE COMMITTEE AND SUBSEQUENTLY REFERRED TO THE FULL BOARD OF DIRECTORS FOR RATIFICATION AND CONCURRENCE. SECTION 2.2 OF THE UMOS PERSONNEL HANDBOOK ALSO PROVIDES PROVISIONS FOR ANNUAL MERIT INCREASES, SALARY ADJUSTMENTS FOR ADDITIONALLY ASSIGNED DUTTES AND ANNUAL COSTS OF LIVING ADJUSTMENTS.

FOR THE POSITION OF PRESIDENT/CEO A MERIT INCREASED SALARY ADJUSTMENT OR COLA COST OF LIVING ADJUSTMENT REQUIRES THE APPROVAL OF THE FULL UMOS BOARD OF DIRECTORS. THE POLICY CALLS FOR THE VICE PRESIDENT OF OPERATIONS TO REVIEW AND APPROVE ANY SUCH ADJUSTMENTS FOR ANY OTHER UMOS STAFF. PRIOR TO APPROVAL THE ADJUSTMENTS PROPOSED FOR ANY POSITION ARE REVIEWED AND SCREENED BY THE HUMAN RESOURCE DEPARTMENT FOR APPROPRIATENESS.

THE HUMAN RESOURCE DEPARTMENT AND THE CHIEF FINANCIAL OFFICER ARE CHARGED WITH REVIEWING THE SALARIES OF THE EXECUTIVE DIRECTOR AND OTHER EXECUTIVES FOR SPECIAL REQUIREMENTS OR LIMITATIONS SET FORTH IN ANY OF THE UMOS GOVERNMENTAL CONTRACTS. AN EXAMPLE OF SUCH A LIMITATION IS THE LIMITS ON SALARIES IMPOSED BY THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES. UNDER THE UMOS HEAD START CONTRACT THE SALARY OF THE TOP LEVEL POSITIONS MAY NOT EXCEED THE AMOUNT THAT IS ANNUALLY DETERMINED BY DIMES, THE CHIEF FINANCIAL

Schedule O (Form 990 or 990-EZ) (2013)

D/VA

DMIOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Schedule O (Form 990 or 990-EZ) (2013)

Number of the Organization

UNITED MIGRANT OPPORTUNITY SERVICES

UNITED MIGRANT OPPORTUNITY SERVICES

39-1047172

OFFICER AND THE HUMAN RESOURCE DEPARTMENT MONITOR THESE SALARIES THROUGHOUT

THE FISCAL YEAR.

LASTLY, ANY ACTIONS AND DELIBERATIONS TAKEN BY THE UMOS BOARD OF DIRECTORS

LASTLY, ANY ACTIONS AND DELIBERATIONS TAKEN BY THE UMOS BOARD OF DIRECTORS, THE EXECUTIVE COMMITTEE AND THE PERSONNEL COMMITTEE ARE DOCUMENTED FULLY.
AND COMPLETELY BY THE MINUTES OF THESE MEETINGS AND ARE MAINTAINED IN THE CORPORATE OFFICE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS SEE NOTES IN SECTION REGARDING THE CEO COMPENSATION

FORM 990, PART VI, LINE 19 - GOVERNING COCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCS AND CONFLICT OF INTEREST POLICIES ARE NOT DISCLOSED. THE FINANCIAL STATEMENTS ARE ON THE WEBSITE.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER BOOK / TAX DEPRECIATION DIFFERENCE \$

1

DAN

3chedule O (Form 190 or 910-12) (2013)

UMOS: Helping Over 10,000 Milwankee County Residents Improve Their Lives Every Month

9505 02-25-713 135 FM

SCHEDULE R (Form 950)	▶ Information about Schedu	n answered "Yes" (to Form 990. ule R (Form 950) an	on Form 990, Part I Fee asperate in	V, ilno 33, 34, 35b, etructions.	38, or 37.		2013 Open to Public Inspection
Knos of the erganistic t	UNITED MIGRANT OPPOPTUNITY SERVIC					39-104	
Part 1 Identific	ation of Disregarded Entitles Complete if the					[e)	m
i Jagsa,	(e) address and Bin interpolation in distribution and the	[b] Fritt By Achely	je) 1.egg domičilo pritorija car	HIST MELLIN	alforite	Englos-year result	District control of control
MILWAUKEE	ESCURCES LIC CHASE AVENUE 75-1553063 WI 53207	WORKFORCE	E WI		-49	32,031	U40S
(2)							
(3)							
(4)							
(5)							i too
Part II Identifi	cation of Related Tax-Exempt Organization more related tax-exempt organizations during t	s Complete if the the tax year.	organization at	nswered "Yes" (on Form 990	, Part IV, line 34	Decause II nad
	(११) १९२०म् , वर्षतान्त्रत, and स्थित है। १९७१२च वर्षात्रक स्थान	Progracy writely	(e) Legal derrote (date or folegal examiny)	French Code sesson	Public shard; str (if section 601)	du Bitectsonicollo	
(9)							
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(6)							
	t . B 4 Madley and the free modile on for Early 000					Sche	dule R (Form 990) 2013

UMOS: Helping Over 10,000 Milwankee County Residents Improve Their Lives Every Month

Schedule R	(Form 990) 2013 UNITED MIGRANT OPPORTUNITY SERVICES?9-104	7172				Pr	200,3
Part V	Transactions With Related Organizations Complete if the organizations	ation enewered "Yes" o	n Form 990, Parl IV	line 34, 35b, or 36.			
Note. Cor	nptete line 1 ff any entity is fisted in Parts It, Itt, or IV of this schedule.					Yes	No
e Recol	g the tax year, did the organization engage in any of the following immactions with one or pt of (i) interest (ii) annutites (III) royalbes or (iv) rant from a controlled entity	more related organizations	listed in Parts 11-17?		i		
h Gill o	rant, or capital contribution to helated organization(s)				1a	\Box	
	rant, or capital contribution from reinted organization(s)				1b		
	or lown guimentees to or its related organization(s)				10	-	
e Lonna	or loan guarantees by related organization(s)				1d 1e		
f Dhilde	nds from mileted organization(s)				11		
g Sale o	(s)militaring of atases of				10	\dashv	
	ese of assets from related organization(a)				10		
	hige of assets with related organization(s)				11		
) Lease	of facilities, equipment, or other essets to related organization(s)				ii		
k Leese	of facilities, equipment, or other assets from related organization(s)				116		
I Pertor	manca of services or memberahip or fundrabiling solicitations for related organization(s)				11		
ns Perior	mance of services or membership or fundraising solicitations by related organization(s)				1m		
n anann	g of facilities, equipment, mailing tists, or other assets with related organization(s)				1n		
o summi	g of paid amployees with related organization(s)				10	-	
p Politico	ursement pold to related organization(s) for expenses				1p		
q Relinb	ursement paid by related organization (s) for expenses				10		_
r Ottor	transfer of cash or properly to related organization(s)				\Box	П	
# Other	tensier of cash or properly from related organization(s)				3t.		
2 If the r	mower to any of the above is "Yes," see the instructions for inflametion on who must com	niale date line instruction servi	read as a Carambian and the	and the state of t	38		
	(b)	PIDIO THE MINE, INCIDENTED DOWN	(c)				_
,	Mitto of tailAnd of sour vive.	Transaction fusic lices i	Schedig British	ित्रके । ये दो दोक्य राज्यक्षीताः स्वयत्त्व	init in Alfr	salt.	
_(1)							
(2)						_	
(3)							
(4)					_		
(5)						_	—
(8)				·			—
[6]			L				
1.04				Schedule R	(Form	250)	2013

UMOS. Holping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

(chia

Part VI	Unrelated Organizations Taxable as	a Partnership	Com	plate If the c	rgan	zetio	, perewane u	Yes" on Form	1 990,	Part	V, ane 37.			
rovide the l	olowing information for each entity taxed as a part	inership through w	hich the	organization o	onduc	led mo	re then five per	ocnt of its activitie	85 (FVB)	isured !	by icial wasets			
r gross revi	mue) ইপৰা was not a related organization. See Insti (a) সংস্থান, নাঞ্চলত, চোএইসং ল'বগানু	(h) Palmery activity	(e) Legal domicile blete er Breign	(d) Presioninam monimi (relized, unjudajad, empirad ir mata under	1465349 249 2015	i) partiners ton	(F) Share of loted type you	fill Served endergeer greet	Den si alika	po sadonali sten. ?	\$1 Code V—081 amount in the 39 of Changle \$61 (From 1985)	(Sene (Sene	ne-a loc-a	(R) Perentag Sarters
			intagh!	564 KM 513-514)	Yes	No		-	Yes	No		Yes	No	-
(1)														
(2)									T			Π		
(3)	<u> </u>								+	П		1		
(4)		<u> </u>	-						\dagger			1	Г	
(5)									+			T	\vdash	\vdash
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11)			-	1	╁	\vdash			+	+		+	+	-

UMOS: Helping Over 40,000 Milwaukee County Residents Improve Their Lives Every Month

art VII Supplemental Information Provide additional information for responses to que	TTY SERVICES 9~1047172 Page: pstions on Schedule R (see instructions).
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	Schedule R (Form 990) 2013

		ı	Exempt Organization Busin	ess l	ncome Tax Re	turn	Oh	AB No. 1545-9687
Form	990-T	For cul	(and proxy tax under ender year 2013 or other tax year beginning) 7 / 01	sectio	ก 6933(e))		,	2013
		1	Sec separate in	struction	15.			
Departin	nent of the Treisury Revenue Service	Don ●	Information about Form 990-T and its instruction enter SSN numbers on this form as it may be	ons is a made p	vailable at www.lre.gov ublic if your organization	form990t. on is a 501(c)(3).		Public Inspection for 3) Organizations Only
A	Check box if address changed		Name of grounization [Check box if name char	ged and s	ee instructions)	D Employees' Iru		
В Бх	empt under section	1	UNITED MIGRANT OPPORT	LIND	Y SERVICES	Embrokees in	81, \$550 PR	rictronus i
X	5011 C)(_3)	Print	UMOS			39-10	171	73
	408(e) 220(e)	Ł.,	Number, street, and room or stalle no. If a P O, box, see instr	uglions.		E Unrelated but		
_	408A 530(e)	Туре	2701 S CHASE AVE			(See instructio		inerty codes
<u>L</u>	529(a)	1	City or town, state or province, country, and ZIP or foreign MT.I.WAUKEE.		53207	53112	n I	531120
	ook value of all assets	<u> </u>	roup exemption number (See Instructions.)		55201			
at	end of year	F 9	heck organization type X 501(c) corp	pretion	501(c) trust	401(a) trus		Other trust
и г	17, 134, 030	flon's pri	mary unrelated business activity.		, , , , , , , , , , , , , , , , , , , ,			
- b	PENT OUT	PORT	TONS OF THE BUILDING					
T D	uring the fey year W	as the c	omoration a subsidiary in an affiliated group o	га раге	nt-subsidiary controlle	d group?	Þ	Yes X No
İf	"Yes," enter the nam	ne and id	entifying number of the parent corporation.	·				
	he books are in care	of ▶]	DANIEL VIDAS				41	<u>4-389-6000</u>
Pa	rt i Unrelate	ed Trai	de or Business Income		(A) Income	(В) Ехрепсов	-	(C) Net
1a	Gross receipts or se	les		١.			- 1	
b	Less returns and all			- 14			-+-	
2	Cost of goods sold (2			-	
3			from line 1c	3			-	
4a	Capital gain net inco	ome (atta	sch Form 8949 and Schedule D)	4a				
b			Part II, line 17) (attach Form 4797)	4b			-	
¢	Capital loss deducti			4c			-	
5			corporations (attach statement)	5			-	
6			and againg propagation of a contract of the co	7	485,333	464,	061	21,272
7	Unrelated debt-final			8	400,000	1011	201	22/2.0
8			rents from controlled organizations (Schedule F)	8				
9			501 (c)(7), (9), or (17) organization (Schedule G)	10				
10			come (Schedule I)	11			_	
11	Advertising Income			12			_	
12			ons; attach schedule.)	14	485,333	464,	061	21,272
13	Total. Combine line art II Deduct	es 3 mro	ot Takan Eleguhara (See instructio	ne for	limitations on ded	uctions.) (Ex	cept f	or contributions,
	deduction deduction	ons mu	ugh 12 ot Taken Elsewhere (See Instruction ist be directly connected with the uni	elated	business income	3	44.1	
14			irectors, and trustees (Schedule K)			-	15	
15	Salaries and wages						16	·
16							17	
17							18	
16						-	19	
19	Taxes and licenses						20	
20		•	structions for limitation rules.)		21		20	
21	Depreciation (attac	h Form	4562)		220		22b	0
22	Less depreciation of	demist	on Schedule A and elsewhere on return		220		23	
23	Depletion		en en en en en en en en en en en en en e		.,		24	
24			empensation plans			11 11 111	25	
25	Employee benefit p	rogram				• • • •	26	
26	Excess exempt ex			*** * *			27	
27			chedule J)				28	
28	Other deductions (*** ** * *** ** **		29	
28	Total deductions.	Add line	es 14 inrough 28 income before net operating loss deduction.	Sulphon	t line 20 from line 12		30	21,272
30				AHANGI	A INTO AO II OTTI INTO TO		31	21,272
31	Net operating loss	aeauctic	on (limited to the amount on line 30)	no 21 6	rm line 30	******	32	
32	Unrelated business	S TRIXADIE	income before specific deduction. Subtract II	CONTINUE CONTINUE	All illie on Time in		33	1,000
33	Specific deduction	(Genera	ally \$1,000, but see line 33 instructions for exc ole income. Subtract line 33 from line 32. If lin	obinoup	greater than line 30		1	
34				16 33 15	Protect months of		34	0
_	enter the smaller of	TZero of	IIII 52			· · · · · · · · · · · · · · · · · · ·		Form 990-T (2013
DAA	For Paperwork R	eductioi	n Act Notice, see instructions.					

UMOS: Helping Over 10,000 Milwankee County Residents Improve Their Lives Every Month

Forn	1890-T (2013) UNITED MI	IGRANT OP	PORTUM	ITY SERVI	CES39-104	7172		F	ege 2
35	Organizations Taxable as Corp			4					
	members (sections 1561 and 156	orations. See ins	Tuctions for	tex computation. C	Controlled group				
	Enter your share of the \$50,000,	SOE OOD and CO	266 IUSE	ructions and:					
-	(1) \$ (2)	aza,uuu, and aa,a e			ts (in that order):		1		
			(3) [5		┙,				
	Enter organization's share of: (1)				<u>\$</u> .		1		
	(2) Additional 3% tax (not more to	1en \$100,000)			\$		1 1		
36	Income tax on the amount on line	34			**** * ****** * *		35c		
30	LINOS INVENTOR OF LITTLE LEEDS		TIZIX COMOL	DREOD INCOME 1814	On .				
37	the amount on line 34 from:	Tax rate schedul	le or	Schedule D (Form	1041), , , ,	🕨	38		
	Proxy tax. See instructions					>	27		
38	Alternative minimum tax						38		
39	Total, Add lines 37 and 38 to line	35c of 36, whiche	ver applies				39		
	rt IV Tax and Payment	3							
40a		dach Form 1118; t	rusts atlach	Form 1116)	40a				
ь	Other credits (see instructions)				40b		1		
c	General business credit. Attach F	orm 3800 (see ins	tructions)		40c		1		
d	Credit for prior year minimum tax	(attach Form 8801	or 8827)		40d		1		
	Total credits. Add lines 40s throu	igh 40d					40e		
41	Subtract line 40e from line 39						41		
42	Chack if from Form 4255 Form	m 9811 Form 26	87 From	State Other (atl.	sch.)		42		
43	Total tax. Add lines 41 and 42			_ `			43		
44a	Payments: A 2012 overpayment of	redited to 2013			44a	• • • •	-		
В	2013 estimated tax payments				44b		1		
C	rax deposited with Form 8868				44c		1		
	i areiðir arðarlinginnig: 16% halfi þi	Manabera et sonic	e (see instru	ictions)	44d				
	Backup withholding (see instruction	ons)			440				
f	Credit for small employer health in	surance premium	s (Atlach Fo	m 8941)	441		1 1		
9	Other credits and payments:	Form 2439	- (771		1 1		
	Form 4136			Total	Ado.				
45	Total payments. Add lines 44s th	rough 44a		10001	4481		4		
48	Estimated tax penalty (see instruct	tions). Check if Fo	m 2220 is s	Machael		150	45		
47	Tax due. If line 45 is less than the	total of lines 43 a	nd 46 enter	macried		P U	46		
48	Overpayment. If line 45 is larger t	han the total of En	ne 43 and 44	R anior smooth	manufal		47		
49	Enter the emount of line 48 you went: C	radited in 2014 ook	tental ter in	o, enter amount ov		Name of the	48		
Pa	rt V Statements Regard	fing Certain 4	ctivities	and Other Info	rmation /ore	Refunded -	40		
1	At any time during the 2013 calend	far year did the o	monimules b	min office life	ATTRIBUTOR (SEE	instructions)			_
	or other authority over a financial e	iccount (bank sec	striffes or of	her) in a foreign of	or a signature			Yes	No
	If YES, the organization may have	to tile Form TD F	00.22 1 De	hart of Comies Do	zunuyr Mand			1	
	Financial Accounts. If YES, enter t	the name of the for	mian countr	there is	nk and			1	
2	During the tax year, did the organi:	ration receive a di	etribution for	reside		ing right			X
_	If YES, see instructions for other fo	ranon racare a de	Salindinoli ild	au'r ca mars ir ahie di.	antorot, or trans	teror to, a torel	gn trust?		X
3	Enter the amount of tax-exempt int	rino eic olgalezas Ionad recelvad ar	iori may nav	e io ije.					
Sch	dule A - Cost of Goods S	old Enter mod	bod of lea	ING THE MIX YEAR PS					
1.	Inventory at beginning of year	1							
	Purchases		!	Inventory at en	d of year		6		
-	Cost of labor	3		Cost of goods	eold. Subtract ii	ne 6 from			
4a .	Additionel sec 283A				re and in Part I, I		7		
ь	posts (attach schodule)	4a	—— °	Do the rules of	section 263A (wi	th respect to		Yes	No
	etiach schedule)	4b			ced or acquired f	or resale) apply	1		
-0	Total. Add lines 1 through 4b .	5		to the organizar	tion?				
8lgr	Under penalties of perjury, I declare that I had correct, and complete. Declaration of prepar	er (other than impayer) i	mencang accomp	ranging scheduses and sie antitalion of which precare	Hemenis, and to the bes Phesenik repulation	al of my knowledge ar			
Her					The say providence.		Mey	the IRS discuss it the properer show instructions)?	is retur
ner			P PR	ESIDENT/C	EO		(305	instructions)?	TUGDE
	Signature of officer	Data	Tille		74 - Lee Land 199		i	X Aes	itio
85	Print/Type preparer's name		Preparer's sign	neture		Date	Chack (f	PTIN	
Pald	TERRI A. SCHMIDT		TERRI A.			02/06/15	self-employed	200037140	3
	IFEF Film's name > ANDREA			LP		Firm's	EN D 3	9-1648	207
Use C			TE 200						407
-	Firm's address	IA. WI 5:	3142-4	018		Phone	ng. 2.62	2-657-7	716
								om 990-1	
DAA							,		
UN	Os: Halping Over 10,000	Milwanker (जिल्ला है।	estidents imar	organitation	las Evenu tul	onthi	Dod	97
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			<u> </u>							
	A = 1-1									
		eived or acons		al and personal property (ui ehen	-	Sie	Doductions discoil	ly connoct	od with the (seemo
(a) From personal property (if the s for personal property is more than more than 50%)			ate agajnavu	ent for personal property out is based on profit or t	аксан ці			en columns 2(a) er		
	<u> </u>									
<u> </u>		1 7 7 1					****	م برواند براد داد د		
atel .		Total				\neg	(b) Tota	al deductions. Fre and on page	4.	
) Total income. Add totals of are and on page 1, Part I, line	columns 2(a) an	d 2(b). Em	er	b -				ne 6, column (B)		
chedule E - Unrelated	Beht-Financ	ed Inco	me (see	instructions)						
CHEUNIE E - OHIERICO	DEDIT HAIT						S. Doduc	tions deputly corn		
d Warrant on Admitted		- 1		Grass ironma from 14 Grass ironma from 14	L	STM	rr 1	dant-juisithe		STMT 2
f. Description of selft i	наисто Бифату			property			haight tas (aliach ach	depresiation edule i		Other destrictions altoth schedulo)
CEC RENTAL P	ROPERTY			311,	110			18,959		135,166
	ROPERTY			83.				44,152	-	98,294
	ROPERTY			114.				31,956 50,513		78,079 94,021
/	ROPERTY			136,	<u>719</u>			50.513		
 Amount of average acqueillen debt en er attouable to diebt-interiord 	5. Average ádjeti ei nr přecati debi-irranived p datach entwe	noperty maperty		ම්, Guistrin A tay-ded by හාමානත ව			mconi azor YS amulo	n reportable Misimo 8)		3(4) and 3(h)) In 6 s lolal of extreme Cocade desired
properly (attach schadule)		1,811		50.	329		7	56.239		77,402
7757 5514	81			92.	7.34			77,776		132.090
E40 000	50			100.	00%		1	14,599		110,035
) 513,222) 513,322	50			100.	00%			36,719		144,534
SEE STATEMENT 3	see state	dent 4				Enter Part I	, line 7	d on page 1, column (A).	Enter Part I.	here and on page 1, tine 7, column (8).
'otala					- 10 €			85.333		464.061
المعالم المعملات بمناسب المارينا والمارين	luctions include	d in colum	n.8 ,,, ,,				10.00			
Schedulé F – Interest, J	Annuities, Ro	yalties,	and Re	nts From Con	rolle	d Org	antzat	ions (see in	Strictic	ins)
1, Herne of controlled		a. Employ	yor	Exempt Controllia a. Not unpolissed income	T	Janizai Totololes		5. Part of colorer		B. Doductions directly
organization		locan beaution	Ikeninei	(souttane matricipus)		HAMBIST I	nozitle	probabled in this o		corporated with interne in column 5
					₩			Olden services to A	i day in it	1,144
11 N/A					+					
2)					1					
1)			-		+					
(1) Nonexempt Controlled Org	- Protlone									
7, Taxable Income	aris Euglosia	6, N#I unre) (1057) (1004)	elied income reginations)	\$. Total of speci paymings man		307	oluded in th	Sing D that is e controlling Green webstire		I. Deductions directly mocted with income in column 10
		·		 		1		- :		
11				-		—				
2)										
4)										
41						l 6	terfvere at	o S and 10. Id on page 1. Echimo (4)	1 Ed	nd columns Cand (1 ler here and on page 1 let I, and 6, column (8).
Totals		· · · · · · · · · · · · · · · · · · ·		<u>,</u>		·]				Form 990-T (201

UMOS UNITED MIGRANT	OPPORTUNITY SERVICES
39-1047172	Federal Statements

2/6/2015 1:34 PM

FYE: 6/30/2014

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

Description	Deduction
CEC RENTAL PROPERTY	
	18,959
TEPAR.	18, 959
DOT RENTAL PROPERTY	
	44,152
TOTAL	44,152
SUC RENTAL PROPERTY	<u>-</u>
DEPRECIATION	31, 456
TOTAL	31,956
DVR RENTAL PROPERTY	
DEPRECIATION	50,513
TOTAL	50, 513

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

Description	Deduction
EC RENTAL PROPERTY	
INTEREST	B, 844
Insurance	1.746
REPAIRS	400
TAXES	28, 184
UTILITIES	62, 510
DCCUPANCY	25, 036
PURCHASED SERVICES	770
ADMIN	
	7, 576
PPAI,	135, 168
T RENTAL PROPERTY	-
INTEREST	44,151
INSURANCE	
TAXES	4,647
UTILITIES	1,774
SALARIES	11,924
BENEFITS	8,754
INFO TECH-DIRECT	3,500
OCCUPANCY	6
PURCHASED SVCS	12,504
NIMIN	347
	.5,347
PREPAID AMORT EXPENSE	1 , th6
BUILDOUT RECOVERY	3,065
TAI.	98, 094
RENTAL PROPERTY	
INTEREST	
INSURANCE	29,948
TAXES	2,722
(MATA)	13,508

1-2

UMOS. Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

UMOS UNITED MIGRANT OPPORTUNITY SERVICES
39-1047172 Federal Statements

2/6/2015 1:34 PM

FYE: 6/30/2014

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

Description	_0	eduction
UTILITIES	\$	12,164 13,456
OCCUPANCY		240
PURCHASED SVCS ADMIN		4, 46
PREPAID AMORT EXPENSE		1,715
TCTAL		78,079
DVR RENTAL PROPERTY		
INTEREST		29,948
INSURANCE		6,263
TAXES		13,588
UTILITIES		7,758
SALARIES		3,101
BENEFITS INFO TECH-DIRECT		1,811
OCCUPANCY		13,456
ADM1N		5,143
PREPAID EXPENSE AMORTIZATION		1,715
TOTAL	-	94,021

2

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

UMOS UNITED MIGRANT OF	PPORTUNITY SERVICES
39-1047172	Federal Statements
FYE: 6/30/2014	

2/6/2015 1:34 PM

Statement 3 - Form 990-T. Schedule E. Column 4 - Average Acquisition Del	Statement 3	- Form 990-T.	Schedule E	. Column 4 .	Average	Acquisition	Dabi
--	-------------	---------------	------------	--------------	---------	-------------	------

Description	Deduction
CEC RENTAL PROPERTY SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD AVERAGE ACQUISITION DEBT	1,818,755 12 151,563
DOT RENTAL PROPERTY SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD AVERAGE ACQUISITION DEBT	9, 08 0 , 203 12 756, 684
SDC RENTAL PROPERTY SUM OF DEST OUTSTANDING AT FIRST OF SACH MONTH DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD AVERAGE ACQUISITION DEBT	6,158,658 1/ 513,222
DVR RENTAL PROPERTY SUM OF DEET OUTSTANDING AT FIRST OF EACH MONTH DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD AVERAGE ACQUISITION DEET	6,158,658 12 513,202

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	311,290 2 92, 331
DIVIDED BY 2	603,623
AVERAGE ADJUSTED BASIS	301,611
DOT RENTAL PROPERTY	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	838,047 793,895
We the Delivery descriptions. Which is the	1,631,942
DIVIDED BY S	2
AVERAGE ADJUSTED BASIS	815,971
SDC RENTAL PROPERTY	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	515,089
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	487,970
DIVIDED BY 2	1,003,059
AVERAGE ADJUSTED BASIS	501, 530
DVR RENTAL PROPERTY	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	515,089 487,970

3-4

UMOS, Helping Over 10,000 Milwaukes County Residents Improve Their Lives Every Month

2/6/2015 1:34 PM UMOS UNITED MIGRANT OPPORTUNITY SERVICES **Federal Statements** 39-1047172 FYE: 6/30/2014 Statement 4 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis (continued) Deduction Description 1,003,059 DIVIDED BY 2 501,530 AVERAGE ADMISSED MASSES

UMOS. Helping Over 10,000 Milwaukes County Residents Improve Trieff Lives Every Month

Page 102

4

Form 990-T		perating Loss			1 2013
Name	For calendar year 2013,	or tax year beginning O	7/01/13 .and	lng 06/30/14	1 -7.7
	ANT OPPORTUNE	TY SERVICES		Employe 39-1	r Identification Number 047172
		Prior Year		Current Year	Next Year
Preceding Texeble Year	Adj. To NOL Inc/(Loss) After Adj	NOL Utilized (Income Offeet)	Carryovers to Current Year	Income Offset By NOL Carryback / Carryover Utilized	Carryover
18th 06/30/98					
18th 06/30/99					
14th 06/30/00					
18m 06/30/01					
120 06/30/02					
184 06/30/03					
10tm 06/30/04					
am 06/30/05					
sah 06/30/06					
7th 06/30/07					
⇔ <u>06/30/08</u>					
sa 06/30/09					
4m 06/30/10	-28,610	13,749	14.861	14,861	
seg 06/30/11	-21,638		21,638	6,411	15,227
2nd 06/30/12	-48		48		48
na 06/30/13	13,749	-13,749			
NOL carryover available	to current year		36,547		
Current year	21.272			21,272	0
NOL carryover available	to next year				
					15.275

UM05: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month Page 103

Form 990	1		arison Report		2012 & <mark>2</mark> 013
	For calendar year 2013, or tax year beginn	iling O	1/01/13 , end		
eme				Taxpayer	Identification Number
UNITED MIC	FRANT OPPORTUNITY SERVIC	ES		20.16	47172
UMOS					Differences
		-	2012	2013 77,714	-339,83
1. Contributions,		1.	417,548	11.114	-339,03
	lues and assessments	2.	00 000 014	21,807,555	-551,65
3. Government of	contributions and grants	3.	22.359.214	739,343	45.82
4. Program serv		4.	693,518	739,343	10,02
5. Investment in		5.			
8. Proceeds from	n tax exempt bonds	6.			
	oss) from sale of assets other than inventory	7.			
	r (loss) from fundralsing events	8.			
	r (loss) from gaming	9.			
	oss) on sales of inventory	10.	362,318	95,162	-267,15
11. Other revenu		11.	23,832,598	22,719,774	-1.112.82
	e. Add lines 1 through 11	12.	7.3, 0.37., 3.30	Z.Z. p. 1. A. D. p. 1. 1.31	3 1 1 1 2 1 4 2
	miler amounts paid	13.			
14. Benefits paid	to or for members	14.	179.700	179,699	
15. Compensatio	n of officers, directors, trustees, etc.	-	16,007,267	13.755.755	-2.251.51
	er compensation, and employee benefits	16.	10.007,207		2,201,03
17. Professional		4		41.891	41.89
, hr. Other profess		18.		711071	
	rent, utilities, and maintenance	20.			
20. Depredation		21.	7,818,236	7,604,217	-214,01
21. Other expens		22.	24,005,203	21,581,562	-2.423.64
22. Total expens	ses. Add lines 13 through 21	23.	-172,605	1.138.212	1.310.81
	Deficit). Subtract line 22 from line 12	24.	23, 832, 598	22,719,774	-1.112.83
24, Total exempt		25.	84.723	95, 162	10.43
25. Total unrelat		28.	23.747.875	22,624,612	-1.123.26
26. Total excluding 27. Total assets 28. Total liabilities 29. Retained ear	aple Leveure	27.	16,244,729	17.134.890	890.10
27. Total assets		28.	9,048,807	8,800,755	-248,03
28. Total liabilitie		29.	7,195,922	8,334,135	1,138,2
29. Retained ear		30.	17	17	
	oting members of governing body	31.	17	17	
- low months of a	dependent voting members of governing body	32.	836	753	
32, Number of e 33. Number of v		33.	1132	965	

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Trieir Lives Every Month

Form			ison Report	1.2	2012 & 2013
	For calendar year 2013, or tax year begin	ining 07	/01/13 ,ending	06/30/14	
ame	DEUX AAAZMA ALIM ZAMAMAMAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA			Taxpayer	Identification Numbe
UMO	TED MIGRANT OPPORTUNITY SERVI	CES			
OPIC	NR				47172
			2012	2013	Differencee
	Gross profitioss on business activities Capital gains/losses	1.			
		2.			
	ncome/loss from partnerships and S corporations Rental Income (net of expense)	3.			
	Intelated debt-financed income (net of expense)	4.	10 710	74 774	
6. h	nterest, and other income from controlled organizations (net of expens	5.	13,749	21.272	7,52
7. 6	rwestment income of specific organizations (net of expense)				
8. 6	Exploited exempt activity income (net of expense)	7.			
8. A	Advertising income (net of expense)	8.			
	Other income	10.			
	Total trade or business income. Combine lines 1 through 10	11.	13.749	01 070	2 5 6
12 C	Compensation of officers, directors, and trustees	12	13,199	21.272	7,52
	Other salaries and wages	13.			
	Repairs and maintenance	14.			
	Sad debts	15.			
16. In	nterest	16.			
17. T	axes and licenses	17.			
	Charitable contributions	18.			
19, D	Sepreciation and Dapleton	19.			
20. C	contributions to deferred compensation plans	20.			
21. E	mployee benefit programs	21.			
22.0	Other deductions	22.			
23. To	otal deductions. Add lines 12 through 22	23.			
24. TI	exable income before NOL. Subtract line 23 from 11	24.	13,749	21,272	7.52
	let operating toss deduction	25.	13,749	21, 272	7,32
28. 5	pecific deduction	26.	1,000	1,000	1,32
27. U	nrelated business texable income.	27.	-1,000	-1,000	
28. In	come tax (corporate or trust)	28.	***************************************	2,000	
29. P	roxy tax	29.			
30. A	Itemative minimum tax	30.			
31. Te	otal taxes	31.			
	ther credits	32.			
33. G	eneral business credit	33.			
34. C	redit for prior year minimum tax	34.			
35. To	otal credits	35.			
36. N	el tax after credits	36.			
	écapture taxes	37.			
	otal Taxes	38.			
39. Pr	rior year overpayment and estimated tax payments	39.			
10. Pt	syment made with extension	40.			
11. Ba	ackup withholding and foreign withholding	41.			
12.0	ther payments	42.			
43, To	otal payments	43.			
	alance due/(Overpayment)	44,			
	verpayment applied to next year	45.			
	enalties	46.			
67. To	otal due/(Refund)	47.			

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

orm 990	Tax Return History					
united Mige	RANT OPPORT	NITY SERVICE	3		Employer 39-1	dentification Num
1,0 2-2-2-2	2009	2010	2011	2012	2013	2014
Contributions, giffs, grants				22,776,762	21.885,269	
(embership dues				200 540	739,343	
rogram service revenue				693,518	125,245	
apital gain or loss						
vestment income						
undreising reverse (income/loss)						
Geming revenue (income/loss)				362,318	95,162	
Other revenue				23,632,590	22,719,774	
otal revenue						
stants and summi sumounts para tenefits paid to or for members						
Compensation of officers, etc.		· · · · · · · · · · · · · · · · · · ·		179,700	179,699	
Other compensation				16.505,319	13,755,755	
rofessional fees					41,591	
Docupancy costs						
Depreciation and deptation				7,818,236	7,604,217	
Other expenses				24,503,255	21,581,562	
Total expenses				-670,657	1.130.212	
Excess or (Delicit)				-070,002		
				23,832,598	22,719,774	
Total exempt reversue Total correlated reversus				84,723	95,162	
Total excludable revenue				23,747,075	22,624,612	
Total Assets				16.244.729	17,134,890	
Total Lisbiffles				9,048,807	8,800,755	
Net Fund Balances				7,195,922	8,334,135	

IIMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

\$115 of \$4 \$115

Form 990T		1	lax Return Histor	У		2013
UNITED MIGH UMOS	rant opportuj	NITY SERVICES				er identification filimi 1047172
	2000	2010	2011	2012	2013	2014
Business activity profittoss						
Cepitel gains/losses Pariner and S Corp gain/loss						
Rental Income*						
Debt-frienced income*				45.71		
Controlled organizations Insumsfatured				13,749	21.072	
investment income, specific organizations*						
Exploited exempt activity income*						
Other Income		-				
Total trade or business income.				13,749	21,272	· · · · · · · · · · · · · · · · · · ·
Compensation of officers, ect.					613.16	
Other salaries and wages						
Repolits and maintenance						
Bad debts						
Interest						
Taxes and Roenses						
Charitable contributions						
Depreciation and Depletion						
Defend compensation plans						
Employee benefit programs						

UMOS: Helping Over 10,000 Milivatice County Residents Improve Their Lives Every Month

Employer Manifection N	Form 990T	Tax Return History						2013	
2008 2010 2011	Verne		UNITED MIGRAPIT OPPORTUNITY SERVICES					Employer Identification Numb	
Citive traditions 13,749 21,272			2008	2010	2011	2012	2013	2014	
1						13,749	21,272		
Income titar response and deductions Income tax (corporate or trust) Income tax (corporate or trust) Other taxes Total taxes General business credit Other credits Net tax ofter credits Estimated tax payments Other payments Balance due/Overpayment	Specific deduction					1,000	1,000		
Income tax (corporate or truet) Other taxes Total taxere General business credit Other credits West tax effor credits Estembed tax payments Other payments Balance due/Overpayment						-1,000	-3,000		
Total faxes General business credit Other credits Net tax ofter credits Estimated tax payments Other payments Balance due/Overpayment									
General business credit Other credits Net tax ofter credits Eshmaled tax payments Other payments Balance due/Overpayment									
Other credits Not tax ofter credits Estimated tax payments Other payments Balance due/Overpayment									
Net tax ofter credits Estmaled tax payments Other payments Balance dus/Overpayment		s credit							
Estimated tax payments Other payments Balance duo/Overpayment									
Other payments Balance due/Overpayment									
* income shown net of expenses	Balance dus/O	verpayment							
	* income shown	nel of expenses							

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

m 990T		1	ax Return Histor	у		2013
me UNITED H UMOS	IGRANT OPPORTS	HITY SERVICES			Employer 39-1 (dentification Nu
ther deductions	2009	2010	2911	2012	2013	2014
of operating loss deduction				13,749	37 62 1	
rectilic deduction				1,000	21,272 1,000	
come after expense and deductions come tax (corporate or true!)				-1,600	-1,000	
her texes						
tal taxas						
neral business credit						
her credits t tax after credita						
imeted tax payments						
her payments						
dence due/Overpayment						
ncome shown net of expenses						
					<u> </u>	
					<u> </u>	

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

UMOS UNITED MIGRANT OPPORTUNITY SERVICES 39-1047172 Federal Statements FYE: 6/30/2014	2/6/2015 1:34 PM
Accounts payable - EOY Description Amount ACCOUNTS PAYABLE \$ 863,733 ACCRUED PAYROLL & RELATED EXPE 659,062 TOTAL \$ 1,722,795	
Unsecured notes - EOY	
Code Description Amount ROUSING LOANS \$ 1,174,501 TOTAL \$ 1,174,501	

UMOS: Hotping Over 10,000 Milwaukea County/Residents Improve Their Lives Every Month

CERTIFIED AUDIT/BOARD APPROVED FINANCIAL STATEMENT

ITEM # 26

Agencies not under contract with the DHHS should submit a copy of the agency's prior year certified audit or the most recent Board of Directors approved financial statement if an audit has not been performed for that year.

For information on audit and invoicing requirements should a contract be awarded, see the <u>Audit and Reporting Requirements</u> document available at: http://county.milwaukee.gov/DHHS_bids_c

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Milwaukee, Wisconsin

Audited Financial Statements

For the Year Ended June 30, 2013

Andrea & Orendorff LLP 6380 76th Street Suite 200 Kenosha, WI 63142 (262) 657-7716

VMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Monto

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Statement of Activities	-
For the Year Ended June 30, 2013	4
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Schedule of Expenditures of Federal and State Awards For the Year Ended June 30, 2013	19 – 21
Notes to the Schedule of Expenditures of Federal and State Awards	22
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UMOS: Helping Over 20,000 Milwaukes County Residents Uniplaye Their Lives Every Month



Andrea & Orendorff LLP Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

Board of Directors United Migrant Opportunity Services/UMOS INC. Milwaukee, Wisconsin

Report on the Financial Statements

We have audited the accompanying financial statements of United Migrant Opportunity Services, Inc./UMOS (UMOS) (a nonprofit organization), which comprise the statement of financial position as of June 30, 2013, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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53CD 70th Street Suite 200 Kennaha, Wt 53142 Phone 262, 657 7716 Fex 262, 657 6191 Website were viscospanies

UMOS: Helping Over 10,000 Milwankee County Residents Improve Their Lives Every Month

Opinion

in our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of UMOS as of June 30, 2013, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations and the State Single Audit Guide, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

andra & Overdoy LLP

Andrea & Orendorff LLP Kenosha, Wisconsin November 20, 2013

United Migrant Opportunity Services/UMOS INC. Statement of Financial Position As of June 30, 2013

ASSETS

Current Assets	
Cash and Cash Equivalents	\$ 1,167,426
Investments in Marketable Securities	975,853
Accounts Receivable, net of allowance of \$5,661	53,573
Grants Receivable	1,691,903
Prepaid Expenses and Other Current Assets	129,134
Restricted Cash	336,473
Total Current Assets	4,354,362
Property and Equipment, Net	11,890,367
Total Assets	\$ 16,244,729
LIABILITIES AND NET ASSETS	
Current Liabilities	
Notes Payable - Current Portion	\$ 335,747
Accounts Payable and other Accrued Expenses	681,249
Accrued Payroll and Related Expenses	586,152
Unearned Revenue	266,076
Total Current Liabilities	1,869,224
Derivative Value Liability	634,822
Long Term Notes Payable	<u>6,544,760</u>
Total Long Term Liabilities	7,179,582
Total Liabilities	9,048,806
Total Net Assets - Unrestricted	7,195,923
Total Liabilities and Net Assets	\$ 16,244,729

The accompanying notes are an integral part of the financial statements. $\ensuremath{\mathtt{3}}$

UMOS: Helpfing Over 10,000 Milwaukee County Residents Improve Their Lives Eyety Worth

United Migrant Opportunity Services/UMOS INC. Statement of Activities For the Year Ended June 30, 2013

Revenues	Total
Grants and Contracts	\$ 22,409,213
Program Income	310,893
Rental Income	921,596
Other Income	264,765
In Kind Contributions	 367,548
Total Revenue	\$ 24,274,015
Expenses	
Program Services	
Employment & Training	\$ 12,968,209
Child Education	5,545,684
AIDS Programs	157,355
Homeless/Shelter/Food Programs	740,821
Community Based Programs	1,696,695
Housing Expenses	413,103
In Kind Contributions	367,548
Supporting Services	
Supporting Services	2,072,999
Corporate Expenses	1,050,924
Total Expenses	\$ 25,013,338
Change in Net Assets Before Capital Additions, Federal Depreciation, Accrued Vacation and Derivative Value	(739,323)
Capital Additions and Accrued Vacation	120,644
Change in Derivative Value	241,282
Change in Net Assets Before Federal Depreciation	(377,397)
Federal Depreciation	 (293,260)
Increase/(Decrease) In Net Assets	(670,657)
Net Assets, June 30, 2012	 7,866,580
Net Assets, June 30, 2013	\$ 7,195,923

The accompanying notes are an integral part of the financial statements.

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United Migrant Opportunity Services/UMOS INC. Statement of Cash Flows For the Year Ended June 30, 2013

Cash Flows from Operating Activities

Change in Net Assets	\$	(670,657)
Adjustments to reconcile change in net assets to cash provided/(used) by operating activities:		
Depreciation Unrealized Gain in Market Value of Marketable Securities Investments		765,229 (106,289)
Change in Derivative Value		(241,282)
Changes in Current Assets and Liabilities:		
Increase in Accounts Receivable		(1,795)
Increase in Grants Receivable		(47,079)
Decrease in Prepaid Expenses and Other Current Assets		3,449
Decrease in Accounts Payable and Other Accrued Expenses		(309,287)
Decrease in Accrued Payroll and Related Expenses		(60,115)
Decrease in Unearned Revenue		(345,302)
Net Cash Provided/(Used) by Operating Activities	\$ (1,013,128)
Cash Flows from Investing Activities		
Acquisition of Property and Equipment	4:	(115,763)
Net Deposits to Restricted Cash	Ψ	(36,201)
Proceeds from Marketable Security Withdrawal		2,050,454
Purchase of Marketable Security Investments		(21,624)
Net Cash Provided/(Used) by Investing Activities	\$	1,876,866
Cash Flows from Financing Activities		
Payments on Line of Credit	\$	(259,113)
Payments on Long-term Notes Payable		(321,039)
Net Cash Provided/(Used) by Financing Activities	<u>\$</u>	(580,152)
Net Increase/(Decrease) in Cash and Cash Equivalents	\$	283,586
Cash and Cash Equivalents, June 30, 2012		883,840
Cash and Cash Equivalents, June 30, 2013	\$	1,167,426
Supplemental Schedule of Other Operating Activities		
Interest Paid	\$	369,290

The accompanying notes are an integral part of the financial statements.

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Exery Month

Notes to Financial Statements June 30, 2013

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations

United Migrant Opportunity Services/UMOS INC. (UMOS) was organized as a nonprofit corporation in 1985. The organization was formed to develop and provide resources for the purpose of assisting farm workers, Hispanic, and low-income familles through a variety of programs. The organization also owns five low income housing projects, Aurora Housing Center, Montello Housing Center, Claremont Housing Center, Jefferson Apartments, and Beaver Dam Apartments, which have been included in these statements. The organization is primarily supported through federal and state government grants.

Basis of Accounting

The financial statements of the organization have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Basis of Presentation

The classification of temporarily restricted net assets includes grant awards during the time period the funds are restricted to specific programs/expenses as defined in the awards. When expenses are incurred against these grant funds, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restriction.

<u>Gash and Cash Equivalents</u>
For purposes of the statement of financial position and the statement of cash flows, cash and cash equivalents consist of cash and money market funds, with an original maturity of three months or less when purchased.

Investments in Marketable Securities

Investments in Marketable Securities include cash and cash equivalents, mutual funds, and fixed income investments shown on the statement of financial position at market value. The primary objectives of UMOS investment activities are to preserve and protect investment principal, to remain sufficiently liquid to meet disbursement requirements which might reasonably be anticipated, and to manage the investment portfolio to maximize return consistent with the above objectives and other risk limitations as determined by management.

Grants Receivable consist primarily of amounts due from various Federal, State, and local funding sources with most grants receivable due from Federal agencies and the State of Wisconsin. Accounts Receivable consists of tenant rents and other income related to the housing projects. An allowance for doubtful accounts in the amount of \$5,661 has been recorded in the financial statements.

Notes to Financial Statements June 30, 2013

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

<u>Use of Estimates</u>
The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Grant Awards/Unearned Revenue

Grant revenue is recognized in the accounting period when the related expenses are incurred. Amounts received or receivable in excess of expenses are reflected as unearned revenue.

Performance contracts reimburse based on the accomplishment of contract objectives without regard to expenditures. Performance revenue is recognized in the accounting period when the contracted services have been performed or claims submitted.

Property and Equipment, Net

For financial statement purposes, the cost of property and equipment with a unit cost of \$5,000 or more is recorded as an asset and is depreciated over its estimated useful life using the straight-line method. The cost of property and equipment with a unit cost of \$5,000 or more purchased with grant funds and expensed to the grants is added back in total to unrestricted net assets while the related depreciation calculated in accordance with generally accepted accounting principles is deducted in total from unrestricted net assets.

Federal depreciation expense for assets purchased with grant funds was \$293,260. Depreciation expense for assets purchased with non-grant funds was \$471,969 for total depreciation of \$765,229.

The accounting policies of UMOS are in accordance with the terms of grant agreements and funding sources' prescribed cost principles in respect to property and equipment. The property and equipment acquired with grant funds is owned by UMOS while used in the program for which it was purchased or in other future authorized programs. However, the various funding sources have a reversionary interest in the property and equipment purchased with grant funds. Its disposition, as well as the ownership of any proceeds therefrom, is subject to funding source regulations.

Income Taxes

UMOS is a private nonprofit corporation generally exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. It is also generally exempt from the franchise or income tax on state taxable incomes. However, UMOS is subject to income tax on its unrelated business activity which is debt-financed rental income.

UMOS is subject to Federal and State corporate income taxes on unrelated business income related to net rental income received from the rental of commercial business property. For the year ended June 30, 2013, UMOS had \$12,749 of net federal taxable income that will be offset

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Notes to Financial Statements June 30, 2013

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Income Taxes (continued)

against its \$50,296 carry forward loss, resulting in \$37,547 remaining to offset future years' taxable income. UMOS had a \$93,321 loss at June 30, 2007 that was carried forward to offset future taxable state income. For the years ending June 30, 2008 and 2009, \$43,165 and \$20,485 respectively of state income was offset leaving \$29,671 as a carry forward. This \$29,671 carry forward is combined with the June 30, 2010 and June 30, 2011 and June 30, 2012 net loss amounts of \$28,610 and \$21,638, and \$48 respectively resulting in a \$79,967 net loss carry forward. The June 30, 2013 \$12,749 net income was offset against the carry forward. resulting in \$67,218 loss carry forward to offset the future years' state taxable income.

UMOS believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements.

UMOS' Federal Exempt Organization Business Income Tax Returns (Form 990T) for 2009, 2010, and 2011 are subject to examination by the IRS, generally for three years after they were filed. The State of Wisconsin can also examine the state's returns for three years.

Cost Aliocation
Wherever possible, costs are assigned to the grants that benefit directly from the grant expenditures. Certain costs such as occupancy and common office expenses are recorded in cost pools for eventual assignment to activities that benefit in common from the expenditures. Those allocations are based on full-time equivalent employees.

Administrative expenses are allocated to grants and non-grant activities monthly based on total relative expenditures of the grants and non-grant activities during each month of the fiscal year.

Advertising costs of \$55,365 were incurred and expensed in the fiscal year.

NOTE B - RESTRICTED CASH

UMOS has five notes payable due to the U.S. Department of Agriculture which requires UMOS to make deposits annually into reserve accounts until the amount in the reserve accounts reaches \$403,420. Use of funds in the reserve accounts requires the consent of the U.S. Department of Agriculture. Restricted cash as of June 30, 2013 consists of reserve accounts in the amount of \$336,473.

Notes to Financial Statements June 30, 2013

NOTE C - INVESTMENTS

UMOS has implemented the accounting standard regarding fair value measurements. The standard defines fair value, establishes a framework for measuring fair value in accordance with generally accepted accounting principles, and expands disclosures about fair value measurements. The input levels used for valuing investments are not necessarily an indication of risk.

Level 1

Fair values are based on quoted prices (unadjusted) in active markets for identical assets that the plan has the ability to access at the measurement date (e.g. prices derived from NYSE, NASDAQ or Chicago Board of Trade).

Level 2

Fair values are based on inputs other than quoted price included in level 1 that are observable for valuing the asset or liability, either directly or indirectly (i.e. interest rate and yield curves observable at commonly quoted intervals, default rates, etc.). Observable inputs include quoted price for similar assets or liabilities in active or non-active markets. Level 2 inputs may also include insignificant adjustments to market observable inputs.

Level 3

Fair values are based on unobservable inputs for valuing the asset or liability. Unobservable inputs are those that reflect the plan's own assumptions about the assumptions that market participant would use in pricing the asset, based on the best information available in the circumstances. An example could be real estate valuations, which require significant judgment.

UMOS' investments are reported at fair value using Level 1 inputs and consist of the following at June 30, 2013:

Marketable Securities Investments

Cash and Cash Equivalents	\$ 13,991
Fixed Mutual Funds	435,990
Fixed Income Investments	525,872
Total Marketable Securities Investments	\$ 975.853

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Exery Month

Notes to Financial Statements June 30, 2013

NOTE C - INVESTMENTS (continued)

Unrealized gain on these investments for the year ending June 30, 2013 was \$106,289. Interest income on restricted cash funds and cash and cash equivalents as of June 30, 2013 was \$373. Investment administrative fees were \$5,680. During the year, \$1,950,000 was removed from the investment portfolio to fund the W-2 program operations.

NOTE D - WORKFORCE RESOURCES LLC and UMOS ENTERPRISES

Workforce Resources, a LLC in which UMOS owned 50%, was reduced to a single member LLC as UMOS bought out the other partner. The entity still exists and due to the fact that it is a single member LLC, the account balances have been incorporated into the UMOS statements for this report.

Workforce Resources, LLC Balance Sheet As of June 30, 2013

Assets

Current Assets	
Cash	\$ 32,087
Total Current Assets	32,087
Total Assets	 32,087
Liabilities and Net Assets	
Total Net Assets-Unrestricted	 32,087
Total Linbilities and Net Assets	\$ 32,087

Notes to Financial Statements June 30, 2013

NOTE D - WORKFORCE RESOURCES LLC and UMOS ENTERPRISES (Continued)

Workforce Resources, LLC Income Statement For the Year Ended June 30, 2013

Total Revenues	\$ 1
Total Expenses	10,024
Decrease in Net Assets	(10,023)
Net Assets, June 30, 2012	42,110
Net Assets, June 30, 2013	\$ 32,087

UMOS Enterprises was dissolved effective 10/31/12, and its ending balance of \$9,325 transferred to UMOS.

NOTE E - PROPERTY AND EQUIPMENT, NET

A summary of property and equipment as of June 30, 2013 is as follows:

	Non- <u>Federal</u>	<u>Federal</u>	<u>Total</u>
Land and Land Improvements	\$ 1,894,290	\$ 218,500	\$ 2,112,790
Buildings and Improvements	10,730,895	5,098,092	15,828,987
Equipment and Vehicles	268,873	2,197,997	2,466,870
Subtotal	\$ 12,894,058	\$ 7,514,589	\$ 20,408,647
Accumulated Depreciation	(3,930,468)	(4,587,812)	(8,518,280)
PROPERTY AND EQUIPMENT, NET	\$ 8,963.590	\$ 2.926,777	\$ 11.890.367

Notes to Financial Statements June 30, 2013

NOTE F - UMOS DERIVATIVE FINANCIAL INSTRUMENTS

UMOS makes limited use of derivative financial instruments for the purpose of managing interest rate fluctuations. The initial and ongoing intent of two interest rate swap agreements that UMOS entered into was and still is to provide a cap or ceiling on the interest rate paid by UMOS on outstanding debt over a portion of the life of the debt.

The interest rate swap agreement with US Bank is used to convert UMOS floating rate tax free Revenue Bond long term debt to a fixed rate of 5.89%. The principal amount outstanding on this debt to US Bank was \$ 5.656.975 at June 30, 2013.

At the time of entering into the outstanding interest rate swap agreement, UMOS made the decision to lock in the 5.89% interest rate until June 1, 2016 at which time the swap agreement matures and the debt becomes subject to the floating interest rate until the debt is completely paid off on October 1, 2026. UMOS decided the 5.89% rate was an acceptable and affordable rate of interest for the period ending June 1, 2016.

At June 30, 2013 the floating rate on the Revenue Bonds was 1.51%. The differentials paid or received on the interest rate swap agreement are recognized in the financial records as adjustments to interest expense.

UMOS is exposed to a credit loss in the event of non-performance by the other party to the interest rate swap agreement. UMOS does not anticipate nonperformance by the other party.

At June 30, 2013, the interest rate swap agreement had a negative market value of \$634,822 which has been set up in the UMOS financial statements as a long term liability. UMOS has recorded a positive net market value revenue of \$241,282. The swap agreement is held only to provide a cap/ceiling to the interest rate paid on the Revenue Bonds and not for investment purposes. It is the Intent of UMOS to hold this interest rate swap agreement to maturity and final settlement at no additional profit or cost to UMOS.

NOTE G - NOTES PAYABLE

Note Payable -- Bank Line of Credit at June 30, 2013 is \$500,000 bearing an interest rate of LIBOR (London Interbank Official Rate) which was 2.75%. The line of credit balance outstanding was \$0 at June 30, 2013.

Long-term notes payable at June 30, 2013 consist of the following:

Note payable to U.S. Department of Agriculture due in annual payments of \$13,249, including interest of 1%, with unpaid principal and interest due November 2031. The note is collateralized by the Aurora Housing Center. \$ 197,703

Notes to Financial Statements June 30, 2013

NOTE G - NOTES PAYABLE (continued)

Note payable to U.S. Department of Agriculture due in annual payments of \$7,156, including interest of 1%, with all unpaid principal and interest due April 2030. The note is collateralized by the Montello Housing Center.

101,045

Note payable to U.S. Department of Agriculture due in annual payments of \$13,103, including interest of 1%, with all unpaid principal and interest due July 2031. The note is collateralized by the Beaver Dam and Jefferson apartments.

197,859

Note payable to U.S. Department of Agriculture due in annual payments of \$11,637, including interest of 1%, with all unpaid principal and interest due June 2035. The note is collateralized by the Claremont Housing Center.

223,837

Promissory note to U.S. Department of Agriculture for the Jefferson Apartments acquired October 18, 2006. Interest rate is 1% with final payment due October 31, 2039. The note is collateralized by the Beaver Dam and Jefferson apartments.

328,088

Note payable to Minnesota Housing Finance Agency (MHFA) due in full on October 17, 2033 at 0% interest. The note is collateralized by the Claremont Housing project.

175,000

Subtotal Housing Notes Payable

\$1,223,532

Redevelopment Authority of the City of Milwaukee, Wisconsin Variable Rate Demand Redevelopment Revenue Bonds Series 2006 (United Migrant Opportunity Services/UMOS Inc. Project). Original face value of \$6,950,000, with an interest rate based on the LIBOR index rate plus the applicable margin. Payments began on February 1, 2008 with scheduled maturity on October 1, 2026.

The Revenue Bonds are collateralized mainly by a mortgage, security agreement, assignment of rents and leases, and a fixture financing statement. The security agreement, dated June 1, 2006, by UMOS to Redevelopment Authority of the City of Milwaukee, Wisconsin is assigned to US Bank.

Notes to Financial Statements June 30, 2013

NOTE G - NOTES PAYABLE (continued)

Significant terms of the security agreement include:

- Restriction on additional indebtedness of not more than \$50,000
- Restriction on contingent liabilities
- Marketable Securities on hand of not less than \$500,000 with composition requirements
- Minimum profitability as defined for the Chase property of \$1 or more
- Minimum fixed charge coverage rates as defined not to be less than 1.05 to 1.0. UMOS is in violation of its US Bank loan agreement covenant, as its fixed charge coverage ratio was less than the required 1.05 to 1.0 at 06/30/13. US Bank has waived the loan agreement covenant violation.

	Total Revenue Bonds	\$5,656,975
TOTAL LONG-TERM NOTES PAYABLE		6,880,507
Less Current Portion		335,747
LONG-TERM NOTES PAYABLE		\$ 6,544,760

Principal payments due by year are as follows:

2014	\$	335,747
2015		353,888
2016		373,105
2017		393,478
2018		415,078
2019-2039	_	5,009,211
	\$	6,880,507

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UMDS: Helping over 10,000 Milwaukee County Residents Improve Their Lives Every Month

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Notes to Financial Statements June 30, 2013

NOTE H - CONCENTRATION OF CREDIT RISK

UMOS maintains cash balances and money market accounts in more than one bank. Accounts at each institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Cash balances in excess of FDIC coverage are not collaterally secured. Cash balances in excess of FDIC coverage are \$1,275,136 at June 30, 2013.

In addition, as of June 30, 2013, UMOS has \$248,655 invested in money market accounts.

NOTE I - OPERATING LEASES

UMOS leases various facilities and equipment for operation of its programs. Operating lease payments for the year ended June 30, 2013 were \$296,779. Future minimum lease payments beyond June 30, 2013 are as follows:

276,9 2 5
156,038
69,248
33,559
22,548
112,739
22,548
693,605

NOTE J - RETIREMENT PLANS

UMOS has a defined contribution retirement plan authorized under section 401(k) which covers substantially all regular and seasonal employees who have been employed by the organization for one year, work a minimum of 500 hours, and are at least 18 years of age. There are two elements to the plan consisting of employer and employee contributions. Both types of contributions vest immediately. Employee contributions are optional.

Effective January 1, 2009, the 401(k) retirement plan became a Safe Harbor 401(k) plan, whereas UMOS commits to making certain contributions. This commitment to make contributions enables UMOS to simplify the administration of the plan by ensuring that non-discrimination regulations are met. In order to maintain the "Safe Harbor" status, UMOS will make a contribution equal to 3% of eligible employees' compensation. In addition, UMOS may also make an additional 2% contribution of the eligible employees' compensation. UMOS made contributions of \$490,474 including plan expenses of \$7,577 for the year ended June 30, 2013.

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Notes to Financial Statements June 30, 2013

NOTE K - EXECUTIVE ADMINISTRATIVE STAFF BENEFIT PLAN

The UMOS Executive Plan was established by the UMOS Board for the benefit of members of its executive administrative staff. The UMOS CEO/President has the authority to update the list of eligible executive administrative staff. The plan provides for the following benefits:

- An additional 2% pension contribution on employee earnings that exceed 92% of the maximum Social Security wage base through December 31, 2013.
- 4% of annual employee earnings to be used for long-term care insurance, long-term disability insurance, life insurance, and/or contributions to the Section 125 flex benefit plan, 457 Plan and Health Savings Account.
- At June 30, 2013, \$233,789 has been accumulated in the executive administrative staff's 457 Plan. UMOS contributed \$27,128 during the fiscal year. The investment asset and the related potential liability for the executive administrative staff are not recorded on the UMOS balance sheet at June 30, 2013.
- On January 1, 2013 the President/CEO's salary was reduced to the federal executive pay level il of \$179,700 in order to comply with U.S. Department of Health and Human Services compensation limits set. On December 11, 2012, UMOS established a health care trust agreement for the benefit of Lupe Martinez. The trust will reimburse him for health, vision insurance, dental insurance, and life insurance premiums paid. For six months of fiscal year 2013, \$32,800 was paid to the trust for his benefit.

NOTE L - CONCENTRATION OF RISK

UMOS receives grants from various Federal, State, and Local agencies whose programs rely on the availability of funding from the Federal and State governments. Approximately 93% of grant and housing revenues are from government agencies.

NOTE M - CONTINGENT RECEIVABLE/PAYABLE

Certain UMOS grants are subject to audit by the grantor on termination of the grants. No refunds are recorded for potential refunds or receivables to grantors that may result from audit adjustments until the audits are complete.

NOTE N - CHANGES IN NET ASSETS

To comply with generally accepted accounting principles, UMOS records in its financial records the cost, less accumulated depreciation of property and equipment which was purchased with grant funds. In addition, the accrued vacation pay due employees is reflected in net assets and current liabilities. Specifically by fund, center, or apartments, the following summary of changes to net assets is presented:

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UMOS: Relping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Notes to Financial Statements June 30, 2013

NOTE N - CHANGES IN NET ASSETS (Continued)

	UMOS Grant Operati Fund	ng .	UMOS Operating Fund	Aurora Housing Center	Montello Housing Center	Beaver Dam Apartments	Claremont Housing Center	Jefferson Apartments	Total
Net Assets, June 30, 2012	\$	-	\$ 6,231,024	\$ 510,993	\$ (220)	\$ 241,888	\$ 285,344	\$ 507,661	\$ 7,866,580
Net Income(Lose)	(742,	502)	39,347	(30,138)	(10,694)	14,207	(20,427)	10,884	(739,323)
Change in Derivative Value		<u></u>	241,282	28	(5)	9	120	320	241,282
Property and Equipment purchased with gram funds during fiscal year 2013		-	102,999	×	-	æ	12		182,899
Depreciation of property and equipment purchased with grant funds			(232,702)	(18,605)	(295)	(5,277)	(8,230)	(28,151)	(293,280)
Decrease in vacation pay accrual during fiscal 2013		(19)	17,645	13	-	9	×	-	17,845
Transfer to UMOS Operating Fund		,602	(742,502)						320
Net Assets, June 30, 2013			\$ 5,657,093	\$ 462,150	\$ (11,209)	\$ 250,618	\$256,687	\$ 560,384	\$ 7,195,923

Notes to Financial Statements June 30, 2013

NOTE O - PARTICIPANT DIRECT PAYMENTS

The Wisconsin Department of Children and Families made W-2 participant direct payments totaling \$5,990,856 on behalf of UMOS for the year ended June 30, 2013. This information is not included in the Schedule of Expenditures of Federal and State Awards and the Statement of Activities and Cash Flows for the year ended June 30, 2013.

NOTE P - IN KIND CONTRIBUTIONS

In-kind contributions are recorded at market value and is recognized in the period received. The in-kind contribution relates primarily to the Head Start Program and consists of volunteer services, a reduction of fair market value of space costs and special reduced pricing from service contractors. In-kind contribution is recorded on the statement of activities because it meets the definition of professional services as defined according to accounting standards.

NOTE Q - SUBSEQUENT EVENTS

W-2 Program

UMOS, Inc. operates Wisconsin Works (W-2) employment and training program located in Milwaukee Wisconsin for 36 months starting January 1, 2013. The contract is performance based requiring specific bench marks be met before reimbursement is received from the Wisconsin Department of Children and Families. For the fiscal year ending June 30, 2013, the W-2 program had a net loss of (\$733,229). July 2013 – October 2013 UMOS, Inc. has a net profit of \$579,858. At October 31, 2013, the contract to date loss has been reduced to (\$153,371).

Head Start Delegate Program

UMOS operates a Head Start program in the state of Wisconsin and receives funding directly from Teaching and Mentoring Communities (TMC). At June 30, 2013 UMOS had 21 Head Start Delegate vehicles with a book value of \$475,483 and accumulated depreciation of \$275,727 recorded. In July 2013, the vehicles' titles were transferred to TMC. The book value and accumulated depreciation was removed from UMOS' financial statements resulting in a \$199,756 fund balance decrease. UMOS will continue to utilize the vehicles in the operation of its program through a lease from TMC.

United Migrant Opportunity Services/UMOS Inc. Schedule of Expenditures of Federal and State Awards for the Year Ended June 30, 2013

Grantor Agency/	Federal	Grant	Grant	Passed	Passed	
Pass-Through Agencyl	CFDA	Begin	End	Through	Through	
Program Title	Number	Date	Date	Agency	Agency ID	Expenditure
.S. Department of Agriculture						
Child Nutrition Cluster						
CACFP	10,558	07/01/2012	06/30/2013		70-6817/ERS46111552	
Total Child Nutrition Cluster						89,88
SFSP	10,559	07/01/2012	06/30/2013		69-2608	8,86
FSET	10.581	01/01/2013	12/31/2013	MAWIB	13-FSET-41	210,63
FSET	10.561	01/01/2012	12/31/2012	MAWIB	12-F8ET-41	234,89
Aurora Housing	unknown	07/01/2012	06/30/2013		N/A	71.52
	unknown	07/01/2012	06/30/2013		NA	27.63
Montello Housing	unknown	07/01/2012	06/30/2013		N/A	41,16
Beaver Dam Housing	unknown	07/01/2012	06/30/2013		NVA	58,37
Claremont Housing		07/01/2012	06/30/2013		N/A	37,70
Jefferson Housing	unknown	07/01/2012	00/30/2013		,	780.6
otal U.S. Department of Agriculture						,
.s. Department of Justice						
Sexual Assault Services	16.017	10/01/2011	09/30/2014		2011-KS-AX-K002	120,31
OJA Reach Project	16.017	07/01/2012	06/30/2013	eolitaut, epiffO IW	2009/2010-SA-01-9697	66,3
OJA Reach Project	16.017	07/01/2013	12/31/2013	Wi Office Justice	2009/2010-SA-01-9538	2
VOCA	16.575	10/01/2012	09/30/2013	Wi Dept Justice	2011-087-12	58,4
VOCA	16,675	10/01/2011	09/30/2012	WI Dept Justice	2011-087-11	19,8
OJA Violence Against Women	16,588	10/01/2012	09/30/2013	WI Dept Justice	2011/2012-VA-05D-8912	
OJA Violence Against Women	16.588	10/01/2011	09/30/2012	WI Dept Justice	2008/2011-VA-05D-8878	
Transitional Housing	18.736	09/02/2009	08/31/2012		2009-WH-AX-0050	9,8
otal U.S. Department of Justice						318,6
I O Townshouse of Lubras						
J.S. Department of Labor WA Cluster						
WIA Cluster Milw Worldorce Dev - WIA	17.258	07/01/2012	08/30/2013	MAWIB	13-WIAADT-41	234,2
MHM ANORADICE DEA - ANN	17.259	08/01/2012	05/31/2013	WI DWD	N/A	253.9
	17.238	0001/2012	0010 1120 10	0110	, 	488,1
Total WiA Cluster						
WIA 167 Farm Worker - Wisconsin	17.264	07/01/2012	06/30/2013		AC21957JV0	1,247,9
WIA 167 Ferm Worker - Missouri	17.264	07/01/2012	06/30/2013		AC21958JV0	983,2
Migrant Sessonal Farm Worker	17.264	07/01/2012	08/30/2013		MH-22002JWO	426,7
Total U.S. Department of Labor						3,146,0

See accompanying notes to the schedule of federal awards. 19 $\,$

UMOS: Helping Over 10,000 Milwaukes County Residents Improve Their Lives Every Month

United Migrant Opportunity Services/UMOS Inc. Schedula of Expandibres of Federal and State Awards for the Year Ended June 30, 2013

Grantor Agency/ Pass-Through Agency/	Federal CFDA	Grant Segin	Grant	Passed	Passed	
Program Title	Number	Dete	End	Through	Through	
	T (draincie)	LABOR	Date	Agency	Agency ID	Expenditures
J.S. Department of Education						
MPS Community Learning Centers	84.287	09/01/2012	06/15/2013	MPS	2012-13-CLC	151,150
MPS CLC Summer Program	84.287	06/17/2013	07/26/2013	MPS	N/A	1.551
otal U.S Department of Education						152,70
.S. Department of Health and Human Services						102,741
Healthy Marriage						
Healthy Marriage	93.086	10/01/2012	09/29/2013	Center Self Suff.	N/A	185,896
	93.0 88	10/01/2011	09/29/2012	Center Self Suff.	N/A	80.217
Pathways to Responsible Fatherhood	93.086	01/01/2012	09/29/2012	Mil Child Support	3UM01210662	13,66
Pathways to Responsible Fatherhood	83.066	09/30/2012	09/29/2013	Mil Child Support	N/A	57,62
TANF Cluster						
Child Welfare Integration	93,556	01/01/2012	08/31/2012	Intero Family Serv	N/A	
W-2 Southeastern Region	93,658	04/01/2010	12/31/2012	WI DCF	N/A	5,71
W-2 Southern Region	93,558	01/01/2013	12/31/2013	WI DCF	CFB0D144-00	3,677,83
W-2 86I	93,558	D1/01/2010	12/31/2012	WI DOF	N/A	3,814,16
Emergency Assistance Payments	93,658	D1/01/2013	12/31/2013	WIDCE	CFB00144-00	510,978
ARRA-Transitional Jobs	93.714	08/02/2010	06/30/2013	WIDCE		466,483
Total TANF Cluster		00.022010	001002010	ANI DOL	N/A	2,777,558
Refugee Assistance						11,252,732
Kencehe Enercy Assistance	93,566	01/01/2013	12/31/2013	WIDCF	OFB00144-00	214,217
Kenosiu Energy Assistance	93.568	01/01/2012	09/30/2012	Kenosha DHSS	DWD-UMOS-WHEAP-12	59.254
•••	93.568	10/01/2012	09/30/2013	Kenosha DHSS	DWD-UMOS-WHEAP-12	241,667
CSBG Cluster						
Comprehensive Crisis Relief	93.569	01/01/2013	12/31/2013	WI DOF	N/A	100 501
Comprehensive Crisis Relief	93,569	01/01/2012	12/31/2012	WI DCF	N/A	183,568
Total CSBG Cluster					NIA -	155,863
CCDF Cluster						289,251
W-2 Contracted Child Care	93.596	01/01/2012	12/31/2012	INT DOD		
W-2 Contracted Child Care	93.596	01/01/2012		WI DOF	N/A	219,347
Total CCDF Gluster	ma,000	U (FU1/2013	12/31/2013	WI DOF	CFB00144-00	207,919
					•	427,265
NEMO Human Trafficking	93.598	07/01/2012	06/30/2013	Inter Inst St Louis	N/A	69.687

See accompanying noise to the schedule of federal awards. $$20\,$

United Migrant Opportunity Services/UMOS Inc. Schedule of Expenditures of Federal and State Awards for the Year Ended June 30, 2013

Grantor Agency/	Federal	Grant	Grant	Passed	Passed	1
Pass-Through Agency/	CFDA	Begin	End	Through	Through	
Program Title	Number	Date	Date	Agency	Agency ID	Expenditures
B. Department of Health and Human Services (co	ntinued)					
Head Start Cluster	-					a and acr
Migrant Head Start Grantee	93.600	04/01/2012	03/31/2019	US DHSS	90CM0148/22	2,203,266
Migrant Head Start Granteo	93.600	04/01/2013	03/31/2014	US DHSS	90CM0148/23	595,99
Migrant Head Start Delegate	93,600	02/01/2013	01/31/2014	TMC	N/A	566,46 1,379,52
Migrant Head Start Delegate	93.600	02/01/2012	01/31/2013	TMC	N/A	4,745,24
Total Head Start Cluster						
Ryan White Linkages to Care Services	93,917	12/01/2011	08/31/2012	WI Dept Health	N/A	17,45
HIV Prevention SE WI	93,940	01/01/2013	12/31/2013	Wi Dept Health	N/A	63,24
HIV Prevention SE Wi	93,940	01/01/2012	12/31/2012	WI Dept Health	N/A	75,92
HIV Community Planning	93.940	01/01/2013	12/31/2013	WI Dept Health	N/A	38
HIV Community Planning	93,940	01/01/2012	12/31/2012	WI Dept Health	N/A	6,35
stal U.S. Department of Health and Human Servic	69					17,780,10
Total Federal Programs						22,178,26
•						
ate and Local Programs	N/A	07/01/2012	06/30/2013	WI DPI	N/A	56.97
WDPI Head Start-Plymouth	N/A	01/01/2012	12/31/2012	WIDCF	N/A	427.91
Migrant Day Care	N/A	01/01/2013	12/31/2013	WIDOF	N/A	152,75
Migrant Day Care	N/A	01/01/2013	12/31/2013	Wi Dept Justice	138AVS19038	15,77
Sexual Assault Services	N/A	01/01/2013	12/31/2012	Wi Dept Justice	12SAVS18038	6,03
Sexual Assault Services	N/A	01/01/2012	12/31/2012	WI Dept Health	N/A	61,38
WIS Tobacco Grant	N/A	01/01/2013	06/30/2013	Wi Dept Health	N/A	55,96
WIS Tobacco Control	N/A N/A	01/01/2013	12/31/2013	WIDCE	CF800114R1	25,00
Domestio Abuse Dept Health	N/A	01/01/2012	12/31/2012	WIDCE	#352	17,16
Domestic Abuse Dept Health	N/A	07/01/2012		United Way	N/A	50,00
United Way Healthy Girls Initiative	N/A	07/01/2011	12/31/2012	WI DCF	#264	22,6
MI ARCOS IRIS Latina Resource Center MI ARCOS IRIS Latina Resource Center	NVA	01/01/2013	12/31/2013	WIDCF	CFC00236	21,6
MI ARCOS IRIS Lenna Resource Center Greater Milwaukee Foundation	N/A	01/01/2012		Greater Milwaukee	N/A	16,2
	N/A	12/01/2010		Northwestern	NA	26,2
GEO Northwestern Foundation WISCAP Skills Enhancement	N/A	07/01/2011	06/30/2013	WISCAP	N/A	13,3
	N/A	12/10/2012			NA	1,1
Smoke Free Community Advocates	194A	IN INCOIL	200000000000000000000000000000000000000			970,2
otal State and Local Programs						\$ 23,148,5

See accompanying notes to the schedule of federal awards. 21

Notes to the Schedule of Expenditures of Federal and State Awards

NOTE 1 - BASIS OF PRESENTATION

The Schedule of Expenditures of Federal and State Awards includes the federal and state grant activity of UMOS and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations and the State Single Audit Guidelines.

NOTE 2 - PARTICIPANT DIRECT PAYMENTS

The Wisconsin Department of Children and Families made W-2 participant direct payments totaling \$5,990,856 on behalf of UMOS for the year ended June 30, 2013. This information is not included in the Schedule of Expenditures of Federal and State Awards, or the Statement of Activities, or Cash Flows for the year ended June 30, 2013.

NOTE 3 - SUBRECIPIENTS

Of the federal expenditures in the schedule, UMOS provided federal awards to subrecipients as follows:

CFDA Number	Program Name	Amount Provided to Subrecipients
17.264	Migrant Farmworker Housing	\$ 36,715
93.558	Temporary Assistance to Needy Families	53,179
93.714	Transitional Jobs	551,172



Andrea & Orendorff LLP Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors
United Migrant Opportunity Services/UMOS INC.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of United Migrant Opportunity Services, Inc./UMOS (UMOS) (a nonprofit organization), which comprise the statement of financial position as of June 30, 2013, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 20, 2013.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered UMOS' internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of UMOS' internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not Identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

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63CC 76th Street Suite 200 Kern ha VVI 53142 Phone 267:657.7716 Fox 267:657.6191 Website WYOM, 014 pages

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INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS(continued)

Compliance and Other Matters

As part of obtaining reasonable assurance about whether UMOS' financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under Government Auditing Standards.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

andra é Orendorf LLP

Andrea & Orendorff LLP Kenosha, Wisconsin November 20, 2013



Andrea & Orendorff LLP Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133 AND THE STATE SINGLE AUDIT GUIDE

Board of Directors United Migrant Opportunity Services/UMOS INC.

Report on Compliance for Each Major Federal Program

We have audited United Migrant Opportunity Services Inc./UMOS' (UMOS) compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* and the *State Single Audit Guide* that could have a direct and material effect on each of UMOS' major federal programs for the year ended June 30, 2013. UMOS' major federal programs are Identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of UMOS' major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about UMOS' compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of UMOS' compliance.

Opinion on Each Major Federal Program

In our opinion, UMOS complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2013.

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6300 70th Shoet Suite 200 Keersho, WI 53142 Phote 262.657.7716 For 262.657.6191 Webste Work docuposed

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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133 AND THE STATE SINGLE AUDIT GUIDE(continued)

Report on Internal Control over Compliance

Management of UMOS is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered UMOS' internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of UMOS' internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over-compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of Internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

andra & Ovendorf LLP

Andrea & Orendorff LLP Kenosha, Wisconsin November 20, 2013

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133 AND THE STATE SINGLE AUDIT GUIDE(continued)

Report on Internal Control over Compliance

Management of UMOS is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered UMOS' internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of UMOS' internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

andria é Ovendorff LLP

Andrea & Orendorff LLP Kenosha, Wisconsin November 20, 2013

Schedule of Findings and Questioned Costs For the Year Ended June 30, 2013

Section I - Summary of Auditors' Results

Financial Statements

Type of Auditor's report issued:

Unqualified

Internal control over financial reporting:

Material weakness identified?

Nο

· Significant deficiencies identified

None reported

Noncompliance material to financial statements noted?

No

Federal Awards

internal control over major programs:

Material weakness identified?

No

Significant deficiencies identified

None reported

Type of Auditor's report issued on compliance for major programs:

Unqualified

Any audit findings disclosed that are required to be reported in accordance with section 510(a) of Circular A-133?

No

Identification of major programs:

CEDA Manches

CFDA Number	Name of Federal Program or Cluster
93.600	Head Start
93.566	Refugee and Entrant Assistance - State Administered Programs
Temporary Assistance	
93.558	Temporary Assistance for Families
93.714	ARRA - Emergency Contingency Fund

Schedule of Findings and Questioned Costs For the Year Ended June 30, 2013

Section I - Summary of Auditors' Results (continued)

Dollar threshold used to distinguish between Type A and Type B:

\$ 665,348

Auditee qualified as low-risk auditee?

Yes

Section II - Financial Statement Findings

No matters were reported.

Section III - Federal Award Findings and Questioned Costs

No matters were reported.

Section IV - Other Issues

Does the auditor's report or the notes to the financial statements include disclosure with regard to substantial doubt as to the auditee's ability to continue as a going concern?

Nο

Does the audit report show audit issues related to grants/contracts with funding agencies that require audits to be in accordance with the State Single Audit Guidelines:

Department of Health and Family Services
Department of Workforce Development

No No

Was a Management Letter or other document conveying audit comments issued as a result of this audit?

No

Name and signature of partner

Terri Schmidt, CPA

Date of Report

November 20, 2013

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UMOS: Helping Over 40,000 Milwaukee County Residents Improve Their Lives Every Month

BUDGET FORMS

Item 27, forms 1 - 6H comprise the points scored under Budget Justification

All proposers must define a unit of service and calculate a cost per unit on Budget Form 1 regardless of the payment method expected to be identified in the final executed contract. Form 1 partially comprises the points scored under Budget Justification.

Form 2 partially comprises the points scored under Staffing Plan

Form 2B partially comprises the points scored under Cultural Diversity and Cultural Competence

Budget Forms 1, 2, 2A, 2B, 3, 3S, 4, 4S, 5, 5A, and 6 - 6H, are all linked with one another and are located at:

http://county.milwaukee.gov/DHHS bids.

All Proposers (including those contracts reimbursed on net expenses) must report unit details on budget Form 1. Proposers must define the unit of services, and provide enough information that will allow DHHS to convert units to a common unit of service in order to compare budgeted costs between Proposers. DHHS may request further information on budgeted units from Proposer at its discretion. These forms must be used in the format provided, and completed according to the Instructions provided with the Linked forms under various tabs marked "Instructions". Any forms that have been altered will not be accepted; the item will be considered an omission in the proposal and will be scored accordingly during the review process.

All Proposers in addition to submitting a hard copy, must submit budget forms electronically to dhhsca@milwaukeecountywi.gov in the subject line indicate agency name, contract division (DSD, MSD, DCSD, or Housing) and "2015 budget forms" e.g. XYZAgency-DSD-2015 Budgetforms.xis

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Even Worth

(tem # 28 Form 5

FORM 5 TOTAL AGENCY ANTICIPATED EXPENSES

If you have a Federally approved indirect rate Enter it here as %

District District			é	٤	ē	(3)	(E 2)	(E3)	(E4)	(E3)	(150	(F)	(5)
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Second Company Compa	Г	1			676.638	15.767	31,726	17,275	14,891			68,058	
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* Control Account Number 9200, Aliocated Costs, column F, should be entered as a negative number in order for column D to cross-foot to zero.

** Use Other Contracts Programs & Functions, column G for all non-Milwaukee County programs or functions

Item # 28 Form 2A

FORM 2A 22 AGENCY EMPLOYEE HOURS AND SALARIES

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	Greenfield City I	Hall, 7325 W. Forest I	Iome Ave., Greenfield	
NCY FEDERAL TAX ID NUMBER	39-1047172			
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5, 2013 Actual Units and Costs		0.00	\$	s -

Item # 28 Form 1E3

UMOS, Helping Over 20,000 Milwanke . County Residents Improve Titel: Lives Every Month Page 143

FORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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hem # 28 Form 2

Page 2 of 27

UMOS: Helping Over 10,000 Milwaukas County Residents Improve Their Lives Every Month

FORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

HORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Frieli Lives Every Month

PORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

PORAL 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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UMOS: Helping Over 10,000 Milwaukes County Residents Improve Their Littes Every Month

FORM 2 - 2015 AGENCY EMPLOYER HOURS AND SALARIES

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item # 28 Form 2

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UMOS: Holping Over 10,000 Milwankee County Residents Improve Their Lives Every Month

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Item # 28 Form 2

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 2A - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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Rev. 6'14

Nom # 28 Form 2A

UM05: Helping Over 20,000 Milwauker County Residents Improve Their Lives Every Month

FORM 2B - EMPLOYEE DEMOGRAPHICS SUMMARY

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WHEAP - West		8	I	1
WHEAP - West		8	w	
WHEAP - West *If full-time equivalents (FTE				-

% of Handicaped employees 0.00%

Ethnicity % to total FTE

Rev. 6/14

Α	В	Н	I	W
0.00%	0,00%	66.67%	0.00%	33.33%

Item # 28 Form2B3

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 3 ANTICIPATED PROGRAM EXPENSES

Program Name	* (Management Services Division - Energy Assistance WHEAP - West		
Facility Name	UMOS West (Zone 3)	2015 Prgm No.	MSD 001
Address	Greenfield City Hall, 7325 W. Forest Home Ave., Gr	named also	
	(A)	(B)	46%
Control	(A)	2014	(C) 2015
Acct. No.	Expenditure Description	Gross Budget	Gross Budget
7000.	Salaries		101,200
7100	Employee Health & Retirement Benefits		26,221
7200	Payroll Taxes		14,532
8000	Professional Fees		
B100	Supplies		4,800
8200	Telephone		4,080
8300	Postage and Shipping		
8400	Occupancy		27,834
8500_	Rental, Maintenance & Depreciation of Equipment		
8600	Printing and Publications		
8700	Travel	_	
8800	Conferences, Conventions, Meetings		
3900	Specific Assistance to Individuals		
9000	Membership Dues	_	
9100	Awards and Grants		2,992
200	Allocated Costs (From Indirect Cost Allocation Plan, if appropriate)		18,173
300	Cilent Transportation	_	20,17
1400	Miscellaneous		
500	Depreciation or Ameritzation		
2600	Allocations to Agencies, Payments to Affiliated Organizations		
	TOTAL EXPENSES	\$	S 199,837
0.00%	PROFIT FACTOR		177,03/
	TOTAL EXPENSES INCLUDING PROFIT		\$ 199,83
	TOTAL NON-DEES CONTRACT REV.		
···	BROUGHT FWD		199,83
Rev. 6/1	TOTAL DHHS REQUEST Date (Initial):	\$ -	5

Item # 28 Form 3E3

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month	
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Agency Name	UMOS, Inc			
Disability/Tara	Managem e	nt Services Division - Energy Assistance		
Program	WHEAP-		2015 Prgm No.	MSD 001
acility Name	UMOS We			
Address		City Hall, 7325 W. Forest Home Ave., C	reenfield	
tuui eas	Greenitea	(A)	(B)	(C)
79. A. B.	Suh-Account	(A)	2014	2015
Control	Number	Account Description	Gross Budget	Gross Budget
Acet. No.	7001	Executive Salaries	\$0.00	Gloss Dauges
7000	7002	Professional Salaries	\$0.00	101.20
		Clerical Staff Salaries	\$0.00	201,400
	7003		\$0.00	
	7004	Technical Salaries	\$0.00	
	7005	Maintenance Employee's Wages		
	7006	Temporary Clerical Help	\$0.00	
	7007	Student Stipends	\$0.00	
	7008	Other Staff Salaries (Unclassified)	\$0.00	
	CONTROL A	COUNT NO. 7000 SUB TOTAL*	s -	\$ 101,20
7100	7101	Accident Insurance Premiums	\$0.00	\$0.0
	7102	Life Insurance Premiums	\$0.00	\$1.72.0
	7103	Medical & Hospital Plan Premiums	\$0.00	\$20,988.8
	7104	Pension or Retirement Plan Premiums	\$0.00	\$5,060.0
	7105	Supp. Payments to Pensioned Employes	\$0.00	50.0
	7106	Payments to Annuitants	\$0.00	\$0.0
	7107	Employment Termination Expenses	\$0.00	\$0.0
	7108	Employee Tuition Reimburse. Plan	\$0.00	\$0.6
		CCOUNT NO. 7100 SUB TOTAL*	\$ -	\$ 26,22
7200	7201	FICA Payments (Employer's Share)	\$0.00	\$7,741.8
7200	7202	Unemployment Insurance	\$0.00	\$4,462.9
	7203	Workmen's Compensation Insurance	\$0.00	\$2,327.6
	7204	Disability Insurance Premiums	\$0.00	\$0.0
		CCOUNT NO. 7280 SUB TOTAL*	s -	\$ 14,53
8000**	8001	Medical & Dental Foes	\$0.00	\$0.0
0000	8002	Psychological Fees	\$0.60	\$0.0
	8003	Legal Fees	\$0.00	\$0.0
	8004	Rehabilitation & Education Fees	\$0.00	\$0.0
	8005	Development & Public Relations Fees	\$0.00	\$0.0
	8006	Brekerage, Commission, Collection Fee	\$0.00	\$0.0
	8007	Employment Fees	\$0.00	\$0.0
	8008	Audit Fees	\$0.00	\$0.0
	8009	Electronic Data Processing Service Fee	\$0.00	\$0.0
	8010	Other Contract Payments to Consultants	\$0.00	\$0.0
	8011	Talent Fees	\$0.00	\$0.0
	8011	Other Purchased Services	\$0.00	\$0.
	TOATE	CHEST LEIGHTON DOLVIOR	24100	300

^{*}Must be the same dollar amount as shown on Form 3

item # 28 Form 3SE3

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

^{**}Attach a copy of the memorandum of agreement between the agency and the professional when using Control Account No. 8800, Sub-Account Nos. 8001 through 8012.

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

	me UMOS, Inc.		2015 Prgm No.	MSD 081
		(A)	(B)	(C)
Control	Sub-Account		2014	2015
Acct. No.	Number	Account Description	Gross Budget	Gross Budget
3100	8101	Medicine & Drugs (Clinic Use Only)	\$0,00	\$0.0
	8102	Prosthetic Appliances (Clinic Use Only)	\$0.00	\$0.0
	8103	Recreational, Voc. & Craft Supplies	50.00	50.0
	8184	Food & Beverages	\$0.99	\$0.0
	3195	Laundry, Linen, & Housekeeping Supplies.	\$0.00	\$6.0
	8106	Office Supplies-Stationery, Typing	\$0.00	\$0.0
	8197	Paper, Ink, Printing, Duplicating	\$0,00	\$0.0
	8108	New Goods Purchased	\$0.00	\$4,800.0
	2109	Raw Materials (Manufacturing) Purchased.	\$0.00	\$0.0
	9110	Manufacturing Supplies	\$6.00	50.6
	CONTROLAG	COUNT NO. \$100 SUB TOTAL*	s -	\$ 4,800
VE 45				1,00
8200	8201	Telephone Expense	\$6.00	\$4,880.00
	8282	Telegraph Expense	\$0.00	\$9.00
	CONTROLAC	COUNT NO. 8200 SUB TOTAL*	s -	\$ 4,086
300	8361	Postage and Parcel Post	\$0.00	\$0.00
	8302	Freight	\$0.00	\$0.0
	8363	Messenger & Delivery Service	\$0.00	\$0.00
499	8481 8482	Office Rent	\$0,00	\$10,573.73
1400		Office Rent	\$0,00	\$10,573.73
	8403	Other Bidg. & Parking Lot Rent	59.00	\$0.00
		Bidg. & Bidg. Eq. Ins. (Gen. & Liability)	\$0.00	\$834.7
	8404	Mortgage Interest	\$0.00	\$0.8
	8495	Electricity	\$9.09	\$2,504.30
	2406	Gar	\$0.00	\$556.51
	8407	Heating Oil	\$0.00	\$0.00
	8408	Water & Sewer	\$0.00	\$286.61
	8409	Janitor h / Maintenance/Repairs Purchased	\$6.46	\$1,782.50
	8410	Real Estate Taxes	50.00	\$9.00
	8411	Personal Property Taxes	\$0.00	\$0.00
	8412	Licenses & Permits-Occupancy Related	\$0.00	\$0.00
	8413	Bldg. & Grounds Maintenance Supplies	\$0.00	\$10,295.47
	8414	Miscellance us Occupancy Costs	\$0.00	\$0.00
	8415	Amortization/Leasehold Improvements	\$9.80	\$0.00
	8416	Depreciation - Buildings	50.00	\$0.00
	CONTROLAC	COUNT NO. 8400 SUB TOTAL*	\$	\$ 27,834
500	8501	Equipment rental expenses	\$0.00	\$0.00
	8502	Equipment Maintenance expenses	\$9.00	\$0.00
	8503	Equipment - Depreciation	\$9.00	\$9.00
	2504	Equipment - Interest Exponse	\$6.00	\$0.00 \$0.00
			40.00	30.00
	CONTROLAC	COUNT NO. 8500 SUB TOTAL *	8 -	S .

item # 28 Form 3SE3

UMOS: Helping Over 10,000 Milwaukes County Residents Improve Their Lives Even Mouth	Page 156
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FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

	me UMOS, Inc.	(A)	2015 Prgm No.	(C)
Control	Sub-Account	(4)	2914	2015
Acet. No.	Number	Account Description	Gross Budget	Gross Budget
1600	8601	Printing Printing	\$9.00	\$0.00
BOUU	8602	Ariwerk	\$0.00	\$0.00
	8603	Photography	\$0.00	\$0.00
	8604	Recording	\$0.00	\$0.00
	8605	Films	50.00	\$0.00
	8606	Subscriptions-Periodicals/Publication	\$0.00	\$0.00
	8607	Purchase of Publications	\$9.00	\$0.00
	8608	Media Use Charges-Public Information	\$9.00	\$0.00
		CCOUNT NO. 8600 SUB TOTAL*	\$ -	S
			\$0.00	\$0.00
2700	8701	Local Bus & Taxicab Fures	\$0.00	\$0.00
	8702	Gas & Oil - Company Vehicles	\$0,00	\$0.00
	8703	Rapairs - Company Vehicles	\$8,00	\$0.00
	8704	Insurance - Company Vehicles	\$0.00	\$0.6
	8705	Licenses & Permits-Company Vehicles	\$9.00	\$0.0
	8706	Leasing Costs - Company Vehicles	\$0.00	\$0.0
	8707	Auto Allowance(Employees/Volunteers)	\$0.00	\$0.0
	8708	Tires - Company Vehicles	\$0.00	\$0.0
	8709 8710	Hotel, Meaks, & Incidental Expenses Depreciation - Automotive Equipment	\$8.00	50.0
	CONTROL A	COMMEND STAR STIR TOTAL!	\$	S
8800	CONTROL A	CCOUNT NO. 8700 SUB TOTAL* Meeting Space & Equipment Rental	\$ \$0.00	
8800		CCOUNT NO. 8700 SUB TOTAL* Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.)		\$0.0
8800	8801	Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.)	\$9.90	\$0.0 \$0.0
8800	8801 8802	Meeting Space & Equipment Rental	\$0.00	\$0.0 \$0.0 \$0.0
8800	8801 9802 8803	Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.) Food & Boverages Costs (Mig. Particip.)	\$6.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0
8800	8801 9802 8803 8804 8805	Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.) Food & Beverages Costs (Mig. Particip.) Speaker's Honoraria & Expenses	\$6,00 \$0.00 \$0.00 \$9.00 \$0.00	\$0.0 \$0.0 \$0.0
	8801 8802 8803 8804 8805	Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.) Food & Beverages Costs (Mig. Particip.) Speaker's Honoraria & Expenses Registration Fees	\$6,00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0
8900	8801 8802 8803 8804 8805 CONTROL A	Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.) Food & Beverages Costs(Mig. Particip.) Speaker's Hotoraria & Expenses Registration Fees ACCOUNT NO. 8800 SUB TOTAL* Medical Fees	06.62 00.02 00.02 60.02 60.02	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	8801 8802 8803 8804 8805 CONTROL A	Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.) Food & Beverages Costs (Mig. Particip.) Speaker's Honoraria & Expenses Registration Fees ACCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees	06.62 00.02 00.02 60.02 60.02 00.02	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	8801 8802 8803 8804 8805 CONTROL A 8901 8902 8903	Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.) Food & Beverages Costs(Mig. Particip.) Speaker's Honoraria & Expenses Registration Fees CCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees Medicines	06.62 00.02 00.02 60.62 60.62 	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	8801 9802 8803 8804 8805 CONTROL A 8901 8902 8903 8904	Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.) Food & Beverages Costs (Mig. Particip.) Speaker's Honoraria & Expenses Registration Fees ACCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	8801 8802 8803 8804 8805 CONTROL A 8901 8902 8903 8904 8905	Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.) Food & Beverages Costs(Mig. Particip.) Speaker's Honoraria & Expenses Registration Fees CCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees Medicines Children's Board	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	8801 9802 8803 8804 8805 CONTROL A 8901 8902 8903 8904	Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.) Food & Beverages Costs(Mig. Particip.) Speaker's Honoraria & Expenses Registration Fees CCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees Medicines Children's Board Homenaker Service	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	8801 8802 8803 8804 8805 CONTROL A 8901 8902 8903 8904 8905 8906 8907	Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.) Food & Beverages Costs(Mig. Particly.) Speaker's Honoraria & Expenses Registration Fees ACCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees Medicines Children's Board Homemaker Service Food Service Shelter Service	\$6,00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	8801 8802 8803 8804 8805 CONTROL A 8901 8902 8903 8904 8905 8906 8907 8908	Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.) Food & Beverages Coste(Mig. Particip.) Speaker's Honoraria & Expenses Registration Fees ACCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees Medicines Children's Board Homemaker Service Food Service	\$6,00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	8801 8802 8803 8804 8805 CONTROL A 8901 8902 8903 8904 8905 8906 8907 8908 8910	Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.) Food & Beverages Costs(Mig. Particly.) Speaker's Honoraria & Expenses Registration Fees ACCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees Medicines Children's Board Homemaker Service Food Service Shelter Service Clothing Service Recreation Service	\$6,00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	8801 8802 8803 8804 8805 CONTROL A 8901 8902 8903 8904 8905 8906 8907 8908 8910 8911	Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.) Food & Beverages Costs(Mig. Particly.) Speaker's Honoraria & Expenses Registration Fees ACCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees Medicines Children's Board Homemaker Service Food Service Shelter Service Clothing Service	\$6,00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	8801 8802 8803 8804 8805 CONTROL A 8901 8902 8903 8904 8905 8906 8907 8908 8910	Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.) Food & Beverages Costs(Mig. Particly.) Speaker's Honoraria & Expenses Registration Fees ACCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees Medicines Children's Board Homemaker Service Food Service Shelter Service Clothing Service Recreation Service Wage Supplements	\$6,00 \$0,00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	8801 8802 8803 8804 8805 CONTROL A 8901 8902 8903 8904 8905 8906 8907 8908 8910 8911 8912 8913	Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.) Food & Beverages Corts(Mig. Particip.) Speaker's Hottoraria & Expenses Registration Fees Registration Fees Dental Fees Dental Fees Medical Fees Medicines Children's Board Hememaker Service Food Service Shelter Service Clothing Service Recreation Service Wage Supplements Prosthetic Appliances Hespital Fees	\$6,00 \$0,00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
	8801 8802 8803 8804 8805 CONTROL A 8901 8902 8903 8904 8905 8906 8907 8908 8910 8911 8912	Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.) Food & Beverages Corts(Mig. Particip.) Speaker's Hottoraria & Expenses Registration Fees Registration Fees Dental Fees Dental Fees Medical Fees Medicines Children's Board Homemaker Service Food Service Shelter Service Clothing Service Recreation Service Wage Supplements Prosthetic Appliances	\$6,00 \$0,00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0

item # 28 Form 3SE3

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

	(A)	(B)	(C)
Sub-Account		2014	2015
		Gross Budget	Gross Budget
		\$0.00	\$0.00
9002	Organizational Dues	\$0.00	\$0.00
CONTROL	ACCOUNT NO 9000 SUB TOTAL*	S -	s
9101	Grants to Research Institutions	\$0.00	\$9.00
9102	Graduate Fellowships	\$0.00	\$0.00
9103	Trainee Scholarships	\$0.00	\$0.00
9104	Other Scholarships/Tuition Payments	\$0.00	\$0.00
9105	Allowance for Travel Under Grant	\$0.00	\$2,992.00
9106	Allowance for Equipment Under Grant	\$0.00	\$9.00
9107	Lump Sum Camperships	\$0.00	\$0.00
9108	Contribution/Grants to Hum, Serv. Org	\$0.00	\$9.0
9109-50	Awards & Grants to Indiv./Other Org.	\$0.00	\$0.00
9151-99	Awards & Grants to Affiliate Organizat. (Misc)	\$0.00	\$0.00
CONTROLA	CCOUNT NO. 9100 SUB TOTAL *	\$ -	\$ 2,993
9201	Administrative Costs (Indirect Costs)	SO.AD	18,17
9202	Transportation		10,17,
CONTROLA	CCOUNT NO. 9200 SUB TOTAL*	s -	\$ 18,173
9361	Local Bus & Taxicab Fares	\$0.00	\$0.00
9302		70.00	\$0.00
9363			\$0.9
9304			\$0.0
9305			\$0.0
9306			\$0.00
9367			\$0.00
9308			\$0.00
CONTROLA			
	CCOUNT NO. 3300 SUB TOTAL-	2 -	\$
9481	Employee Malpractice Insurance	\$0.00	\$0.00
9482	Employee Bonding Insurance	\$0.00	\$6.00
9403	Other	\$0,00	\$0.00
CONTROL A	CCOUNT NO. 9400 SUBTOTAL *	8 -	\$
9501-9504	Depreciation or Amerikation	S -	\$
Related to the S			
			\$0.06
3031	Payments to Affiliated Organizations	\$0.00	\$0.00
CONTROLA	CCOUNT NO. 9600 SUB TOTAL	s -	5
	Grand Tptal ***	\$ -	\$ 199,832
			19 177312
the same dollar as	mount as shown on Form 3, on the line titled "TOTA"		3 199,832
the same dollar as			March 25, 2019
	Number 9001 9002 CONTROL A 9101 9102 9103 9104 9105 9106 9107 9108 9109-50 9151-99 CONTROL A 9201 9202 CONTROL A 9301 9302 9303 9304 9305 9306 9307 9308 CONTROL A 9401 9402 9403 CONTROL A 9501-9504 Related to the St 9601-9690 9691	Number Account Description 9001 Individual Dues 9002 Organizational Dues CONTROL ACCOUNT NO 9000 SUB TOTAL* 9101 Grants to Research Institutions 9102 Graduate Fellowships 9103 Trainee Scholarships 9104 Other Scholarships 9105 Allowance for Travel Under Grant 9106 Allowance for Equipment Under Grant 9107 Lump Sum Camperships 9108 Contribution/Grants to Hum. Serv. Org 9109-50 Awards & Grants to Indiv./Other Org. 9151-99 Awards & Grants to Indiv./Other Org. 9151-99 Awards & Grants to Affiliate Organizat. (Misc) CONTROL ACCOUNT NO. 9100 SUB TOTAL * 9201 Administrative Costs (Indirect Casts) 9202 Transportation CONTROL ACCOUNT NO. 9200 SUB TOTAL* 9301 Local Bus & Taxicab Fares 9302 Gas & Off - Company Vehicles 9303 Repairs - Company Vehicles 9304 Insurance - Company Vehicles 9305 Licenses & Permits-Company Vehicles 9306 Leasing Costs - Company Vehicles 9307 Tire - Company Vehicles 9308 Depreciation - Auto Equipment CONTROL ACCOUNT NO. 9300 SUB TOTAL* 9461 Employee Malpractice Insurance 9402 Employee Bonding Insurance 9403 Other CONTROL ACCOUNT NO. 9400 SUB TOTAL * 9501-9504 Depreciation or Americation 18 Related to the Statement of Expenses in the GUIDELINES.	Number

item # 28 Form 3SE3

UMOS: Helping Over 40,000 Milwaukee County Residents Improve Their Lives Every Month	
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FORM 4 ANTICIPATED PROGRAM REVENUE UMOS, Inc. Agency Name Disability/Target Gre Management Services Division - Energy Assistance MSD 001 2015 Prgm No. WHEAP - West Program (Zone 3) Facility Name **UMOS** West Greenfield City Hall, 7325 W. Forest Home Ave., Greenfield Address (C) (A) 2014 2015 Control Rev. Budget Rev. Budget Revenue Acct. No. Contributions and Donations 4000 Contributions to Building Fund 4100 4200 Special Events Legacies and Bequests 4300 Collected through Local Member Units 4500 Contributed by Associated Organizations 4600 Allocated by Federated Fund Raising 4700 Organizations Allocated by Unassociated and Non-Federated Fund Raising Organizations **48**00 Other Government Purchase of Service 199,832 (DO NOT INCLUDE ANY REQUESTS FROM DHHS) 5100 Grants from Other Governmental Agencies **52**00 (DO NOT INCLUDE ANY REQUESTS FROM DHHS) 5300 Revenues From HMO and PPO 6000 Membership Dues Assessments and Dues-Local Member Units 6100 6200 Program Service Fees - Other 6300 Intra-Agency Sales of Supplies and Services 6400 Revenues from Disposal of Assets 6500 Investment Income Gains (Losses) on Investment Transactions 6600 6700 Miscellaneous Revenue 199,832 TOTAL NON-DHHS REVENUE DHHS CONTRACT REQUEST 199,832 TOTAL REVENUE March 25, 2015 Date (Initial): Rev. 6/14 Date (Final):

Item # 28 Form 4E3

UMOS: Helping Over 20,000 Milwankee County Residen	When the Control of the State o	(1997) 500 500 100 100 100 100 100 100 100 100	# P266 75V
	THE CAN A DISCUSSION OF THE CONTRACT OF THE CO	U wik Kasa ki ma Kasili Katif Kirili Kirili Ki	1050 700
ALL LICENSE DESCRIPTION OF SECURITION OF SEC	222 11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The state of the s	

FORM 4S	ANTICIPATED	PROGRAM REVENUE SUPPLEMENTARY SHEET		
Agency Name	UMOS, Inc.			
	Gw Managemen	t Services Division - Energy Assistance	_	
Program	WHEAP - V	Aget	2015 Prgm No.	MCD and
Facility Name	UMOS Wes		2013 F18m MO-	MSD 001
Address	Greenfield (ity Hall, 7325 W. Forest Home Ave., Greenfield	-	
	O L DO MAINTEN	The state of the s		
		(A)	(B)	(C)
Control	Sub-Account		2014	2015
Acct. No.	Number	Account Description	Revenue Budget	Revenue Budget
4000	4001	In-Kind Materials		-
	4082	In-Kind Services		
	4003	Unrestricted Cash		
ĺ	4004	Restricted Cash		
	4005	Other		-
	11000			-
	CONTROL AC	COUNT NO. 4000 BUB TOTAL*		-
4100		Contributions to Building Fund		
	CONTROL AC	COUNT NO. 4100 SUB TOTAL*		_
4200		Special Events		
	CONTROL AC	COUNT NO. 4200 SUB TOTAL*		
4300	4301	Eidewments		
	4302	Trusts		
	4303	Other	_	
	CONTROL AC	COUNT NO. 4300 SUB TOTAL*		-
4500		Collected Through Local Member Units		-
	CONTROL AC	COUNT NO. 4500 SUB TOTAL*	-	
4600		Centributed by Associated Organizations		
	CONTROL AC	COUNT NO. 4600 SUB TOTAL*		
			-	-
4700		Allocated by Federated Fund Reining Org.		
	4701	United Way		-
	4702	Other	-	-
	CONTROL AC	COUNT NO. 4700 SUB TOTAL *	н	+
4800		Affocated by Unassociated and		
		Non-Federated Fund Raising Org.		
	CONTROL AC	COUNT NO. 4800 SUB TOTAL*	-	

Item # 28 Form 4SE3

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Worth Page 160

^{*}Must be the same dollar amount as shown on Form 4.

Agency Name	UMOS, Inc.		2015 Prgm No.	MSD 00
AEOUCY NAME	OMODI ADDI			(C)
		(A)	(B) 2014	2015
Control	Sub-Account	1	Revenue Budget	Revenue Budget
Acct. No.	Number	Account Description	Kevende panger	Acresse Dauget
5100	5101	Title XX-Milwaukee County		
	5102	(Do not include any DHHS Requests) Title XX-Other Counties		
	5102	Title IVA (AFDC Unemployment Actual)-		
	3103	Milwaukee County		
	5104	Title IVA (AFDC Unemployment Actual)-	-	
	3104	Other Countles		
	5105	Title IVA (WEOP) - Milwaukee County		199,83
	5105	Title IVA (WEOP) - Other Countles	-	
	5107	\$1.42/.437 - Milwauker County		
	5108	51.42/.437 - Other Counties	-	
	5109	Title I - Milwaukee County		
	5110	Title I - Other Counties	-	
	5111	Title III - Milwaukee County		
	5112	Title III - Other Countles	-	
	5113	USDA Food Stamps		
	5114	Title XVIII - Medicare		
	5115	Title XIX - Medicald		
	5116	Social Security and SSI		
	5117	CIP Revenue from Milwaukee County DSD		
	5118	CIP Revenue from Other Counties		
	5119	COP Revenue from Milwaukee County DSD	-	
	5120	COP Revenue from Other Counties		
	5121	Wiser Choice /AODA voucher Revenue		
	5122	Wraparound Milwaukee Revenue		
	5123	Children's Court Services Revenue(CCSN)	-	
	5124	Milwaukee County Depart, of Aging Revenue	-	
	5125	Other		
	5126-99	Other Governmental Purchase of Service	-	
				199,8
	CONTROL AC	COUNT NO. 5100 SUB TOTAL *		19370
5200	5201	Direct Federal Grants	•	
	5202	Direct State Grants		
	5203	Direct County Grants		
	5204	Direct City and Municipal Grants		
	5206	Title III Grantz	-	
	5210	Other Grants from Governmental Agencies		
	CONTROL AC	COUNT NO. 5200 SUB TOTAL*	_	
5300	5301	Revenue from Title XIX-AFDC Clients		
3500	5302	Revenue from Non-Title XIX Clients		
		COUNT NO. 5300 SUB TOTAL*		
	CONTROLA			
6000		Membership Dues - Individuals		
	CONTROLAC	CCOUNT NO. 6000 SUB TOTAL*	-	
6100		Assessments & Dues-Local Member Units		

[&]quot;Must be the same dollar amount as shown on Form 4.

CONTROL ACCOUNT NO. 6100 SUB TOTAL*

Item # 28 Form 4SE3

CONTROL OF THE PROPERTY OF THE	Dode 404
UMOS: Helping Over 40,000 Milwaukee County Residents Improve Their Lives Every Month	Page 161
THE PART DESCRIPTION OF THE PROPERTY OF THE PARTY OF THE	

Agency Name	UMOS, Inc.	700	2015 Prgm No.	MSD (
Control	Sub-Account	(A)	(B)	(C)
Leet. No.			2014	2015
280	Number	Account Description	Revenue Budget	Revenue Budget
400	6201 6202	Income from Private Pay Clients		
	6202	Income from Title IVA (AFDC Employed	-	
	6203	Actual) Clients		
	10203	Income from Title XX Clients		
	6204	(Direct Pay Portion Only)		
	0204	Income from 51.42/.437 Clients	-	
	2007	(Direct Pay Portion Only)		
	6205	Income from Client Pick-up and	-	
		Delivery Charges		
	6206	Income from Client Insurance Carriers	-	
		(Other then Medicare - Title XVIII)		
	6207	Other Third Party Non-Governmental	F	
		Income		
	CONTROL AC	COUNT NO. 6200 SUB TOTAL*		
300		Intra-Agency Sales of Supplies & Service		
100	6401	Sale of Property & Cities Assets	-	
	6402	Sale of Property & Other Assels		
	6403	Sale of Staff Services		
	CONTROL AC	COUNT NO. 6400 SUB TOTAL®	-	
500	6501	In feirest		
	6502	Dividends		
	6503	Other		
	CONTROL AC	COUNT NO. 6500 SUB TOTAL*		
500		Gains (Losses) on Investment Trans.		
	CONTROL AC	COUNT NO. 6600 SUB TOTAL -		
	CONTROLAC	COOK! NO. 6600 SUB [O] AL -		
900		Miscelleneous Revenue		
	CONTROL AC	COUNT NO. 6900 SUB TOTAL.		
		GRAND TOTAL**		199,8
M-4 b- 15	ne dollar amount as :	thown on Form 4		
	Arie: Highwar H2 ;			
	me dollar amount as	shown on Form 4, on the line titled "TOTAL NON-DHER DEVE	NTIE-	
	me dollar amount at	shown on Form 4, on the line titled "TOTAL NON-DHIS REVI Date (initial) :		March 25, 20

Item # 28 Form 4SE3

III. 15. February 10: 000 00 by control Occapio and by control of the control of	D 4 4 4 5 5
UMOS: Helping Over 40,000 Milwaukea County Residents Improve Their Lives Every Month	Page 162

F you have a Federally approved t	Indirect rule Enlar II here s	n %	100
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	(6)	(D)	(C)	(D)	(CI)	(82)	(C3)	684)	(E5)	(366)	(F)	(0)
Costrol		2012	2004 Ones Duists	2015 Cum Brian	Specifical Specifical Classification	WHEAP Could FOR BOOK TO	Specification of the Control of the	WHERP-Sedence griginos) Green Budget	Programitant (programi) Orms Booker	fergustion (genution) Comp Budges	Indirect Code Grant Bullens	Programe & Procedure*
cet. No.	Emendings Drugheller	AFF	Cherry Company	1:0:10	252300	245,100	181,200	101,300		4	1215700	10,196,70
	Selectes			5,05,63	40.544	40,040	26,521	26221			413/078	5,541,7
9100	Employer Realth & Retirement Menells	-		1			14.532	14,512			(3)(5)	\$10.0
700	Payroll Tales			(21.423	25,494	28,397	3452	[4,582		-	10190	
19000	Professional Fors			jenesi	-							
\$100	Supplies			(PA SW)	19,300	13,000	6,800	4,400			FE628	712/
3290	Telephone			161,0000	3,760	20,200	4,000	4,080			M.C.G.	40
	Partie on and Skieping			+1950							6,850	40.
8400	Occupancy			2477.031	\$0,504	80,181	32,834	27,894			HISTO	1,594
-	Regard, Majorenauer & Deptechtion of Seujechess.											
			-	\$300			Ţ.	,	,		7.000	
9600	Printing and Publications										27.6.27	997
B7800	Trivel			1 00000							77,000	50
18900	Conjecutive, Consentium, Meglines		-	(9.5%)	-	-	 			-	1.042	
pagg	Specific Ambronce in Individuals				-			-	_	-		_
9000	Northendin Dury			44.900		-		-		,	4063	
9100	Avends and Counts				4.404	7,490	3,892	3,793				
9200	Objects Coles for an industry case with a contract a				40,316	40.749	18,173	19,173			2,189,790	2,967
				2077,340								2.05
90(10)	Crima Temperation		-	2000							HES	10
9400	Kiter Ingraus			210,716	`	,						
1600	Departation or Americality. Americal to Agencies, Physicist to Aministral		-	_		-		+				821
29400	Organications			223,000				-			4	22,79
	TOTAL COPPLETS			740946	476,313	470371	199,853	190,900				470
	PAOLITACIÓN		-		476,393	479,577	190,83	1901832				23,77
	ACITY AND SACTIONS MICH.			24078640	476382							0.24
	TOTAL POSSIBLE CONTRACT REVEROUGHT IND			- 240'884		4/63/4	97,50	123.003	1			N/PT

^{*} Combrol Accessed Pensoher \$200, Allocated Conts, submate F, about 6 he entered on a negative number in urder for religion D to grow fool to nero. . .

Ibes#2,Ftm5

UMOS: Kelping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

^{**} Use Other Contracts Programs & Punctions, column & for all non-Addunater County programs or functions

PERM SA TOTAL AGENCY AND CIPATED REVENUE

AND POST MAIN LINES, Sac.

	(A)	(IS)	(0)	(D)	(63)	(42)	(73)	(54)	175		(B)	
for street		2013	2014	1615	WHILE - Buthous		WHEAP - West	STREAT - Renter or	Begram House	Brogati Name		Other Contract
Ages. No.	litroner	Arreal			(pt:gras) Revmer Balest	(Infac)	(baction (, gardens	Springram).	(h.2mr)	Berlianzi	Indicate Custs	Prog. & Tour
4000	Cashghildicate 2nd Decidings					With the parties.		ACCUPATION.		Merce Seign	Revenue Budare	District Co.
ėjan	Cyrection to Debting Ford								,			
4200	Special Pepers											
4300	I applies and Engards		<u></u>	<u></u>	_							
4569	Collected decouple Local Diffrables Units:											
	Countries for Associated Countries	_			,					,		
470	Afternial by Policinal Pend Rubber Country from Abstract by Business and Sun Subrapet band Hanne Organization											
	Car Springer Persons Server (50 NO) 160 Mile And Rightson (2004)				416312	479,11)	Muns	396,[01]				13.300.2
	Contribut filter Cormun and Appears and sury contribute are adopted as a special popula											
	Required from \$13.63 and \$1000		AND THE PERSON AND									
5000	Deliminar deliminaria											
E)(0)	Autophotopic and Dans Local Mondon Units											
4500	Program Service Street/plan					,						
6700	Matte Agreet Sales of Papality and Services											
6400	Remove from Pigrocal of Aprels											
	Marylpo del Setamo						,					
	Sujantinal Lourn) on Interspect Transactions											
	All tellinings Floridge											
	THE RATION DURIS CORE RADE WEY NEW				476,313	470,820	149802	29/301				(13%)
	MUNICULGINACT REQUIES		_	26,074.541			-					34,076/
	YOU ALMINITURE	Describition		24,079,44)	416,313	470370	169800	199,803				37,783

* Use Other Continues Progress & Function, where Gierall pay hills traine County progress or fourther

Namur Jü Form Sa

UMOS: Helping Over 10/000 Milwaukee County Residents Improved heir Lives Every Month

·	INDIRECT	COST		DO A	rion)	DLAN
rorm o	INDIKECT	COST	MULN	ULA.	TIOI	7 Jun 11

Summary Sheet

4 Among	e Misuna	

UMOS, Inc.

2 Disability/Target Group.

Management Services Division - Energy Assistance (Use additional copies of this form as receded.)

A	В	C	Form 6D	Form 6E	Form 6F	Form 6G	Form 6H	_	1
Account	Indirect Cost Account Description	Total Agency Indirect Costs E col (D)	Direct Salaries Afforation	FTE Allocation	Square Footage Allocation	Direct Cost Allacation	Other Affecation	1	allowable adirect Costs ^{n/c}
		to col (H)							.00160
2000	Salariex	1.215.320				2,189,700		3	(974,380
7100	Employee Health & Retirement Ben.	418,070						\$	41R,070
7200	Payroll Tions	68,058						\$	66,058
8000	Professional Fees	140,850						\$	140,850
8100	Supplies	55,000						3	55,000
8200	Telephone	16.800						\$	16,800
\$300	Postage & Shipping	6,000						\$	6,000
8400	Oceapaney	185,510						3	185,510
8500	Rental & Meintenance of Equip.							3	
8600	Printing & Publications	5,000						3	3,001
\$70D	Employee Travel	25,000						S	25,000
8800	Conferences, Conventions, Meetings	39,000						8	39,000
8900	Specific Assistance to Individuals							8	
9000	Alembership Dues	4,000						\$	4,00
9100	Awards & Orants							18	
9300	Client Transportation							\$	
9400	Other Miscellaneous (Specify)	11.092				<u> </u>		8	11.09
9500	Depreciation or Americation							2	
9600	Allocations to Agencies							S	
*******	Interest							8	
	Bad Debt							8	
	TOTAL INDIRECT COSTS *	8 2,189,700	s .	3	s -	\$ 2,189,700	s -	s	

^{*} Individual line entries for Total Agency Indirect Costs (column C) should be entered on the corresponding respective line

As gart of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method and to distribute indirect costs to programs.

Rev. 6/14

Date Online 1:

March 25, 2015 Date (Final):

Item#26 Form 6

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

on Form 5, column F.
** Enter Agency Indirect Costs which may not be allocated to Milwaukee County Programs under Federal & State Cost Principles

Form 6D DIRECT COST ALLOCATION PLAN Allocation Basis: Direct Salaries

Agency Name:	WMOS, Inc.

2 DisabilityTarget Group: Management Services Division - Energy Assistance (Use additional copies of this form as needed.)

A	В	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
Account Namber	Indirect Cost Aceburt Description	Allowable Total Direct Salaries Allocation	THEAP - Souther (program)		WHEAP - West (program)				Other Contracts Programs & Functions
7000	Salurles							190	
7100	Employee Health & Retirement Ben.	-		-				A-1	
7200	Payroll Taxes								
8000	Professional Fees	-	III and the second	- H		The second			
8100	Supplies	-		100 8 1					
8200	Telephone				1-1-1			ALC: U	
8300	Postage & Shipping						100	-7-	
8400	Occupancy	-					- 20		
8500	Rental & Maintenance of Equip.		277 - 0						
8600	Printing & Publications	-							
8700	Employee Travel								
8100	Conferences, Curwentions, Meetings			1.53		C+ 11/25			
8000	Specific Assistance to Individuals					[10]			
9000	Membarship Dues								
9100	Awards & Grants								
9300	Client Tuesportation								
9400	Other Miscallaneous (Spacify)	-				1			
9500	Depreciation or Amortization		1000			1000			
9600	Allocations to Agencies		11 (4)			P 22 14			-
-	Interest	-	100		-	-		1	
	Bad Debt					1			
	TOTAL INDIRECT COSTS **	\$							
	TOTAL DIRECT SALARIES	\$ 10,867,500	232,900	246,500	101,200	161,200			10,185,7

^{*} Individual line entries for Total Direct Salaries Allocation (column C) come from the Indirect Cost Summary Form 6 (column D).

An part of program budgeting, agencies which are contracted to provide more than one program are										
required to assign indirect costs to each program under contract. Describe the formularmethod used to										
distribute indirect costs to programs. Rev. 6/14	Date (initial):	Merch 35, 3015 Data (Final):								
		item#26 Form 6								

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

⁴º Totals for each Program tochanas D through K) should be entered in Control Account Number 9200, Allocated Costs on Porm 3 (column C) for such bill-weaker County program All other new-bill-weaker County contracts, programs & finations should be entered in column L, Total Justicet Costs, and carried to Form 5, column C.

Form 6E DIRECT COST ALLOCATION PLAN Allocation Basis: Direct FTE

1 Agency Name:	UMOS, Inc.
2 Disability/Target Group:	Munupement Services Division - Energy Assistance

A	B	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
Account Number	Indirect Cost Accound Description	Allowable Total Direct FTE Allocation *	VHEAP - Southeas (program)			НЕАР - Souther (ргодина)		Promit Name (program)	Other Contracts Programs & Functions
7000	Selaries	-							
7100	Employee Health & Retirement Ben.		THE RESIDENCE			7.7			
7200	Payroll Taxes		1		0.00				
8000	Professional Fees					1		170 77 77	
8100	Supplies	•				C (X)			100
8200	Telephone					1		7.1	
8300	Postage & Shipping				100 100 100 100	2200			1
8400	Оссирансу					100			
8500	Rental & Maintenance of Equip.							303	
8600	Printing & Publications					000			
8700	Employee Travel								
8800	Conferences. Conventions, Meetings		- C.						
8900	Specific Assistance to Individuals		W						
9000	Membership Dues		1000						
9100	Awards & Grunts				27				1
9300	Client Transportation					-			1
9400	Other Miscellaneous (Specify)			1 19 2 1				-	
9500	Degraciation or Amerization						1 10 10 10		
9600	Allocations to Agenties								
****	Interest						100		
	Bad Debt								
	TOTAL INDIRECT COSTS **	\$0					_	,	
	TOTAL FTE	22.60	7,30	8,50	3.40	3.40		,	- 5

^{*} Individual line entries for Total Direct FTE Allectation (column C) come from the Indirect Cost Summary Form 6 (column F).

We brut of brokism profitting affectes appearing and come			
required to undga indirect costs to each program under	contract. Describe	the formula/method used to	
distribute indirect costs to programs.			
Rev. 6/14	Date (Initial):	March 25, 2015 Date (Final):	

item # 28 Form 6

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Morth

^{**} Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allowsted Costs on Form 3 (column C) for each Milwaukee County program All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and contact to Form 5, column G.

Form 6F	DIRECT	COST	ALLOCA	MOIT.	PLAN
---------	--------	------	--------	-------	------

Allocation Basis: Square Footage

1 Agency Name:

UMOS, Inc.

2 Disability/Target Group:

Managament Services Division - Energy Assistance (Use additional copies of this Romes needed.)

A	3	C	(E1)	(E.I)	(E3)	(E4)	(E5)	(E6)	I.
Account Number	Indirect Cost Account Description	Allowable Tetal Direct Sq Footage Allocation *	HEAP - Souther (program)	WHEAP Central (programs)	WHEAP - Work (program)			(program)	Other Contracts Programs & Functions
7000	Salarina								
7100	Employee Health & Retirement Ben.	,				See - Line			
7200	Payroli Taxes	-	The same of the			120			
8000	Professional Fees								
8100	Supplies				1000				13/1/2
8200	Telephone				100 TOT 11		1000	11	
	Postage & Shipping		1 1 4 1	120	1000 = 1	0.50			
8400	Occupancy			91					
8500	Rental & Maintenance of Equip.								
8600	Printing & Publications								
	Employee Travel		10						
280C	Conferences, Conventions, Meetings				- 6				
2900	Specific Assistance to Individuals								
9000	Membership Dues		The second			E-0.00		·	
9100	Awards & Grants				. 34	100			100/14
9300	Client Transportation		100	1 3		15			
9400	Other Miscellaneous (Specify)		100	1 - 2			2		
9500	Depreciation or Amortization					111111111111111111111111111111111111111			
	Allocations to Agencies				- 47 14				,
	Interest				2 15 6		7		
	Bad Debt								
	TOTAL INDIRECT COSTS **	50							
	TOTAL SQUARE FOOTAGE								

^{*} Individual line entries for Total Direct Square Footage Allocation (column C) come from the Indirect Cost Stammary Form 6 technim F).

As part of programs budgeting, agencies which are constructed to provide more than one paragrams are required to easign indirect coals to each programs under contract. Dourside the formula/method used to distribute indirect coals to programs.

[Rav. 6/14]

Dato (inifial):

March 25

Date (Inifial): March 25 2015 Date (Final):

Hem#28 Form 6

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

^{***} Totals for each Program (columns D famugh K) should be entered in Cosmol Assessmi Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukse County program All other non-Milwaukse County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

Form 6G DIRECT COST ALLOCATION PLAN

Allocation Basis: Direct Cost

1 Agency Name:	UMOS, Inc
2 Disability/Target Group:	Munaganens Services Division - Energy Assistance (Use additional copies of this form as needed.)

A	В	C	(E1)	(E2)	(E3)	(E4)	(ES)	(E6)	L
Account Number	Indirect Cost Account Description	Affercable Total Direct Direct Cost Affection	HEAP - Souther (program)		WHEAP - West (program)	(program)	Promem Name (program)	Program Name (program)	Officer Contracts Programs & Functions
7000	Salaries	2,189,760			the same of				O. I
7100	Employee Health & Retirement Ben.	-							
	Payroll Taxes								
	Professional Fees	-					1		
8100	Supplies		10						-
	Telephone				1 2				1000
8300	Postage & Shipping	-	Andrea Inc.	-				00000 188	
8400	Оссиралсу					CT-	100	100000000000000000000000000000000000000	
8500	Rental & Maintenance of Equip.		10000000	1		100000000000000000000000000000000000000	12 500		
8600	Printing & Publications		The second second					1916	
Rev. 3/10	Employee Trevel	-							
8800	Conferences, Conventions, Mostings								
8900	Specific Assistance to Individuals		Her .			1 = 0			
9000	Membership Dues	-	The second second						
9100	Awards & Grants	-				5.3			Laboration in the second
9300	Client Transportation								
9400	Other Miscellaneous (Specify)		San San San San San San San San San San						
9500	Depreciation or Amortization		-			1	1		
9000	Allocations to Agencies		100	1000000			-		The state of
o manered	Interest		1000						
******	Bod Debt				-			-	-
	TOTAL INDIRECT COSTS **	\$2,189,700	43,316	42,775	18,173	18,173			2,067,26
	TOTAL DIRECT COSTS	\$21,888,941	432,997	427,596	181,659	181,659			20,065,030

^{*} Individual line entries for Total Direct Cost Allocation (column C) come from the Indirect Cost Summary Form 6 (column G).

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/ascthod used to distribute indirect costs to programs.

Rev. 6/14

Date (Instal's:

March 25.

March 25, 2015 Date (Final):

item#28 Form 6

UMOS: Helping Over 10,000 Milwankee County Residents Improve Their Lives Every Month

^{**} Totals for each Program (columns D through K) should be entered in County Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

Form 6H DIRECT COST ALLOCATION PLAN

Allocation Basis: Other Allocation Basis

1 Agency Name:

UMOS, Inc.

2 Disability/Turget Group:

Management Services Division - Knorpy Assistance (Use additional copies of this form as needed.)

_A	В	C	(EI)	(E2)	(E3)	Œ0	(0.5)	(E6)	Ť.
Account	Initired Cost Astronal Description	Total Other Allowable Allocation Basis	TiEAP - Souther (programs)						Other Contracts Programs & Functions
7800	Salprier								
7100	Employee Health & Retirement Ben.								-
7200	Payroll Tutes							1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
8000	Professional Fees				70				
8100	Supplies				14-3	* * .			10000
8200	Telephune			THE P	1100		144		
6300	Postage & Shipping					15.	11 10		
8400	Occupancy				100	57			
2500	Rental & Maintenance of Equip.				100000				
#a00	Printing & Publications								1.1
8700	Employee Travel							17	
8900	Conferences, Conventions, Meetings		THE REAL PROPERTY.						- 39
8900	Specific Assistance to Individuals								20.00
9000	Membership Duos			20,					
9100	Awards & Grants					1000			
9300	Client Transportation.			1					
9400	Other Miscellaneous (Specify)						-		110
9500	Depreciation or Amortization		The second second					0.7	1
9600	Allocations to Agencies					111112	100	1 1 1 1 1 1	
retreate	Interest					977 min			
-	Bad Debi								
	TOTAL INDIRECT COSTS *								
	TOTAL ALLOCATION BASIS								

[&]quot; Individual line entries for Total Other Allocation Basis (column C) come from the Indirect Cost Summary Fosts 6 (column H).

As just of program budgeting, a gencies which are confirmed to provide more than one program are required to assign indirect costs to each program under contract. Describe five formula/austiced used to distribute indirect costs to programs.

Rev. 6/14 Date (Initial): March. 25

Date (Initial);

March 25 2015 Dale (Final):

item # 28 Form 8

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

^{4**} Tonds for each Program (columns D shrough K) should be entered in Control Account Dumber 9200, Allocated Covas on Form 3 (column C) for each Milwaukee County program.

All other non-hilbrankee County contracts, programs & functions should be entered in column L, Total Indianat Costs, and caraled to Form S, column G

icani provide the UNITs en Programs are and only
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Item # 28 Form 1E2

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month Page 171

FORM 2 . 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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Agency Name:	casps	i, Bec.						PHOGRAM WREAP benieved		PEOURAM WHEAP CHANG		FROGRAM WREAT WHE		PROGRAM WHEAP MARRIEST		PROGRAM Program Youter		PROGRAM Pragram Reine
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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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FORM2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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UMOS: Helping Over 10:000 Milwaukee County Residents Improve Their Lives Every Month

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FORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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UMOS: Holping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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item # 28 Form 2

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

PORM 2: 2015 AGENCY EMPLOYER HOURS AND SALARIES

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 2A - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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Rev. 6'14

Item # 28 Form 2A

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 2B - EMPLOYEE DEMOGRAPHICS SUMMARY

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full-time equivalents (FTE's) are not based on 40 hours per week, specify:			

Item # 28 Form2B2

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

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Ethnicity % to total FTE Rev. 6/14

FORM 3 ANTICIPATED PROGRAM EXPENSES

Asability/Target	Management Services Division - Energy Assistance	Б	2.000
rogram Name	WHEAP Central	2015 Prgm No.	MSD 001
acility Name	UMOS Central (Zone 4)		
Address	Our Savior's Church, 3022 W. Wisconsin, Milwauke		
	(A)	(B)	(C)
Control		2014	2015
Acct. No.	Expenditure Description	Gross Budget	Gross Budget
7000	Salaries		246,500
100	Employee Health & Retirement Benefits		63,868
7200	Payroll Taxes		35,397
8000	Professional Fees		
8100	Supplies	•	12,000
8200	Telephone		10,200
B300	Postage and Shipping	_	
			52,151
B400	Occupancy	-	Cagaoa
0.000	Rental, Maintenance &		
8500	Depreciation of Equipment		
8600	Printing and Publications	-	
8700	Travel		
8800	Conferences, Conventions, Meetings		
8900	Specific Assistance to Individuals		
9000	Membership Dues		
9100	Awards and Grants		7,48
	Allocated Costs (From Indirect Cost Allocation		
9200	Plan, if appropriate)		42,77
9300	Client Transportation	-	
9400	Miscellaneous		
9500	Depreciation or Amortization		
	Allocations to Agencies,		
9600	Payments to Affiliated Organizations	-	
	TOTAL EXPENSES	\$ -	\$ 470,37
0.00%	PROFIT FACTOR		A
	TOTAL EXPENSES INCLUDING PROFIT	\$ -	\$ 470,37
	TOTAL NON-DHHS CONTRACT REV.		470,37
	BROUGHT FWD	S	S
	TOTAL DHHS REQUEST Date (Initial):		March 25, 20

Item # 28 Form 3E2

UMOS; Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 3S		D PROGRAM EXPENSES SUPPLEMENTARY SH	Lift.	
Agency Name	UMOS, Inc			
Disability/Tary		nt Services Division - Energy Assistance		
Program	WHEAP		2015 Prgm No.	MSD 001
Facility Name	UMOS Cer	ntral (Zone 4)		
Address	Our Savior	's Church, 3022 W. Wisconsin, Milwaul	kee	
		(A)	(B)	(C)
Control	Sub-Account		2014	2015
Acet. No.	Number	Account Description	Gross Budget	Gross Budget
7000	7001	Executive Sciences	\$0.00	
	7002	Professional Salaries	\$0.00	246,50
	7003	Clerical Staff Salaries	\$0.00	
	7004	Technical Salaries	\$0.00	
	7005	Maintenance Employee's Wages	\$0.00	
	7006	Temporary Clerical Help	\$0.00	
	7007	Student Stipends	\$0.00	
	7008	Other Staff Salaries (Unclassified)	\$0.00	
	CONTROL AC	COUNT NO. 7600 SUB TOTAL*		\$ 246,50
7100	7101	Accident Insurance Premiums		
100	7102	Life Insurance Premiums	\$0.00	\$0.0
	7103	Medical & Homital Plan Premiums	\$0.00	\$419.0
	7104		\$0.00	\$51,124.1
	7105	Pension or Retirement Plan Premiums	\$0.00	\$12,325.0
		Supp. Payments to Pensioned Employee	\$0.00	\$9.6
	7106	Payments to Annustrants	\$0.00	S9.8
		Employment Termination Expenses	\$0.00	\$9.00
	7108	Employee Tultion Reimburge, Pian	\$0.00	\$9.00
		COUNT NO. 7100 SUB TOTAL*	S -	\$ 63,86
7200	7201	FICA Payments (Employer's Share)	\$0.00	\$18,857.2
	7202	Unemployment Insurance	\$0.00	\$10,870.6
	7203	Workmen's Compensation Insurance	\$0.00	\$5,669.5
	7204	Disability Insurance Premiums	\$0.00	\$0.0
	CONTROL AC	COUNT NO. 7200 SUB TOTAL*	\$ -	\$ 35,39
3000**	8001	Medical & Dental Fees	\$0.00	\$0.0
	8002	Psychological Foes	\$0.00	\$8.0
	8003	Logal Feer	\$0.00	\$8.0
	8004	Rehabilitation & Education Fees	\$0.00	\$9.0
	8005	Development & Public Rolations Fees	\$0.00	\$0.00
	8006	Brekerage, Commission, Cellection Fee	30.00	\$0.0
	8007	Employment Fees	\$0.00	\$0.0
	8008	Audit Fees	\$0.00	\$0.00
	8009	Electronic Data Processing Service Fee	\$0.00	
	8010	Other Contract Payments to Consultants	\$0.00	\$0.0
	8011	Talent Fees		\$0.00
	8012	Other Purchased Services	\$0.00	\$0.80
	Incre.	Pourer & M. Charles del Motif	\$0.60	\$8.00

^{*}Must be the same deliar amount as shown on Form 3

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

 $^{^{**}}$ Attack a copy of the memorandum of agreement between the agency and the professional

when using Control Account No. 8600, Sub-Account Nos. 8601 through 8012.

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Nan	ne UMOS, Inc.		2015 Prgm No	MOL	001
9 2		(A)	(B)		(C)
Control	Sub-Account		2014		2015
Lect. No.	Number	Account Description	Gross Budget	G	ross Budget
100	8101	Medicine & Drugs (Clinic Use Only)	\$0.00		\$0.00
200	8102	Prosthetic Appliances (Clinic Use Only)	\$0.00	1	\$9.00
	8103	Recreational, Voc. & Craft Supplies	\$0.00		\$0.00
	8104	Food & Beverages	\$0.00		\$0.00
	8105	Laundry, Linen, & Housekeeping Supplies.	\$0.00		\$0.00
	8106	Office Supplies-Stationery, Typing	\$0.00		\$0.00
	8107	Paper, Ink, Printing, Duplicating	\$0.00	I	\$0.00
	8108	New Goods Purchased	\$0.00		\$12,000.00
	8109	Raw Materials (Manufacturing) Purchased	\$0.00		\$0.00
	8110	Manufacturing Supplies	\$0.00		\$0.00
		CCOUNT NO. 8100 SUB TOTAL*	S -	S	12,000
2200	9301	Telephone Expense	\$0.00		\$10,200.00
3200	8201 8202	Telegraph Expense	\$0.00	_	\$0.00
		CCOUNT NO. 8200 SUB TOTAL*	\$	S	10,200
8300	10201	Bostone and Parcel Part	\$0.00	T	\$0.00
6300	8301	Postage and Parcel Post	\$0.00	_	\$0.00
	8302 8303	Freight Messenger & Delivery Service	\$0.00	-	\$0.00
	CONTROL A	CCOUNT NO. 8300 SUB TOTAL *	S	5	
8400	CONTROL A	CCOUNT NO. 8300 SUB TOTAL *	\$ \$0.0		
8400	8401	Office Rent			\$9,000.00
8400	8401 8402	Office Rent Other Bidg. & Parking Lot Rent	\$0.0		\$9,000.00 \$0.00
8400	8401 8402 8493	Office Rent Other Bidg. & Parking Lot Rent Bldg. & Bldg. Eq. Ins. (Gen. & Liability)	\$0.00 \$0.00		\$9,000.00 \$0.00 \$2,086.92
8400	8401 8402 8403 8404	Office Rent Other Bidg. & Parking Lot Rent Bldg. & Bldg. Eq. Ins. (Gen. & Liability) Mortgage Interest	\$0.00 \$0.00 \$0.00		\$9,000.00 \$0.00 \$2,086.92 \$0.00
8400	8401 8402 8403 8404 8405	Office Rent Other Bidg. & Parking Lot Rent Bldg. & Bldg. Eq. Ins. (Gen. & Liability) Mortgage Interest Electricity	\$0.00 \$0.00 \$0.00 \$0.00		\$9,000.00 \$0.00 \$2,086.92 \$0.00 \$6,260.70
8400	8401 8402 8403 8404 8405 8406	Office Rent Other Bidg. & Parking Lot Rent Bidg. & Bidg. Eq. Ins. (Gen. & Liability) Mortgage Interest Electricity Gas	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00		\$9,000.00 \$0.00 \$2,086.92 \$0.90 \$6,260.70 \$1,391.20
8400	8401 8402 8403 8404 8405 8406 8407	Office Rent Other Bidg. & Parking Lot Rent Bidg. & Bidg. Eq. Ins. (Gen. & Liability) Mortgage Interest Electricity Gas Heating Oil	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00		\$9,000.00 \$0.00 \$2,086.92 \$0.00 \$6,260 76 \$1,391.20
8400	8401 8402 8493 8404 8405 8406 8407 8408	Office Rent Other Bidg. & Parking Lot Rent Bidg. & Bidg. Eq. Ins. (Gen. & Liability) Mortgage Interest Electricity Gas Heating Oil Water & Sewer	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		\$9,000.00 \$0.00 \$2,086.92 \$0.00 \$6,260.70 \$1,391.22 \$0.00 \$716.5
8400	8401 8402 8403 8404 8405 8406 8407 8408	Office Rent Other Bidg. & Parking Lot Rent Bidg. & Bidg. Eq. Ins. (Gen. & Liability) Mortgage Interest Electricity Gas Heating Oil Water & Sewer Janitorial/Maintenance/Repairs Purchased	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		\$9,000.00 \$0.00 \$2,086.92 \$0.00 \$6,260.70 \$1,391.21 \$0.00 \$716.51
8400	8401 8402 8403 8404 8405 8406 8407 8408 8409 8410	Office Rent Other Bldg. & Parking Lot Rent Bldg. & Bldg. Eq. Ins. (Gen. & Liability) Mortgage Interest Electricity Gas Heating Oil Water & Sewer Janitorial/Maintenance/Repairs Purchased Real Estate Taxes	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		\$9,000.00 \$0.00 \$2,086.92 \$0.00 \$6,260.70 \$1,391.21 \$0.00 \$716.51 \$6,956.44
8400	8401 8402 8403 8404 8405 8406 8407 8408 8409 8410	Office Rent Other Bidg. & Parking Lot Rent Bldg. & Bldg. Eq. Ins. (Gen. & Liability) Mortgage Interest Electricity Gas Heating Oil Water & Sewer Janitorial/Maintenance/Repairs Purchased Real Estate Taxes Personal Property Taxes	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		\$9,000.00 \$0.06 \$2,086.92 \$0.00 \$6,260.76 \$1,391.22 \$0.00 \$716.5: \$6,956.44 \$0.00 \$0.00
8400	8401 8402 8403 8404 8405 8406 8407 8408 8409 8410 8411	Office Rent Other Bidg. & Parking Lot Rent Bidg. & Bidg. Eq. Ins. (Gen. & Liability) Mortgage Interest Electricity Gas Heating Oil Water & Sewer Janitorial/Maintenance/Repairs Purchased Real Estate Taxes Personal Property Taxes Licenses & Permits-Occupancy Related	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		\$9,000.00 \$0.06 \$2,086.92 \$0.00 \$6,260.76 \$1,391.22 \$0.00 \$716.53 \$6,956.44 \$0.00 \$0.00
8400	8401 8402 8403 8404 8405 8406 8407 8408 8409 8410 8411 8412	Office Rent Other Bidg. & Parking Lot Rent Bidg. & Bidg. Eq. Ins. (Gen. & Liability) Mortgage Interest Electricity Gas Heating Oil Water & Sewer Janitorial/Maintenance/Repairs Purchased Real Estate Taxes Personal Property Taxes Licenses & Permits-Occupancy Related Bidg. & Grounds Maintenance Supplies	\$0.00 \$0.00 \$0.00 \$0.00 \$9.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		\$9,000.00 \$0.06 \$2,086.92 \$0.00 \$6,260.76 \$1,391.22 \$0.00 \$716.53 \$6,956.44 \$0.00 \$0.00 \$25,738.63
8400	8401 8402 8403 8404 8405 8406 8407 8408 8409 8410 8411 8412 8413	Office Rent Other Bidg. & Parking Lot Rent Bidg. & Bidg. Eq. Ins. (Gen. & Liability) Mortgage Interest Electricity Gas Heating Oil Water & Sewer Janitorial/Maintenance/Repairs Purchased Real Estate Taxes Personal Property Taxes Licenses & Permits-Occupancy Related Bidg. & Grounds Maintenance Supplies Miscellaneous Occupancy Costs	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		\$9,000.00 \$0.06 \$2,086.92 \$0.06 \$6,260.76 \$1,391.22 \$0.00 \$716.53 \$6,956.44 \$9.00 \$0.00 \$25,738.63
8400	8401 8402 8403 8404 8405 8406 8407 8408 8409 8410 8411 8412 8413	Office Rent Other Bidg. & Parking Lot Rent Bidg. & Bidg. Eq. Ins. (Gen. & Liability) Mortgage Interest Electricity Gas Heating Oil Water & Sewer Janitorial/Maintenance/Repairs Purchased Real Estate Taxes Personal Property Taxes Licenses & Permits-Occupancy Related Bidg. & Grounds Maintenance Supplies Miscellaneous Occupancy Costs Amortization/Leasehold Improvements	\$0.00 \$0.00		\$9,000.00 \$0.06 \$2,086.92 \$0.06 \$6,260.76 \$1,391.26 \$0.06 \$716.55 \$6,956.44 \$0.00 \$0.00 \$25,738.66
8400	8401 8402 8403 8404 8405 8406 8407 8408 8409 8410 8411 8411 8412 8413 8414 8415 9416	Office Rent Other Bidg. & Parking Lot Rent Bidg. & Bidg. Eq. Ins. (Gen. & Liability) Mortgage Interest Electricity Gas Heating Oil Water & Sewer Janitorial/Maintenance/Repairs Purchased Real Estate Taxes Personal Property Taxes Licenses & Permits-Occupancy Related Bidg. & Grounds Maintenance Supplies Miscellaneous Occupancy Costs	\$0.00 \$0.00		\$9,000.00 \$0.00 \$2,086.92 \$0.00 \$6,260.76 \$1,391.28 \$716.51 \$6,956.44 \$0.00 \$0.00 \$25,738.61 \$0.00 \$0.00 \$25,738.61
	8401 8402 8403 8404 8405 8406 8407 8408 8409 8410 8411 8412 8413 8414 8415 9416	Office Rent Other Bidg. & Parking Lot Rent Bidg. & Bidg. Eq. Ins. (Gen. & Liability) Mortgage Interest Electricity Gas Heating Oil Water & Sewer Janitorial/Maintenance/Repairs Purchased Real Estate Taxes Personal Property Taxes Licenses & Permits-Occupancy Related Bidg. & Grounds Maintenance Supplies Misceïaneous Occupancy Costs Amortization/Leasehold Improvements Depreciation - Buildings	\$0.00 \$0.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$9,000.00 \$0.00 \$2,086.92 \$0.00 \$6,260.70 \$1,391.21 \$0.00 \$716.51 \$6,956.44 \$0.00 \$0.00 \$0.00 \$25,738.61
8400	8401 8402 8403 8404 8405 8406 8407 8408 8409 8410 8411 8412 8413 8414 8415 8416 CONTROL A	Office Rent Other Bidg. & Parking Lot Rent Bidg. & Bidg. Eq. Ins. (Gen. & Liability) Mortgage Interest Electricity Gas Heating Oil Water & Sewer Janitorial/Maintenance/Repairs Purchased Real Estate Taxes Personal Property Taxes Licenses & Permits-Occupancy Related Bidg. & Grounds Maintenance Supplies Misceffaneous Occupancy Costs Amortization/Leasehold Improvements Deprectation - Buildings ACCOUNT NO. 8400 SUB TOTAL* Equipment rental expenses	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		\$9,000.00 \$0.06 \$2,086.92 \$0.00 \$6,260.76 \$1,391.22 \$0.00 \$716.5: \$6,956.44 \$0.00 \$0.00 \$0.00 \$25,738.60 \$0.00
	8401 8402 8403 8404 8405 8406 8407 8408 8409 8410 8411 8412 8413 8414 8415 8416 CONTROL A	Office Rent Other Bidg. & Parking Lot Rent Bidg. & Bidg. Eq. Ins. (Gen. & Liability) Mortgage Interest Electricity Gas Heating Oil Water & Sewer Janitorial/Maintenance/Repairs Purchased Real Estate Taxes Personal Property Taxes Licenses & Permits-Occupancy Related Bidg. & Grounds Maintenance Supplies Miscellaneous Occupancy Costs Amortization/Leasehold Improvements Depreciation - Buildings ACCOUNT NO. 8400 SUB TOTAL* Equipment rental expenses Equipment Maintenance expenses	\$0.00 \$0.00	0	\$9,000.00 \$0.00 \$2,086.92 \$0.00 \$6,260.70 \$1,391.22 \$0.00 \$716.52 \$6,956.44 \$0.00 \$0.00 \$25,738.62 \$0.00 \$25,738.62 \$0.00
	8401 8402 8403 8404 8405 8406 8407 8408 8409 8410 8411 8412 8413 8414 8415 8416 CONTROL A	Office Rent Other Bidg. & Parking Lot Rent Bidg. & Bidg. Eq. Ins. (Gen. & Liability) Mortgage Interest Electricity Gas Heating Oil Water & Sewer Janitorial/Maintenance/Repairs Purchased Real Estate Taxes Personal Property Taxes Licenses & Permits-Occupancy Related Bidg. & Grounds Maintenance Supplies Misceffaneous Occupancy Costs Amortization/Leasehold Improvements Deprectation - Buildings ACCOUNT NO. 8400 SUB TOTAL* Equipment rental expenses	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$9,000.00 \$0.00 \$2,086.92 \$0.00 \$6,260.70 \$1,391.20 \$716.51 \$6,956.44 \$0.00 \$0.00 \$25,738,61 \$0.00 \$25,738,61

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Taganag a san	me UMOS, Inc.	70	2015 Prgm No.	
Control	Clark A	(A)	(B)	(C)
Acct. No.	Sub-Account Number	Account Description	2814 Gross Budget	2015 Gress Budget
8600	8601	Printing	\$0.00	\$0.0
	8602	Artwork	\$0,00	\$0.0
	8603	Photography	\$0.00	\$0.0
	8604	Recording	\$0.00	\$0.0
	8605 8606	Films	\$0.00	\$0.0
	8607	Subscriptions-Periodicals/Publication Purchase of Publications	\$0.00	50.0
	8608	Media Use Charges-Public Information	\$0.00	\$0.0
- · · · · · · · · · · · · · · · · · · ·		CCOUNT NO. 8600 SUB TOTAL*	\$0.00	\$0.0
700	8701	Local Bus & Taxicab Fares	\$0.00	59.0
	8702	Gas & Oil - Company Vehicles	\$0.00	\$0.00
	8703	Repairs - Company Vehicles	\$0.00	\$0.0
	8704	Insurance - Company Vehicles	\$0.00	\$0.0
	8705	Licenses & Permits-Company Vehicles	\$0.00	\$0.0
	8706	Leasing Costs - Company Vehicles	\$0.00	\$9.0
	8707	Auto Allowasce(Employees/Volunteers)	\$0.00	\$0.0
	8708	Tires - Company Vehicles	\$0.00	\$0.0
	8709	Hotel, Meals, & Incidental Expenses	\$0.00	50,00
	8710	Depreciation - Automotive Equipment	\$0.00	\$0.00
800	8801 8802	Meeting Space & Equipment Rental Meeting Supplies (Notices, Badges, etc.)	\$0.00	\$6.00
	8803		\$0.00	\$0.00
	8804	Food & Beverages Costs(Mig. Particip.)	\$0.00	\$0.00
		Speaker's Honoraria & Expenses	\$0.00	\$0.00
	8805	Registration Fees	20.00	\$0.00
	CONTROL AC	COUNT NO. 8800 SUB TOTAL*	s -	\$
900	8901	Medical Fees	\$0.00	\$0.00
	8902	Dental Fees	\$0.00	\$8.00
	8903	Medicines	\$9.00	\$0.00
	8904	Children's Board	\$0.00	
	8905	Homemaker Service		\$0.00
	8906	Food Service	\$0.00	\$0.00
	8907		\$0.00	\$0.00
		Shelter Service	50.00	\$0.00
	8908	Clathing Service	\$0.00	\$0.00
	8910	Recreation Service	\$0.00	\$0.00
	8911	Wage Supplements	\$0.00	\$0.00
	8912	Prosthetic Appliances	\$0.00	\$0.00
	8913	Hospital Fees	\$0.00	\$0.00
	8914	Testing Fees	50.00	\$9.00
	8915	Materials - Crafts, Vocation, etc.	\$0.00	\$0.00
	CONTROL AC	Count no. \$200 Sub Total*	S -	S

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Name	UMOS, Inc.		2015 Prgm No.	
		(A)	(B)	(C)
ontro	Sub-Account		2014	2015
cet. No.	Number	Account Description	Gross Budget	Gross Budget
000	9001	Individual Dues	\$0.00	\$0.00
500	9002	Organizational Dues	\$0.00	\$0.00
	17002			
	CONTROL AC	CCOUNT NO 9000 SUB TOTAL*	S -	<u>s -</u>
100	9161	Grants to Research Institutions	\$0.00	\$0.00
	9102	Graduate Fellowships	\$0.00	\$0.00
	9103	Trainee Scholarships	\$0.00	\$0.00
	9104	Other Scholarships/Tuition Payments	\$0.00	\$0.00
	9105	Allowance for Travel Under Grant	\$0.00	\$7,480.00
	9106	Allowance for Equipment Under Grant	\$0.00	\$0.00
			\$0.00	\$0.00
	9107	Lump Sum Camperships	\$0.00	\$0.00
	9108	Contribution/Grants to Hum. Serv. Org	\$0.00	\$0.00
	9109-50	Awards & Grants to Indiv./Other Org.	\$0.00	\$0.00
	9151-99	Awards & Grants to Affiliate Organizat. (Misc)	30.00	90:00
	CONTROL A	CCOUNT NO. 9100 SUB TOTAL *	\$ -	S 7,480
9200	9201	Administrative Costs (Indirect Costs)	\$0.00	42,775
	9202	Transportation	-	
	CONTROL A	CCOUNT NO. 9200 SUB TOTAL*	-	\$ 42,775
9300	9301	Local Bus & Taxicab Fares	\$0.00	\$0.00
2000	9302	Gas & Oil - Company Vehicles	\$0.00	\$0.00
	9303	Repairs - Company Vehicles	\$0.00	\$0.0
	9304	Insurance - Company Vehicles	\$0.00	\$0.0
	9305	Licenses & Permits-Company Vehicles	\$0.00	\$0.0
	9306	Leasing Costs - Company Vehicles	\$0.00	\$0.0
	9307	Tires - Company Vehicles	\$0.00	50.0
	9308	Depreciation - Auto Equipment	\$0.00	\$0.0
	CONTROL	ACCOUNT NO. 9300 SUB TOTAL*	s	\$
9400	9401	Employee Malpractice Insurance	\$0.00	\$0.0
	9402	Employee Bonding Insurance	\$0.00	\$0.0
	9403	Other	\$0.00	\$0.0
		ACCOUNT NO. 9400 SUB TOTAL *	s -	S
9500	9501-9504	Depreciation or Amortization	\$ -	s
		Statement of Expenses in the GUIDELINES.		
9600	9601-9690	Allocations to Agencies,	\$0.00	
	9691	Payments to Affiliated Organizations	\$0.00	\$0.0
	CONTROL	ACCOUNT NO. 9600 SUB TOTAL*	S	3
		GRAND TOTAL***	-	S 470,37
***Must be	the same dollar a	amount as shown on Form 3, on the line titled "TOTA	L EXPENSES"	
Rev. 6/14		Date (Initial		March 25, 20
INET. WAT		Date (Final		

Item # 28 Form 3SE2

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month Page 185

UMOS, Inc. Agency Name Disability/Target Gre Management Services Division - Energy Assistance WHEAP Central Program 2015 Prgm No. MSD 001 Facility Name UMOS Central (Zone 4) Address Our Savior's Church, 3022 W. Wisconsin, Milwaukee (A) **(B)** (C) 2015 Control 2014 Acct. No. Revenue Rev. Budget Rev. Budget 4000 Contributions and Donations 4100 Contributions to Building Fund 4200 Special Events 4300 Legacies and Bequests 4500 Collected through Local Member Units 4600 Contributed by Associated Organizations Allocated by Federated Fund Raising 4700 **Organizations** Allocated by Unassociated and Non-Federated Fund Raising Organizations 4800 Other Government Purchase of Service 5100 (DO NOT INCLUDE ANY REQUESTS FROM DHHS) 470,371 Grants from Other Governmental Agencies 5200 (DO NOT INCLUDE ANY REQUESTS FROM DHHS) 5300 Revenues From HMO and PPO 6000 Membership Dues 6100 Assessments and Dues-Local Member Units 6200 Program Service Fees - Other 6300 Intra-Agency Sales of Supplies and Services 6400 Revenues from Disposal of Assets 6500 Investment Income 6600 Gains (Losses) on Investment Transactions 6700 Miscellaneous Revenue TOTAL NON-DHHS REVENUE \$ 470,371 DHHS CONTRACT REQUEST TOTAL REVENUE \$ 470,371 Rev. 6/14 Date (Initial): March 25, 2015 Date (Final): Item # 28 Form 4E2

ANTICIPATED PROGRAM REVENUE

FORM 4

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 4S ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET Agency Name UMOS, Inc. Disability/Targ Management Services Division - Energy Assistance Program WHEAP Central 2015 Prgm No. MSD 001 UMOS Central (Zone 4) Pacility Name Our Savior's Church, 3022 W. Wisconsin, Milwaukee Address (C) (A) 2014 2015 Sub-Account Centrol Revenue Budget Revenue Budget Account Description Number Acct. No. In-Kind Materials 4600 4001 4002 In-Kind Services Unrestricted Cash 4003 Restricted Cash 4004 4005 Other CONTROL ACCOUNT NO. 4000 SUB TOTAL* Centributions to Building Fund 4100 CONTROL ACCOUNT NO. 4100 SUB TOTAL* Special Events 4200 CONTROL ACCOUNT NO. 4200 SUB TOTAL* 4300 4301 Endowments 4302 Trusts Other CONTROL ACCOUNT NO. 4300 SUB TOTAL* Collected Through Local Member Units 4500 CONTROL ACCOUNT NO. 4500 SUB TOTAL* Contributed by Associated Organizations 4600 CONTROL ACCOUNT NO. 4600 SUB TOTAL* Allocated by Federated Fund Raising Org. 4700 United Way 4701 Other 4702 CONTROL ACCOUNT NO. 4700 SUB TOTAL * Allocated by Unassociated and

Non-Federated Fund Raising Org.

CONTROL ACCOUNT NO. 4800 SUB TOTAL*

Item # 28 Form 4SE2

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

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4800

^{*}Must be the same dollar amount as shown on Form 4.

FORM 4S ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

Agency Name UMOS, Inc. 2015 Prgm No. MSD 001 (A) **(B)** (C) Control Sub-Account 2014 2015 Acct. No. Number Account Description Revenue Budget Revenue Budget 5100 5101 Title XX-Milwaukee County (Do not include any DHHS Requests) 5102 Title XX-Other Counties 5103 Title IVA (AFDC Unemployment Actual)-Milwaukee County 5104 Title IVA (AFDC Unemployment Actual)-Other Counties Title IVA (WEOP) - Milwaukee County 5105 470,371 5106 Title IVA (WEOP) - Other Counties 51.42/.437 - Milwaukee County 5107 5108 51.42/.437 - Other Counties 5109 Title I - Milwaukee County 5110 Title I - Other Countles 5111 Title III - Milwankee County 5112 Title III - Other Countles 5113 **USDA Food Stamps** 5114 Title XVIII - Medicare 5115 Title XIX - Medicaid 5116 Secial Security and SSI CIP Revenue from Milwaukse County DSD 5117 5118 CIP Revenue from Other Counties 5119 COP Revenue from Milwankee County DSD 5120 COP Revenue from Other Counties 5121 Witer Choice /AODA voucher Revenue 5122 Wraparound Milwankee Revenue 5123 Children's Court Services Revenue(CCSN) 5124 Milwaukee County Depart, of Aging Revenue 5125 5126-99 Other Governmental Purchase of Service CONTROL ACCOUNT NO. 5180 SUB TOTAL * 470,371 5200 5201 Direct Federal Grants 5202 Direct State Grants 5203 Direct County Grants 5204 Direct City and Municipal Grants 5206 Title III Grants 5210 Other Grants from Governmental Agencies CONTROL ACCOUNT NO. 5200 SUB TOTAL* 5300 5301 Revenue from Title XIX-AFDC Cilents 5302 Revenue from Non-Title XIX Clients CONTROL ACCOUNT NO. 5369 SUB TOTAL* 6000 Membership Dues - Individuals CONTROL ACCOUNT NO. 6000 SUB TOTAL. 6100 Amesaments & Dues-Local Member Units CONTROL ACCOUNT NO. 6160 SUB TOTAL*

Item # 28 Form 4SE2

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

*Must be the same dollar amount as shown on Form 4.

FORM 4S ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

Agency Nai	me UMOS, Inc.		2019 Alâm Mor	MIND OFF
		(A)	(B)	(C)
Control	Sub-Account		2014	2015
Acct. No.	Number	Account Description	Revenue Budget	Revenue Budget
6200	6201	Income from Private Pay Clients		
Acct. No. 5200 62 63 63 63 6400 6500 6600	6202	Income from Title IVA (AFDC Employed		
		Actual) Clients		
	6203	Income from Title XX Clients		
	10200	(Direct Pay Portion Only)		
	6204	Income from 51.42/.437 Clients	-	-
	0204	(Direct Pay Portion Only)		
	CD0.E	Income from Client Pick-up and		
i	6205	-		
		Delivery Charges Income from Client Insurance Carriers		
	6206			
		(Other then Medicare - Title XVIII)		
í	6207	Other Third Party Non-Governmental		·
		Income		
	CONTROL A	CCOUNT NO. 6200 SUB TOTAL*		
6300		Intra-Agency Sales of Supplies&Service		-
	CONTROL A	CCOUNT NO. 6300 SUB TOTAL *	-	-
6400	6401	Sale of Production		
	6402	Sale of Property & Other Assets		
	6403	Sale of Staff Services		-
	10.00			
	CONTROL A	CCOUNT NO. 6400 SUB TOTAL*	-	_
	CONTROL			
6500	6501	Interest		
0300	6502	Dividends		-
	6503	Other		-
L	10303	Other		
	CONTROL A	ACCOUNT NO. 6500 SUB TOTAL*		
6600		Gains (Losses) on Investment Trans.		
	CONTROL A	ACCOUNT NO. 6600 SUB TOTAL *	-	
5000		Miscellaneous Revenue		
0900		MISCERAGEORIS MEACHURE		
	CONTROL	ACCOUNT NO. 6900 SUB TOTAL*	-	
	CONTRODA			
		GRAND TOTAL**	_	470,371
		Came to Supplemental Control of the		
016	the same Latter of	married as shower on Form A		
" (V) LIST DO 1	THE SAME OCHAI AL	nount as shown on Form 4.	ON DUILS REVENUE	
**Must be	etne same dollar :	amount as shown on Form 4, on the line titled "TOTAL N		March 25, 201
		Date (Int		Meio1 20, 201
Den 4	6/14	Date (F	man:	

Item # 28 Form 4SE2

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month Page 189

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grop Travel			1,200,000							\$2.00.4	1000 Cha
Page Conference, Convenienc, Months			\$9,650							77.00%	5010
1995 Specific Assistance in Individuals											7110
2000 Mentership Bues			44,800							40%	49/45
2100 Awards and Crums	-			604	2,48,0	2,940	2,000			4,000	.25 July
4260 BADISTON .				43,516	(0.173)	20173	39.1%			42.1 BA 7541	
toda Client Termiporturing			2003,849	495,14		1017	17.00			22 BY 7018	24673H
9-000 Mistellagrage			COMPANY							44 800	2,055 10
bent fresheringer at Winnispation										11 803	90,0
9000 Organization			221,690								
TOTAL COMMUNICATION			24079-541	426 313	476471		1964507				22 Jan 30
PROFIT ACTOR											24 24 27
ACAN EXMANDER (NCF TABLET MANAGE)			25.074.641	47530	470,073	140,000	199,102			Ų	32,762 34
TOTAL FOR DENIE CONTRACT DEVENSION IND				476,313	470371	1993,000	[19325]				E34:30
TOTAL INVESTIGATOR	Date Stables		201/24-640							<u></u>	34,473054

Bernit Je Furin S

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM SA TOTAL AGENCY ANTICIPATED REVENUE

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	(A)	(III)	11.7	(th)	(5.1)	TR(S)	(6.3)	0:41	(F-8)	0.61	(8)	[47]
		100			WHEAP - Lordon	WHEAPTERNE	WHEAP- WOR	WHEAP Southy on	Wegner Name	Program Hothe	Indiana Cutts	Prog. 2: Prog.
Cookel Acrt-No.	Eproper	2013 Artuol	(20)4 Revenue Bulget	2015 Rormone Parigot	(\$10 (\$10 (\$10 (\$10 (\$10 (\$10 (\$10 (\$10	lg rijnan) Perme-Sedypt	tprigratii Recome Bullet	(program) Revenue Budget	Pressur Budget	Respons Builget	Recome Delay	
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4290	Conscionations to Subbing Fund											
4380	Special Events				-		· · · · · ·					
1980	3 species and floorants											
4500	Calipered the work Lared Minnhay Units									_		
6600	Capulation by Amedian Organization					-						
4506	Allocated by Federated Fund Raining Commitments. Allocated by Disassected and Non-Federated Fund Raining		-		-							
1800	Organization b Other Communicat Parchage of Sarvice (DO NOT INCLUDE ABY BY OUTSTRUCK (1919)				476,313	416,373	109.833	190,851				31,745,34
5308	Cluster from Other Common outed Agencies (DO 1607 PECT ON ARC. RECTIFICES PROTEINERS)											
(5300)	Havenuser from 1/1811) and 1997)											
6800	Manhardin Dess.	-										
6180	A propenty pries and Danish and Minnehor Beiter					-						
6189	Pragram Sayripo Peop Caluty								3			-
JE100	Tues Agency fisher of Specifics and Services							-	· · · · · ·			
6400	Recognitive frame Dispersial of Assets											
(6900)	Laverton com fairmage			1				-				-
4000	dlains (and 1 pares) on Increase our Transactions											
630	Mediamilane			ļ								
	TOTAL MONOTHER POST HACT BE VERUE				6930	470,871	280,810	199,832				(1346)
	DIDIE CONTRACT REOFEST			240/354							-	34,678,6
	TOTAL REVENUE	l		24,879,64	475,513	470,33	349,85	1 199,833				9.702

Um Other Colaracts Fengrasis & Functions, column C ter all non-Miletocker County programs as francism

tires # 70 Form Sa

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Page 191

Milwaukee County

Page 1522 File # 15-444

Form 6	INDIRECT	COST	ALLOCA	TION PL	AN
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Summary Shoet

- 3	Atrony 51	Norma

UMOS, Inc.

2 Disability/Torpet Group:

Management Services Division - Energy Assistance (Use additional eopies of this form as needed.)

A	В	C	Ferm 6D	Form 6E	Form 6F	Form #G	Form 6H		1
Account Number	Indirect Cost Account Description	Total Agency Indirect Costs E col (D) to col (H)	Direct Salaries Allocation	FTE Allocation	Square Fostage Allocation	Direct Cost Allocation	Other Allecation	1	allowable udirect losts**
7000	Salaries	1,215,320				2,189,700		S	(974,380
7100	Employee Health & Retirement Ben.	41%,070						\$	419,07
7200	Payroll Taxes	08,058						5	08.050
8000	Professional Fees	140,850						\$	140.850
8100	Supplies	55,000						\$	55,000
R200	Telephone	1ti,800						\$	10,810
8300	Postage & Shipping	5,000						8	0.000
8400	Occupancy	185,510						8	185,510
8,500	Rental & Maintenunce of Equip.							S	
8600	Printing & Publications	5,000						S	5,000
2700	Employes Travel	25,000						5	25,00
8800	Centeronces, Conventions, Meetings	39,000						8	34,00
8900	Specific Assistance to Individuals							5	
9000	Membership Dues	4,000						S	4,000
9100	Awards & Grants							S	
9300	Client Transportation							S	
9400	Other Miscellaneous (Specify)	15,092						5	11,093
9500	Depreciation or Amortization							S	
9600	Allocations to Agencies							S	
******	Interest							\$	
war hard to	Bad Debt							5	
	TOTAL INDIRECT COSTS *	\$ 2,189,700	\$ -	s -	s .	\$ 2.189,700	\$.	\$	d

^{*} Individual line entries for Total Agency Indirect Costs (column C) should be entered on the corresponding respective line

As part of program budgeting, agencies which are contracted to provide more than one program are required to antign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14

Date (Initial):

March 26.

Date (Initial): March 25, 2015 Date (Final):

Item # 28 Form 8

UMOS: Helping Over 10:000 Milwaukce County Residents Improve Their Lives Every Month

en Form S, column F.

** Enter Agamey Indirect Costs which may not be allocated to Millwaukee County Programs under Federal & State Cost Principles

Allocation Basis: Direct Salaries

1 Agency Name.	UMOS, Inc.
2 Disability/Turget Group:	Munagement Services Division - Energy Assistance

	В	C	(E1)	(E3)	(E3)	(E4)	(E5)	(E6)	1.
Account Number	Indirect Cost Account Description	Allowable Tetal Direct Salaries Allocation *	HEAP - Souther (program)				Program Nama (program)	Program Nama (program)	Other Contracts Programs & Functions
7000	Salaries								
7100	Employee Health & Retirement Ben.							".	
7200	Payroll Taxes								8,107,5
8000	Professional Fees								
8100	Supplies						- 1		
8200	Telephone		1000					17. 4	
8300	Postage & Shipping						1 THE R. P. LEWIS CO., LANSING, MICH.		
8400	Occupancy		1 3 - 3						
8500	Rental & Maintenance of Equip.						137		100
B600	Printing & Publications					***	33	EST AS THE	
B700	Employee Travel						-27		
8600	Conferences, Conventions, Meetings			100					
8900	Specific Assistance to Individuals							122	
9000	Membership Dues							E	1
9100	Awards & Grants			12.00		3		350	1
9300	Client Transportation		-		. 41				
9.100	Other Miscellaneous (Specify)			100000		Ä			
9500	Depreciation or Amortization						1607		
9600	Allocations to Agencies			1					1
	Interest							200	1
400000	Bed Debi		· hi==						
	TOTAL INDIRECT COSTS **	s							
	TOTAL DIRECT SALARIES	\$ 10,867,50	232,900	246,500	101,200	101,200			10,185,70

[&]quot; Individual line entries for Total Direct Salaries Allocation (column C) come from the Indirect Cost Summary Form 6 (column D).

As part of program budgeting, agencies which are controlled to assign indirect costs to each program under	racted to provide m contract. Describe	ore than one program are the formula/method need to	
distribute indirect costs to programs. Rev. 6/14	Date (Initial):	March 25, 2015 Date (Final):	
		Item # 28 Form 6	

UMOS: Helping Over 10.000 Milwaukee County Residents Improve Their Lives Every Month

^{**} Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

Form 6E DIRECT COST ALLOCATION PLAN Allocation Basis: Direct FTE

Agency	

UMOS, Inc

2 Disability/Target Group:

Municement Services Division - Energy Assistance (Use additional copies of this form as needed.)

A	В	C	(E1)	(E2)	(E3)	(E4)	(E5)	(£6)	f.
Account Number	Imilired Cost Acoustis Description	Allowable Total Direct FTE Allocation *	(program)	(program)		(program)	(program)	(program)	Contracts Programs & Functions
7000	Salaries								
7100	Employee Health & Retirement Ren.								
7200	Payroli Taxes						11 11 11 11		1000
8000	Professional Fees								
8100	Supplies				13.7				
8200	Telephone			200		1111			
8300	Postage & Shipping					60			
8400	Ocompanoy				13.000				1
8,500	Rantal & Maintenance of Equip.								
	Printing & Publications					b i			
8700	Employee Travel								1
8800	Conferences, Conventions, Meetings								
	Specific Assistance to Individuals				THE PARTY				
	Membership Dues					1			100
9100	Awards & Grants					•			4- 17
	Client Transportation				20000 -		777		100
	Other Miscellaneous (Specify)						= -		1000
9500	Depreciation of Americation			1000					2833
9600	Allocations to Agenties		000 E E						
desayes.	Interest			13 (2					
	Bad Debt			and the Land					4
	TOTAL INDIRECT COSTS **	\$0							
	TOTAL PIE	22,00	7.30	8.50	3.40	3.40			

^{*} Individual line entries for Total Direct FTE Allocation (column C) come from the Indirect Cost Summary Form 6 (column E).

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14 Date (Initial): Merch 25

Date (Initial): March 25, 2015 Date (Final):

Item#28 Form 6

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

^{***} Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Fours 3 (column C) for such Milwenkee County program All other non-Milwankee County contracts, programs & flunctions should be entered in column L. Total indirect Costs, and served in Porm 3, column C.

FORM 6F DIRECT COST ALLOCATION PLAN

Allocation Basis: Square Footage

1	Agency	Name

UMOS, Inc.

2 Disability/Targ2t Group:

Management Services Division - Energy Assistance
(Use additional copies of this form as needed.)

		Ĉ	(E1)	(E2)	(E3)	(£4)	(E5)	(E6)	L
Account Number	B Indirect Cod Account Description	Allowable Total Direct Sq Footage Allocation *	(program)						Other Contracts Programs & Functions
7000	Salaries								
7100	Employee Health & Retirement Ben.								***
7200	Payroli Taxes	,	XIII	No. of the last					
8000	Professional Fees					1	Edulle		
B100	Supplies								
8200	Telephone				1				
8300	Postage & Shipping						and the latest the same of		
8400	Occupancy			F P			DITT NO		
8500	Rental & Maintenance of Equip.				100				
8600	Printing & Publications				1	67			
8700	Employee Travel		MELCO	¥() =					1
8800	Conferences, Conventions, Meetings			1 38		1		1	1
8900	Specific Assistance to Individuals			1.	70				
9000	Membership Dues		22027					100	
9100	Awards & Grants		W 100 100	1					
9300	Client Transportation				100				
9400	Other Miscelianeous (Specify)				1.	-			1
9500	Depreciation or Amortization		· 0						
9600	Allocations to Agencies		. A				1	4.15	
	Interest		- 1		1				
	Bad Debt								
	TOTAL INDIRECT COSTS **	5							
	TOTAL SQUARE FOOTAGE								

a Individual line entries for Total Direct Square Footage Allocation (column C) come from the Indirect Cost Summary Form 6 (column F).

As part of program hudgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to									
distribute indirect costs to programs. Rev. 6/14	Date (Initial):	March 25, 2015 Date (Final):							
		Item # 38 Corm 6							

UMOS: Heiping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Totals for each Program (columns D through K) should be entered in Courtel Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form S, column G.

Form	6G	DIRECT	COST	ALLOCATION	PLAN

Allocation Basis: Direct Cost

1	AR	ency	Nag	ne

CIMUS, line,

2 Disability/Target Group:

Management Services Division - Energy Assistance (Use additional copies of this form as needed.)

A	B	C	(E1)	(E2)	(EJ)	(E4)	(E5)	(E6)	
Account Number	Inflired Cost Account Description	Allowable Total Direct Direct Cost Allocation *	MEAP - Souther (program)		•				Other Contracts Programs & Functions
7000	Salarios	2,189,700							
7100	Employee Health & Retirement Ren.	2,127							
7200	Payroll Taxes							1	
8000	Professional Fees				**				
8100	Supplies				•				
8200	Telephone					177			
R300	Postage & Shipping			5 L.S.		Marie San	01		
8 100	Occupancy			57		1-1			
8500	Rental & Maintenance of Equip.			100					
8600	Printing & Publications								
Rev. 3/10	Employee Trivel								
2R00	Conferences, Conventions, Meetings						5.0	Į.	
8900	Spacefic Assistance to Individuals								
9000	Membership Dues								
9100	Awards & Grants								
9300	Client Transportation					11			
	Other Miscellaneous (Specify)		f a		277				
9400	Depreciation or Americation				170				
9600	Allocations to Agencies	10 mm and 10 mm and 10 mm							
m. Delinatesia	Interesi							1	
	Rod Debt	-		Mary Male	-	2.			
	TOTAL INDIRECT COSTS **	\$2,189,700	43,310	42,775	18,173	18,173			2,067,364
	TOTAL DIRECT COSTS	\$21,885,941	432,997	427,596	181,059	181,659			20,003,030

^{*} Individual line entries for Total Direct Cost Allocation (column C) come from the Indirect Cost Summary Form 6 (column G).

As part of program budgeting, agencies which are contracted to provide more than one program are required to analysi indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14 Date (initial): Merch 28.

Date (Initial);

March 28, 2016 Date (Final):

Item # 28 Form 6

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

^{**} Totals for each Program (softerns: D through K) should be entered in Control Account Number 9209, Allocated Costs on Porm 3 (column C) for each Milwaukee County programs & Emerican should be entered in column L. Total indirect Costs, and carried to Porm 5, column G.

Wagen	6H	TIPECT	COST	ALLOCATION PLAN

Allocation Basis: Other Allocation Basis

1 Agency Name:	UMOS, inc.
2 Disability/Target Group:	Management Services Division - Energy Assistance (Lise additional conics of this form as needed.)

-	B	С	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
Account Number	Indirect Cost Account Description	Total Other Allowable Allocation Basis *		WHEAP Central (program)		IEAP - Souths (program)	Program Name (program)	Program Name (program)	Other Contract« Programs & Functions
7000	Salaries		1		11 52				
7100	Employee Health & Retirement Ben.					8			13.0
7200	Payroll Taxes			1		1			
8000	Professional Fees								
8100	Supplies								
8200	Telephone		-				2 2 2		
8300	Postage & Shipping		•	- III	3000				11 5 50
8400	Occupancy		• (A. L.) (B.)						
R500	Rental & Maintenance of Equip.				/,				
8600	Printing & Publications		•		THE PARTY	1			
8700	Employee Travel		-		11/2		111		
8800	Conferences, Conventions, Meetings					13			100-00
B900	Specific Assistance to Individuals					100	E = 3		
9000	Membership Dues		-			1			10000
9100	Awards & Grants		- 10						
9300	Client Transportation		· .		1	100	1		
9400	Other Miscellaneous (Specify)				20 00		1		
9500	Depreciation or Amortization		-	700		Age 1	1	The second	
9600	Allocations to Agencies		-				I		100
	Interest			35 1	1	1		1000	
H-100 Pro-	Bod Debt				-			1	
	TOTAL ENDIRECT COSTS 4					-	-	-	
	TOTAL ALLOCATION BASIS								

^{*} Individual line entries for Total Other Allocation Basis (column C) come from the Indirect Cost Summary Form 6 (column H).

As part of program budgeting, agencies which are contr	ncied to provide m	re than one program are	
required to assign indirect costs to each program under	contract. Describe	the formula/method used to	
distribute indirect costs to programs. Ray, 6/14	Date (Initial):	March 25 2015 Date (Final):	

item # 28 Form 6

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

^{**} Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program All other non-Milwaukee County contracts, programs & functions should be entered in column L. Total Indirect Costs, and carried to Form 5, column G.

FORM 1 - 2815 PROGRAM VOLUME DATA AND UNIT COST CALCULATION

Program funded by Site must include reparate form for each Site AGENCY NAME UMOS, Inc. NAME & ADDRESS OF PROGRAM SITE UMOS Southwest (Zone 5) West Allis City Hall, 7525 W. Greenfield Ave., West Allis AGENCY FEDERAL TAX ID NUMBER 39-1047172 DHHS DIVISION Management Services Division - Energy Assistance PROGRAM NAME WHILAP - Southwest (SELECT FROM TABLE OF CONTENTS) 2015 Prgm No. MSD 001 ALL Proposers must provide the UNITS NUMBER OF DAYS PROGRAM OPERATES PER WEEK 5.00 details even if their Programs are ost reimburmucate only NUMBER HOURS PROGRAM OPERATES PER DAY 8.00 NUMBER OF CASES TO BE SERVED PER YEAR * 3,977.00 TYPE OF UNIT: Month: Doy/ Hour/1/4 Bint/offer 0.00 Other: (Specify) COST CALCULATIONS: **PROGRAM** COST TOTAL COST BY PER PROGRAM **FUNDING** UNIT UNITS SOURCE (A) **(B)** (C) 1. DHHS Program's Units and Costs 3,977.00 2. Other Funding Source's Units and Costs 0.00 199,832 3. Total 3,977.00 199,832 50.25 4. 2014 Budgeted Units and Costs 5. 2013 Actual Units and Costs 0.00 * THIS SAME FIGURE IS TO BE USED AS THE "TOTAL" ON THE CLIENT CHARACTERISTICS CHART A Form 1 must be completed for each site (address) if the agency is reimbursed by site.

Item # 28 Form 1E4

DATE (INITIAL): March 25, 2015 DATE (FINAL):

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

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Rev. 6/14

FORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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																		PROGRAM
Agency Name:	UNIO	S.luc.						PROGRAM		PROGRAM		PROGRAM	- 1	PROGRAM		PROGRAM		Program. Page
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ttem # 28 Form 2

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FURM 2 - 2015 AUFNCY EMPLOYEE HOURS AND SALARIES

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UMOS: Helping/Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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PORM 2 - 2015 AGENCY EMPLOYER HOURS AND SALARIES

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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FORM 2 - 2015 AGENCY EMPLOYER HOURS AND SALARIES

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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Item # 28 Form 2

Page 8 of 27

UMOS: Holping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FURMIA 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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ltern # 28 Form 2A

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 2B - EMPLOYEE DEMOGRAPHICS SUMMARY

Program	Position Code	Employee	Number o
-	(Column 2,	Demographics	FTEs
	Form 2 Code)	(Column 3, Form 2	
		Ethnic group)	
HEAP - Southwest	1	A	
HEAP - Southwest	1	В	
HEAP - Southwest	1	H	
HEAP - Southwest	1	1	
HEAP - Southwest	1	W	
HEAP - Southwest	2 2	A	
HEAP - Southwest		H	-
HEAP - Southwest	2 2	I	
VHEAP - Southwest	2	W	1
HEAP - Southwest	3	A	
VHEAP - Southwest	3	В	
HEAP - Southwest	. 3	Н	
HEAP - Southwest	3	ī	
VHEAP - Southwest	3	W	
VHEAP - Southwest VHEAP - Southwest	4	A	
VHEAP - Southwest	4	В	
VHEAP - Southwest	4	Н	
VHEAP - Southwest	4	I	
VHEAP - Southwest	4	W	
VHEAP - Southwest	5	A	
VHEAP - Southwest	5	В	
VHEAP - Southwest	5	H	
VHEAP - Southwest	5	T.	
VHEAP - Southwest	5	W	
VHEAP - Southwest	6	A	
VHEAP - Southwest	6	В	
VHEAP - Southwest	6	H	
VHEAP - Southwest	6	1	
VHEAP - Southwest	6	W	ļ
VHEAP - Southwest	7	A	
VHEAP - Southwert	7	В	
VHEAP - Southwest	7	Н	
VHEAP - Southwest	7	1	
VHEAP - Southwest	7	W	+
VHEAP - Southwest	8	A	
VHEAP - Southwest	8	В	-
VHEAP - Southwest	8	Н	-
WHEAP - Southwest	8	, I	-
VHEAP - Southwest	8	W	

% of Handicaped employees 0.00%

Ethnicity % to total FTE

Rev. 6/14

Α	В	H	1	W
0.00%	0.00%	0.00%	0.00%	100.00%

Item # 28 Form2B4

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 3 ANTICIPATED PROGRAM EXPENSES

Agency Name	UMOS, Inc.		
Disability/Target	Management Services Division - Energy Assistance		
Program Name	WHEAP - Southwest	2015 Prgm No.	MSD 001
Facility Name	UMOS Southwest (Zone 5)		
Address	West Allis City Hall, 7525 W. Greenfield Ave., West	t Allis	
	(A)	(B)	(C)
Control		2014	2015
Acet. No.	Expenditure Description	Gross Budget	Gross Budget
7000	Salaries		101,200
7100	Employee Health & Retirement Benefits		26,221
7200	Payroll Taxes		14,532
8000	Professional Fees		
8100	Supplies		4,800
8200	Telephone		4,080
8300	Postage and Shipping		
8409	Occupancy		27,834
8500	Rental, Maintenance & Depreciation of Equipment		
B600	Printing and Publications		
8700	Travel		
8800	Conferences, Conventions, Meetings	_	
B900	Specific Assistance to Individuals		
9800	Membership Dues		
9100	Awards and Grants		2,992
9200	Allocated Costs (From Indirect Cost Allocation Plan, if appropriate)		18,173
9300	Client Transportation		
2400	Miscellaneous		
500	Depreciation or Amortization		
600	Allocations to Agencies, Payments to Affiliated Organizations	•	
		\$ -	\$ 199,832
	PROFIT FACTOR		-
	TOTAL EXPENSES INCLUDING PROFIT	\$ -	S 199,832
	TOTAL NON-DHHS CONTRACT REV. BROUGHT FWD		
			199,832
Rev 6/14		2 .	
Rev. 6/14		\$.	March 25, 20

Item # 28 Form 3E4

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 3S		<u>DPROGRAM EXPENSES SUPPLEMENTARY SH</u>	DIETT.	
Agency Name	UMOS, Inc			
Disability/Tar	et Manageme	nt Services Division - Energy Assistance		
Program	WHEAP -	Southwest	2015 Prgm No.	MSD 001
Facility Name	UMOS Sou	thwest (Zone 5)		
Address		City Hall, 7525 W. Greenfield Ave., We	st Allis	
		(A)	(B)	(C)
Control	Sub-Account		2014	2015
Acct. No.	Number	Account Description	Gross Budget	Gross Budget
7000	7001	Executive Salaries	\$0.00	-
	7002	Professional Salaries	\$0.00	101,200
	7003	Clerical Staff Salaries	\$0.00	
	7004	Technical Salaries	\$0.00	
	7005	Maintenance Employee's Wages	\$0.00	
	7006	Temporary Clerical Help	\$0.00	_
	7007	Student Stipends	\$0.00	-
	7008	Other Staff Salaries (Unclassified)	\$0.00	
		CCOUNT NO. 7000 SUB TOTAL*	5 -	S 101,200
7100	7101	Accident Insurance Premiums	\$0.00	\$0.00
/100	7102	Life Insurance Premiums	\$0.00	\$172.04
	7103	Medical & Hospital Plan Premiums	\$0.00	\$20,988.88
	7104	Pension or Retirement Plan Premiums	\$0.00	\$5,060.00
	7105	Supp. Payments to Pensioned Employes	\$9.00	\$0.00
	7106	Payments to Annuitants	\$0.00	\$0.00
	7107	Employment Termination Expenses	\$0.00	\$0.00
	7108	Employee Tuition Reimburse. Plan	\$0.00	\$0.00
		CCOUNT NO. 7100 SUB TOTAL*	\$ -	\$ 26,221
7200	7201	FICA Payments (Employer's Share)	\$0.00	\$7,741.80
7200	7202	Unemployment Insurance	\$0.00	\$4,462.92
	7203	Workmen's Compensation Insurance	\$0.00	\$2,327.60
	7204	Disability Insurance Premiums	\$0.00	\$0.00
		CCOUNT NO. 7200 SUB TOTAL*	S -	S 14,532
8000**	8001	Medical & Dental Fees	\$0.00	\$0.00
0000	8002	Psychological Fees	\$0.00	\$0.00
	8003	Legal Fees	\$0.00	\$0.00
	8004	Rehabilitation & Education Fees	\$9.00	\$0.00
ŀ	8005	Development & Public Relations Fees	\$0.00	\$0.00
	8006	Brokerage, Commission, Collection Fee	\$0.00	\$0.00
1	8007	Employment Fees	\$0.09	\$0.00
	8007	Audit Fees	\$0,00	\$0.00
	8009	Electronic Data Processing Service Fee	\$0.00	\$0.00
		Other Contract Payments to Consultants	\$0.00	\$0.00
1	8010	Talent Fees	\$0.00	
		Other Purchased Services	\$0.00	
	8012	SAMICE T IN CHRISCH DOLLICOS	20,02	1

^{*}Must be the same dollar amount as shown on Form 3

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month Page 209

^{**}Attach a copy of the memorandum of agreement between the agency and the professional when using Control Account No. 8000, Sub-Account Nos. 8001 through 8012.

FORM 38 ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

washing Lagr	ne UMOS, Inc.		2015 Prgm No.	MSD 001
		(A)	(B)	(0)
Control	Sub-Account		2014	2015
Acct. No.	Number	Account Description	Gress Budget	Gross Budget
3100	8161	Medicine & Drugs (Clinic Use Only)	\$0.00	\$0.0
	8102	Prosthetic Appliances (Clinic Use Only)	\$0.00	\$0.0
	8103	Recreational, Voc. & Craft Supplies	\$0.00	\$0.0
	8104	Food & Beverages	\$0.00	\$0.0
	8105	Laundry, Linen, & Housekeeping Supplies.	\$0.00	\$0.0
	8106	Office Supplies-Stationery, Typing	\$0.00	\$0.0
	8107	Paper, Ink, Printing, Duplicating	\$0.00	\$0.0
	8108	New Goods Purchased	\$0.00	\$4,800.0
	8109	Raw Materials (Manufacturing) Purchased.	\$0.00	\$0.0
	8110	Manufacturing Supplies	\$0.00	\$0.0
	CONTROL AC	COUNT NO. \$100 SUB TOTAL*	s -	\$ 4,80
B200	8201	Telephone Expense	\$0.00	\$4,080.0
	8202	Telegraph Expense	\$0.00	\$0.0
	CONTROLAC	COUNT NO. 8200 SUB TOTAL*	\$	\$ 4,09
3300	8301	Postage and Parcel Post	\$0.00	50.0
	8302	Freight	\$0.00	\$0.0
	8303	Mossenger & Delivery Service	\$0.00	\$0.0
		COUNT NO. 2300 SUB TOTAL *	\$ -	\$
3400	8401	Office Rent	\$0.00	\$10,573.73
	8402	Other Bldg. & Parking Lot Rent	\$0.00	\$0.00
	8403	Bldg. & Bldg. Eq. Ins. (Gen. & Liability)	\$0,00	\$834.7
	8404	Mortgage Interest	\$0.00	\$0.0
	8405	Electricity	50.00	\$2,504.3
	8406	Gas	\$0.00	\$556,5
	8407	Heating Off	\$0.00	\$0.00
	8408	Water & Sewer	\$0.00	\$286.6
	8409	Janitorial/Maintenance/Repairs Purchased	\$0.00	\$2,782.50
	841.0	Real Estate Taxes	\$0.00	\$6.01
	8411	Personal Property Taxes	\$0.00	\$0.00
	8412	Licenses & Permits-Occupancy Related	\$0.00	\$0.00
	8413	Bidg. & Grounds Maintenance Supplies	\$0.00	\$10,295.4
	8414	Miscellaneous Occupancy Costs	\$0.00	\$0.00
	8415	Amortization/Leasehold Improvements	\$9.00	\$0.00
	8416	Depreciation - Buildings	\$0.00	\$0.00
	CONTROLAC	COUNT NO. 8400 SUB TOTAL*		S 27,834
500	8501	Equipment rental expenses	\$0.00	\$0.00
	8502	Equipment Maintenance expenses	\$0.00	\$0.00
	8503	Rantoment - Denrectation	\$0.00	
	8504	Equipment - Interest Expense		\$0.00
			\$0.00	\$0.00
	CONTROL AC	COUNT NO. 8500 SUB TOTAL *	S -	S

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 3S ANTICIPALED PROGRAM EXPENDED SOLI DEMIESTAME VILLE	FORM 3S	ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY	SHEET
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Agency Name	UMOS, Inc.		2015 Prgm No.	MSD 001
Agene) Mante		(A)	(B)	(C)
ontrol	Sub-Account		2014	2015
cet. No.	Number	Account Description	Gross Budget	Gross Budget
600	8601	Printing	\$0.00	\$0.00
500	8602	Artwork	\$0.00	\$0.00
	8603	Photography	\$0.90	\$0.00
	8604	Recording	\$0.00	\$0.00
	8605	Films	00.02	\$0.00
	8606	Subscriptions-Periodicals/Publication	\$0.00	\$0.00
	8607	Purchase of Publications	\$0.00	\$0.00
	8608	Media Use Charges-Public Information	\$0.00	\$0.00
	CONTROL A	CCOUNT NO. 8600 SUB TOTAL*	s	s .
700	8701	Local Bus & Taxicab Fares	\$0.00	\$0.00
	8702	Gas & Oil - Company Vehicles	\$0.00	\$0.00
	8703	Repairs - Company Vehicles	\$9.00	\$0.00
	8704	Insurance - Company Vehicles	\$0.00	\$0.00
	8705	Licenses & Permits-Company Vehicles	\$0.00	\$0.00
	8706	Leasing Costs - Company Vehicles	\$0.00	\$0.00
	8707	Auto Allowance(Employees/Volunteers)	30.00	\$8.00
	8708	Tires - Company Vehicles	\$0.00	\$0.6
	8709	Hotel, Meals, & Incidental Expenses	\$0.00	\$0.0
	8710	Depreciation - Automotive Equipment	\$0.00	\$0.0
	CONTROL A	CCOUNT NO. 8700 SUB TOTAL*	\$ -	\$ \$0.0
8800	8801	Meeting Space & Equipment Rental	\$0.00	
	8802	Meeting Supplies (Notices, Badges, etc.)	\$0.00	\$0.0
	8803	Food & Beverages Costs(Mtg. Particip.)	\$0.00	\$0.0
	0003		44.45	
	8804	Speaker's Honoraria & Expenses	\$0.00	
			\$0.00 \$0.00	\$0.0 \$0.0
	8804 8805	Speaker's Honoraria & Expenses		
8900	8804 8805	Speaker's Honoraria & Expenses Registration Fees	\$0.00	\$0.0
8900	8804 8805 CONTROL A	Speaker's Honoraria & Expenses Registration Fees CCOUNT NO. 8800 SUB TOTAL*	\$0.00	\$0.0
8900	8804 8805 CONTROL A 8901 8902	Speaker's Honoraria & Expenses Registration Fees CCOUNT NO. 8800 SUB TOTAL* Medical Fees	\$	\$0.0
8900	8804 8805 CONTROL A 8901 8902 8903	Speaker's Honoraria & Expenses Registration Fees CCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees	\$0.00 \$ - \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0
3900	8804 8805 CONTROL A 8901 8902	Speaker's Honoraria & Expenses Registration Fees CCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees Medicines	\$0.00 \$ - \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0
8900	8804 8805 CONTROL A 8901 8902 8903 8904 8905	Speaker's Honoraria & Expenses Registration Fees CCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees Medicines Children's Board	\$0.00 \$ \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
8900	8804 8805 CONTROL A 8901 8902 8903 8904 8905	Speaker's Honoraria & Expenses Registration Fees CCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees Medicines Children's Board Homemaker Service Food Service	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
8900	8804 8805 CONTROL A 8901 8902 8903 8904 8905 8906 8907	Speaker's Honoraria & Expenses Registration Fees CCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees Medicines Children's Board Homemaker Service Food Service Shelter Service	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
8900	8804 8805 CONTROL A 8901 8902 8903 8904 8905 8906 8907	Speaker's Honoraria & Expenses Registration Fees ACCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees Medicines Children's Board Homemaker Service Food Service Shelter Service Clothing Service	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
8900	8804 8805 CONTROL A 8901 8902 8903 8904 8905 8906 8907 8908	Speaker's Honoraria & Expenses Registration Fees ACCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees Medicines Children's Board Homemaker Service Food Service Shelter Service Clothing Service Recreation Service	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
8900	8804 8805 CONTROL A 8901 8902 8903 8904 8905 8906 8907 8908 8910	Speaker's Honoraria & Expenses Registration Fees ACCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees Medicines Children's Board Homemaker Service Food Service Shelter Service Clothing Service Recreation Service Wage Supplements	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
8900	8804 8805 CONTROL A 8901 8902 8903 8904 8905 8906 8907 8908 8910 8911	Speaker's Honoraria & Expenses Registration Fees ACCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees Medicines Children's Board Homemaker Service Food Service Shelter Service Clothing Service Recreation Service Wage Supplements Prosthetic Appliances	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0
8900	8804 8805 CONTROL A 8901 8902 8903 8904 8905 8906 8907 8908 8910	Speaker's Honoraria & Expenses Registration Fees ACCOUNT NO. 8800 SUB TOTAL* Medical Fees Dental Fees Medicines Children's Board Homemaker Service Food Service Shelter Service Clothing Service Recreation Service Wage Supplements	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Nan	ne UMOS, Inc.		2015 Prgm No.	MSD 001
		(A)	(B)	(C)
Control	Sub-Account		2014	2015
Acet. No.	Number	Account Description	Gross Budget	Gross Budget
9000	9001	Individual Dues	\$0.00	\$0.00
	9002	Organizational Dues	\$0.00	\$0.00
	CONTROL AC	COUNT NO 9000 SUB TOTAL*	s -	S
9100	9101	Grants to Research Institutions	\$0.00	\$0.00
	9102	Graduate Fellowships	\$0.00	\$0.00
	9103	Trainee Scholarships	\$0.00	\$0.0
	9104	Other Scholarships/Tuition Payments	\$0.00	\$0.00
	9105	Allowance for Travel Under Grant	\$0.00	\$2,992.00
	9106	Allowance for Equipment Under Grant	\$0.00	\$0.00
	9107	Lump Sum Camperships	\$0.00	\$0.00
	9198	Contribution/Grants to Hum. Serv. Org	\$0.00	\$0.00
	9109-50	Awards & Grants to Indiv./Other Org.	\$0.00	\$0.00
	9151-99	Awards & Grants to Affiliate Organizat. (Misc)	\$0.00	\$0.00
	CONTROLAC	COUNT NO. 9100 SUB TOTAL *	5 -	
9200	9201	Administrative Costs (Indirect Costs)	\$0.00	18,173
	9202	Transportation	35.38	10,17
	CONTROLAC	COUNT NO. 9200 SUB TOTAL*	S -	\$ 18,173
9300	9301	Local Bus & Taxicab Fares	\$0.00	\$0.0
	9302	Gas & Oil - Company Vehicles	\$0.00	\$0.0
	9303	Repairs - Company Vehicles	\$0.00	\$0.0
	9304	Insurance - Company Vehicles	\$0.00	\$0.00
	9305	Licenses & Permits-Company Vehicles	\$0.00	\$0.00
	9306	Leasing Costs - Company Vehicles	\$9.00	\$0.00
	9307	Tires - Company Vehicles	\$0.00	\$0.0
	9308	Depreciation - Auto Equipment	\$0.00	\$0.00
	CONTROLAC	COUNT NO. 9300 SUB TOTAL*	\$ -	S
9400	9401	Employee Malpractics Insurance	\$0.00	\$0.0
	9402	Employee Bonding Insurance	\$0.00	\$0.0
	9403	Other	\$6.00	\$0.00
	CONTROL AC	COUNT NO. 9400 SUB TOTAL *		\$
9500	9501-9504	Depreciation or Americation	s -	ė.
		tement of Expenses in the GUIDELINES.		\$
		<u> </u>		
9600	9601- 9 690	Allocations to Agencies,	\$0.00	\$0.00
	9691	Payments to Affiliated Organizations	\$0.00	\$0.00
	CONTROL AC	COUNT NO. 9600 SUB TOTAL*	\$ -	S
		GRAND TOTAL ***	S -	5 199,832
***Must be 1	the same dollar am	ount as shown on Form 3, on the line titled "TOTA		
Rev. 6/:	14	Date (Initial):		March 25, 201

UMOS. Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Man beliefer Flammes	Gr. Management Services Division - Energy Assista	nce	
Logram Logram	WHEAP - Southwest	2015 Prgm No.	MSD 001
acility Name	UMOS Southwest (Zone 5)		
ddress	West Allis City Hall, 7525 W. Greenfield Ave., V	Vest Allis	
	(A)	(B)	(C)
Control		2014	2015
Acct. No.	Revenue	Rev. Budget	Rev. Budget
1000	Contributions and Donations		•
4100	Contributions to Building Fund	_	-
4200	Special Events	-	
4300	Legacies and Bequests		
4500	Collected through Local Member Units		
4600	Contributed by Associated Organizations		
1000	Allocated by Federated Fund Raising		
4700	Organizations	_	
	Allocated by Unassociated and		
4800	Non-Federated Fund Raising Organizations	line.	
	Other Government Purchase of Service		100.000
5100	(DO NOT INCLUDE ANY REQUESTS FROM DHHS)	-	199,832
F800	Grants from Other Governmental Agencies		
5200	(DO NOT INCLUDE ANY REQUESTS FROM DHHS)		
5300	Revenues From HMO and PPO		
6000	Membership Dues	-	
6100	Assessments and Dues-Local Member Units	_	
6200	Program Service Fees - Other		
6300	Intra-Agency Sales of Supplies and Services		
6400	Revenues from Disposal of Assets	_	
6500	Investment Income		
6600	Gains (Losses) on Investment Transactions		
6700	Miscellaneous Revenue		
V/UU	Intracellaneous Meachine		
	TOTAL NON-DHHS REVENUE	<u>s</u>	\$ 199,832
	DHHS CONTRACT REQUEST	-	
	TOTAL REVENUE	-	\$ 199,83
Rev. 6	714 Date (Initial):	March 25, 201

Date (Final):

| tem # 28 Form 4E4

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 4S ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET Agency Name UMOS, Inc. Disability/Target Management Services Division - Energy Assistance WHEAP - Southwest 2015 Prgm No. MSD 001 Facility Name **UMOS Southwest** (Zone 5) West Allis City Hall, 7525 W. Greenfield Ave., West Allis Address (A) **(B)** (C) Control Sub-Account 2014 2015 Acct. No. Number Account Description Revenue Budget Revenue Budget 4000 4001 In-Kind Materials 4002 In-Kind Services 4003 Unrestricted Cash 4004 Restricted Cash 4005 Other CONTROL ACCOUNT NO. 4000 SUB TOTAL* 4100 Contributions to Building Fund CONTROL ACCOUNT NO. 4100 SUB TOTAL* 4200 Special Events CONTROL ACCOUNT NO. 4200 SUB TOTAL* 4300 4301 Endowments 4302 Trusts 4343 Other CONTROL ACCOUNT NO. 4300 SUB TOTAL* 4500 Collected Through Local Member Units CONTROL ACCOUNT NO. 4500 SUB TOTAL* 4600 Contributed by Associated Organizations CONTROL ACCOUNT NO. 4600 SUBTOTAL* 4700 Allocated by Federated Fund Raising Org. 4701 United Way 4702 Other CONTROL ACCOUNT NO. 4700 SUB TOTAL * 4800 Allocated by Unassociated and Non-Federated Fund Raising Org. CONTROL ACCOUNT NO. 4800 SUB TOTAL*

item # 28 Form 4SE4

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

^{*}Must be the same dellar amount as shown on Form 4.

FORM 4S ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

(A)

CIP Revenue from Other Counties
COP Revenue from Milwaukee County DSD

COP Revenue from Other Counties

Wraparound Milwaukee Revenue

Wizer Choice /AODA voucher Revenue

Children's Court Services Revenue(CCSN)

Milwaukee County Depart. of Aging Revenue

Agency Name UMOS, Inc.

5117 5118

5119

5120

5121

5122

5123

5124

2015 2014 Control Sub-Account Revenue Budget Revenue Budget Number Account Description Acct. No. Title XX-Milwaukee County 51.00 5101 (Do not include any DHHS Requests) Title XX-Other Counties 5102 5103 Title IVA (AFDC Unemployment Actual)-Milwaukee County Title IVA (AFDC Unemployment Actual)-5104 Other Counties 199,832 Title IVA (WEOP) - Milwaukee County 5105 Title IVA (WEOP) - Other Countles 5106 5107 51.42/.437 - Milwaukee County 5198 51.42/.437 - Other Counties Title I - Milwaukee County 5109 Title I - Other Counties 5110 5111 Title III - Milwaukee County Title III - Other Counties 5112 USDA Food Stamps 5113 Title XVIII - Medicare 5114 5115 Title XIX - Medicaid Social Security and SSI 5116 CIP Revenue from Milwaukee County DSD

	2172	Other		
	5126-99	Other Governmental Purchase of Service		•
•	CONTRO	L ACCOUNT NO. 5100 SUB TOTAL *		199,832
5200	5201	Direct Federal Grants		
	5202	Direct State Grants		-
	5203	Direct County Grants	-	
	5204	Direct City and Municipal Grants	-	-
	5206	Title III Grants	4	-
	5210	Other Grants from Governmental Agencies	-	-
	CONTRO	L ACCOUNT NO. 5200 SUB TOTAL*		-
5300	5301	Revenue from Title XIX-AFDC Clients	-	-
	5302	Revenue from Non-Title XIX Clients	-	-
-	CONTRO	L ACCOUNT NO. 5300 SUB TOTAL*		
6000		Membership Dues - Individuals		
	CONTRO	L ACCOUNT NO. 6000 SUB TOTAL*	-	
6100		Assessments & Dues-Local Member Units	-	
	CONTRO	L ACCOUNT NO. 6100 SUB TOTAL*	-	

*Must be the same dollar amount as shown on Form 4.

Item # 28 Form 4SE4

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month	Page 215

MSD 001

(C)

2015 Prgm No.

(B)

FORM 48 ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

Agency Name	UMOS, Inc.		2015 Prgm No.	MSD 00
		(A)	(B)	(C)
Control	Sub-Account		2014	2015
Acct. No.	Number	Account Description	Revenue Budget	Revenue Budget
5200	6201	Income from Private Pay Clients		
	6202	Income from Title IVA (AFDC Employed		
		Actual) Clients		
	6203	Income from Title XX Clients		
		(Direct Pay Portion Only)		
	6284	Income from 51.42/.437 Clients		
		(Direct Pay Portion Only)		
	6205	Income from Cilent Pick-up and		
		Delivery Charges		
	6296	Income from Client Insurance Carriers		
		(Other then Medicare - Title XVIII)		
	6207	Other Third Party Non-Governmental		
<u> </u>		Income		
	COMPROT			
	CONTROLA	CCOUNT NO. 6200 SUB TOTAL*	•	
300		Intra-Agency Sales of Supplies&Service		
	CONTROL A	CCOUNT NO. 6300 SUB TOTAL *	-	
400	6401	Sale of Production		
	6482	Sale of Property & Other Assets		
	6403	Sale of Staff Services	ш	
	CONTROL A	CCOUNT NO. 6400 SUBTOTAL*	-	
500	6581	Interest	-1	
	6502	Dividends		
	6503	Other		
	CONTROL A	CCOUNT NO. 6500 SUB TOTAL*		-
600		Gains (Losses) on Investment Trans.		
	CONTROL A	CCOUNT NO. 6600 SUB TOTAL *		
900		Miscellaneous Revenue		
	CONTROLA	CCOUNT NO. 6900 SUB TOTAL*	-	
		GRAND TOTAL**		199,832
Must be the sa	me dollar amo:	mt as shown on Form 4.		
		ount as shown on Form 4, on the line titled "TO	TAL NON-DHHS REVENU	Ç"
		Date (Initial) :		March 25, 2015
Rev. 6/14		Date (Final):		

Item # 28 Form 4SE4

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

I' you have a Federally approved indirect role distor it have us to

		(B)	(61)	(D)	(E1)	(E2)	(63)	(04)	T20	(5/6)	(P)	(4)
estrai ort. No	Saprandkapp Description	201.8 Actual)	2014 Carnis Bardard	3015 Cross Birdan	WHEN JOHN TO	Fortgetiel Creek Bediet	CHAN INGS (SINGSH) MATER CALL	CHAP-SHE-M LEGITHED CHAR BARRET	Properti Res (progrado) Opago Baldget	Fregrand our Sprograms Green Booking	Jadjava Cusu Grum Budget	Program & Functions*
	Salaries			12,902,820	237,000	546,900	301,200	(6),200			1,515330	10,185,7
	Employe Health & Retirement States a			4 195478	60,544	65,862	34,275	24,221			4130%	3,561.1
			-	V70430	33,444	30,397	14.502	14,552			(3652)	Stille
	Page Town			140,050							161450	
	Professional Free			(Section)	10,800	12,600	4,900	4,600			EVINO	71.30
	<u> Вируди</u>			10490) 59	8,760	(8,300	4,000				14:1060	/40,
	Teleplymr.		-								6,000	4
pteo	Perings and Shipping			POTA CO			27894	27,854			104.534	1.784
0400	Droughney			2.≸⊋111	80,204	.52.15)		77.52			No. of the last	
6800	Reseal Maintenands & Opposition of Equipment							-		-	1,000	
2500	Printing and Publications			3500				*	· · · ·	-		
878D	Titred			1,660,800							21/000	995
10000	Capilorentes, Cameratines, Mertings			20,000		,	<u> </u>				27(63	N
P900	Specific Analogues on Individuals											
1000	hipphophip burg			44930				-	-		4650	. 4
Pido	Ayenrak mindi Ceminiki				6404	7,480	1,980	2,900				(15
5200	Appropriate Cold of the Interest Cold American Plan, a				45,216	42,375	18.17	18372			C2.(500,700)	1/46
1000	Cilina Transportation			2,043,340								1,05
5400	Miscellanoima			517.532							11.629	501
9900												
94-00	Deprichtion is Assethation Assettation against a repairment to brinker Commissions			27163						1		231
	John Colonia			34,079,643	476,243	420,571	500/00	Lacker			9	22,735
	PROFIT FACTOR											23,753
	TOTAL COSTORE RICLIAPRE PROPIT		1	24,078,641				-				(1.34)
	TOTAL HIS AND CONTRACT MAY INCOCHT PARP.			24,070,641	476,313	470,373	190,03	199,05				24,076

^{*} Control Accused Humber \$200, Allocated Costs, column 7, thould be quinced as a negative number in order for enhants D to cross feet in personal control of the column and

tleni # 25 Ferni 6

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

^{**} Die Other Cuntracts Programs & Functions, column G for all 1000-billwanter County programs at functions

FORM 54 TOTAL AGENCY ANTICIPATED REVENUE

ACTURET MORE PARKE, has

-	- III				WHEAT PROPERTY	(E)	(F30	(7.0		(60)		. 600
Control ters 750	Regions	#013 Arjusi	2014 Phrerane Hedget	2003 Rospapa Padget	tice around	reparasi	(pergram) Receive Berland	190egram, Reyman Badget	Ot a contrastic	Propins Print Sylviganti British Bridge	Indicorr Com Reserve Padget	Peny & Fune, Rorriere Bedje
4600	Capte flustique to al Danations											
a100	Coonchagence to Hallaing Frank	gerifektigt ga till av sid sædig		Lang management								
4200	Caprist Names			J								
1/00	Logaciu and Reggons											
#300	Califorted the neigh 1 or all blocaber bloks									,		
4600	Sectional by American Organization			i .								
abrelle.	A Because her Performed Found Righton Organizations A Because her Protection and Experimental Performance Found Righton Compressions						7. H					
	Other Companies Precious of Service (DD 2001 ISCALES). ANY RECOMPATE PRODUCTIONS)	PARTY OF VEHICLE			6367(1)	47a VII	Models	(include)				i) to 1
	Or mate Broat Other Guest ats most Apprecia. (200 2007 DRIVELEDR, ANY REGULERRY PRODESTRATES											
Andre	Mercente from \$1340 and \$190											
Apple	Monterchia Dars										the transfer of the	
6)00	Amontonia and Days Lucal Monton Balts											
6200	Program Horgin Form Only			j								
6100	Laters - Agency Sales of Sunables and Mayeless.											
64EO	Recompanies Disposed of Amery											
6500	Topposite purp Thorness											
6000	Guier (and Lours) or Javestrage Tegranotics											
450	Undamal cone											
	TOTAL BOR DIGGS STORY HAS BEEN PARK				84,515	4% V3	Territor:	Try, 812				(1,306.7
	DIONE CONTRACT ID DUESE			79.073741								3187
	TOTAL REVENUE			36/(3/4)	476315	476372	150m31	199302				12,702

Dave (Salethan Des Charles Pengraum & Famellous, ophasyn U for all non-billin makes Constripting ping time or functions

pend ' Firm A

UMOS (Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Form 6 INDIRECT COST ALLOCATION PLAN Summary Sheet

1 Agency Nume:	UMOS, Inc.
2 Disability/Target Group:	Management Services Division - Energy Assistance (Use additional copies of this form as needed.)

A	В	С	Form 6D	Form 6E	Form 6F	Form 6G	Form 6H		
Account Number	Indirect Cost Account Description	Total Agency Indirect Costs E col (D) to col (H)	Direct Salaries Affocation	FTE Affocation	Square Feotage Allocation	Direct Cost Allocation	Other	1	allowable Indirect Costs ^{a e}
7000	Solaries	1,215,320				2,189,700		\$	(974,380
7100	Employee Health & Retirement Ben.	418,070						3	418,070
7200	Payroli Taxes	68,0.58						3	68,05
8000	Professional Fees	(40,850						S	140,850
8100	Supplies	55,000						\$	55,000
8200	Telephone	16,800						\$	10,800
8300	Postage & Shipping	6,000						\$	6,000
B400	Occupancy	185,510						12	185.5):
8500	Rental & Maintenance of Equip.							\$	
8600	Printing & Publications	5,000						3	5,00
8700	Employee Travel	25,000						8	25,00
8800	Conferences, Conventions, Meetings	39,000						8	39,00
8900	Specific Assistance to Individuals	4						15	4.00
9000	Membership Dues	4.000						\$	4,00
9100	Awards & Orants							S	
9300	Client Transportation	-						3	
9400	Other Miscellaneous (Specify)	11.092						5	11.09
9500	Depreciation or Ameritzation	*						S	
9600	Allocations to Agencles							\$	
	Interest							\$	
	Bad Debi				-			15	
	TOTAL INDIRECT COSTS *	\$ 2,189,700	s	s .	s	\$ 2,189,700	\$	S	

^{*} Individual line entries for Total Agency Indirect Costs (column C) should be entered on the corresponding respective line con Forms, column F.

*Enter Agency Indurect Costs which may not be allocated to Milwankee County Programs under Federal & State Cost Principles

As part of program budgeting, agencies which are cor			
required to assign indirect costs to each program und	er coutract. Describs	the formula/method used to	
distribute indirect costs to programs.		an and a seed to	
Rev. 6/14	Date (Initial):	March 25 2015 Dale (Final):	

Itam # 28 Form 6

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Form 6D DIRECT COST ALLOCATION PLAN Allocation Basis: Direct Salaries

1 Ag	ысу	Name:
------	-----	-------

UMOS, Inc.

2 Disability/Target Group:

Menagement Services Divinion - Energy Assastance (Use additional copies of this form as needed.)

A	B	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	1.
Account Number	Indirect Cost Account Description	Allowable Total Direct Salaries Allocation *	HEAP - Scathar (program)	WHEAP Control (program)	WHEAP - West (program)			Protests Name (program)	Contracts Programs & Puzzilons
7000	Salaries								
7100	Employee Health & Retirement Ben.								G EE AV
7200	Poyroli Taxes				44				
8000	Professional Fees		Herri						
8100	Supplies								
8200	Telephone								
8300	Postage & Shipping				JUL	100			
8400	Ocsupancy				Fred 13		7 77		
8500	Rental & Maintenance of Equip.					3500		100	
8600	Printing & Publications								
8700	Employee Travel								
8800	Conferences, Conventions, Meetings							-10	
8900	Specific Assistance to Individuals								
9000	Membership Dues		100		·				
9100	Awards & Grants								
9300	Client Transportation				45155				
9400	Other Miscellaneous (Specify)				100000000000000000000000000000000000000				
9500	Depreciation or Amortization								13 31 3
	Allocations to Agencies						3.		
-	Interest								4 - 11
	Bad Debt								
	TOTAL INDIRECT COSTS **	3							
	TOTAL DIRECT SALARIES	\$ 10,867,500	232,900	246,500	101,200	102,208			10,185,70

^{*} Individual line entries for Total Direct Salaries Allocation (column C) conte from the Indirect Cost Summary Form 6 (column D)

As part of program budgeting, agencies which are contracted to provide more than one program are	
required to assign indirect costs to each program under contract. Describe the formula/method used	ù
distribute hullimat easts to success	

Rev. 6/14

Date (Initial):	March 26, 2015 Date (Pinal):	
-----------------	------------------------------	--

Item # 28 Form 6

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allousted Costs on Form 3 (column C) for each Milwaukee County programs All other non-Milwaukee County contracts, programs & functions should be antered in volumn L. Total Indirect Costs, and earlied to Form 5, column G.

Dans CD	DIRECT	COST	ATTOC	SOCIET A	DI AN
rorm or	DIKECI	CUSI.	$\Delta L L L U \cup \ell$	A LIVE	The said

Allocation Basis: Direct FTE

1 Agency Name:	UMOS, Inc.

2 Disability/Target Group:

Management Services Division - Energy Assistance (Use additional copies of this form as needed.)

A	В	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	Ł
Account	Indirect Cont Account Description	Allowable Total Direct FTE Allocation *	VHEAP - Southern (program)	WHEAP Control (program)	William West	(program)	(program)	(program)	Other Contracts Programs & Functions
7000	Salaries								
710D	Employee Health & Retirement Ben.								
7200	Payroll Taxes								
8000	Professional Fees								
B100	Supplies								17-
8200	Telephone	-							
8300	Postage & Shipping				12.5	E20			
8400	Occupancy								130
8500	Rental & Maintenance of Equip.						4		
8000	Printing & Publications		A CONTRACTOR OF THE PARTY OF TH				12000		1000
8700	Employee Travel								DO 10
8800	Conferences, Conventions, Meetings		100000		0=			100	13
8900	Specific Assistance to Individuals			\$					100
9000	Membership Dues		4.5		1				
9100	Awards & Grants					1	102		
930D	Client Transportation		1000						A LL
9400	Other Miscellaneous (Specify)	-		IIIII .		9	4 % SE 1		1000
9500	Depreciation or Amortization						1,000		THE RES
9600	Allocations to Agencies			45.45	1			***************************************	100
	Interest			1					
	Bad Debi								
	TOTAL INDIRECT COSTS **	\$10					-		
	TOTAL FTE	22.00	730	8,50	3.40	3,40			

^{*} Individual line entries for Total Direct PTE Allocation (column C) come from the Indirect Cost Summary Form 6 (column E).

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/sacthod used to distribute indirect costs to programs. Date (Initial)

Rev. 6/14

March 25, 2015 Date (Final):

Item # 28 Form 6

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

Form 6F DIRECT COST ALLOCATION PLAN

Allocation Basis: Square Footage

I Agency Name:	UADS, Inc.
2 Disability/Target Group:	Management Services Division - Energy Assistance

Α.	В	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	1.
Account	Indirect Cost Account Description	Allowable Total Direct Sq Feetage Allocation	(program)	WHEAP Control (program)					Other Contracts Programs & Functions
7000	Saluries								
7100	Employee Health & Retirement Ben.								
7200	Poyroli Taxes						1000		
8000	Professional Fees		Later Control						
\$100	Supplies		12						
8200	Telephone		First Section 1		100			10.00	
8300	Postage & Shipping		-						
8400	Cleanpancy						E 11 -		
8500	Rental & Maintenance of Equip.								
8000	Printing & Publications								
8700	Employee Trevel								
8800	Conferences, Conventions, Meetings						120		1.0
8900	Specific Assistance to Individuals								
9000	Membership Dues			8			1201 11		100
9100	Awards & Grants					16			
9300	Client Transportation								
9408	Other Miscellaneous (Specify)								
9300	Depreciation or American		7						100 100
9600	Allocations to Apandies								
-	Interest		20						
deliberated	Bad Debt								
	TOTAL INDIRECT COSTS **	St			_				
	TOTAL SQUARE FOOTAGE								

^{*} Individual line entries for Total Direct Square Footage Allocation (column C) come from the Inducet Cost Summary Form 6 (column F).

As part of program budgeting, agencies which are controlled to assign indirect costs to each program under			
distribute indirect costs to programs. Rev. of 1.4	Date (Initial):	Merch 25, 2015 Date (Final):	
		item # 28 Form 6	

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

^{**} Totals for such Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milworkee County program All other near-Milworkee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column C

Form 6G DIRECT COST ALLOCATION PLAN Allocation Basis: Direct Cost

1 Agency Name:

UMOS, Inc.

2 Disability/Target Group;

Management Services Division - Energy Assistance (Use additional copies of this form as needed.)

	В	C	(E1)	(E2)	(E3)	(E4)	(E.5)	(E6)	Ն
Account Number	Indirect Cost Account Description	Allowable Total Direct Direct Cost Allocation *	TIBAP - Souther (program)		WHEAP - Wast (program)	(program)	Program Name (program)	Program Nume (grogram)	Officer Contracts Programs & Functions
7000	Salaries	2,189,700							
	Employee Health & Retirement Ben.				831		•		
	Payrell Taxes				1		4.4		
	Professional Fees			1760	4				
E100	Supplies								
	Telephone		234234	10 11					
8300	Postage & Shipping						-		
	Occupancy								13,13
8,500	Rental & Maintenance of Equip.		THE STATE OF		1	1 4			
8600	Printing & Publications		10000	1000				' "	
Rev. 3/10	Employee Travel	•		-					100
8800	Conferences, Conventions, Meetings					4		10	
8900	Specific Assistance to Individuals	-	1 1 1 1 1 1 1 1						
9000	Membership Dues		1.4	100					1
9100	Asvards & Grants			f	100				1
9300	Client Transportation				1	1	. "		
9.100	Other Miscellaneous (Specify)		250 L		100	1			Land No.
9500	Depreciation or Amortization			2		4		22 - 1000	
9600	Allocations to Agencies		100	100			107517		
-00000	Interest					100	1941		
	Bad Deht				-	The Parket	-		
	TOTAL INDIRECT COSTS **	\$2,189,700	43,316	42,775	18,173	18,173		-	2,067,26
	TOTAL DIRECT COSTS	\$21,888,941	432,997	427,546	181,659	181,659			20,665.03

^{*} Individual line entries for Total Direct Cost Allocation (column C) come from the Indirect Cost Sunmary Form 6 (column G).

Ax part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/acethod used to distribute indirect costs to programs.

Rev. 6/14

Date (Initial): March 25, 2015 Date (Final):

Item#28 Form 6

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

^{**} Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwarker County program All other non-Milwarker County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

Form 6H DIRECT COST ALLOCATION PLAN

Allocation Basis: Other Allocation Basis

1 Agency Name:	UMOS, Inc
2 Disability-Target Group;	Management Services Division - Energy Assistance
	(Use additional copies of this form as needed.)

A	B	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	I.
Account Number	Indirect Cost Account Description	Total Other Allowable Allocation Bank *	HEAP - Signified (program)						Other Contracts Programs & Functions
7000	Salaries								
7100	Employee Health & Retirement Ben.					1			
7200	Payroll Taxes								
8000	Professional Fees					72 T 24			
8100	Supplies				- 1				
820D	Telephone							1 2	
8300	Postago & Shipping			12				E	
	Оссираноу			100					- 25 0
8500	Rental & Maintenance of Equip.			12 12					
8600	Printing & Publications						1111111		
8700	Employee Travel			100000000000000000000000000000000000000	1 1 1	200	1		
0088	Conferences, Conventions, Meetings								
8900	Specific Assistance to Individuals						100		150
	Membership Does				4	100			
9100	Awards & Chemis		1012	100				Tall 51	
9300	Client Transportation			4		COLUMN TO SERVICE STATE OF THE PARTY OF THE	1.5		1
9400	Other Miscellaneous (Specify)		- N				and a second		
9500	Depresiation or Americanion				427		33		
9600	Allocations to Agencies			1	-				
	Interest		1		175.0				
	Bad Debi						10 - 000 - 00		* * * * * *
	TOTAL INDIRECT COSTS*								
	TOTAL ALLOCATION BASIS								

^{*} Individual line entries for Total Other Allocation Basis (column C) come from the Indirect Cost Surrousy Form 6 (column H).

As part of program budgeting, agencies which are contracted to provide more than one program are required to analyze indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to group and the contract. Describe the formula/method used to distribute indirect costs to group and the contract. Describe the formula/method used to distribute indirect costs to group and the contract costs to group and the contract costs to group and the contract costs to group and the costs of

Item # 28 Form 6

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

^{**} Totals for each Program techanis D through K) should be essened in Control Account Number 9200, Allocated Coats on Form 3 (column C) for each Milwankee County program All other non-Milwankee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and camed to Form 5, column G

FORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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Item # 28 Form 2 Page 2 of 25

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

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ME & ADDRESS OF PROGRAM SITE	UMOS Southeas	t (Zone 6)		
		ter, 2701 S. Chase Ave	. Milwaukee	
ENCY FEDERAL TAX ID NUMBER	39-1047172			
IHS DIVISION	Management Ser	rvices Division - Ener	gy Assistance	
OGRAM NAME LECT FROM TABLE OF CONTENTS)	WHEAP - South	east 2015 Prgm No. Mad e	01	
NUMBER OF DAYS PROGRAM OPERA	TES PER WEEK	5.00	ALL Proposers m details even if the	•
NUMBER HOURS PROGRAM OPERATI	ES PER DAY	8.00		
NUMBER OF CASES TO BE SERVED PE	R YEAR *	4,318.00		
TYPE OF UNIT: Month / Day/ Hour/1/41	Hour/other	0.00	X	
		Other	(
COST CALCULATIONS:		TO COMPANY	PROGRAM	COST
		TOTAL PROGRAM	COST BY	PER
		UNITS	FUNDING SOURCE	UNIT
		(A)	(B)	(C)
1. DHHS Program's Units and Costs		4,318.00	\$ -	s -
2. Other Funding Source's Units and Costs		0.00	\$ 476,313	s -
3. Total		4,318.00	\$ 476,313	\$ 110.31
4. 2014 Budgeted Units and Costs		0.00	s -	\$ -
S. 2013 Actual Units and Costs		0.80	s .	\$ -
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Item # 28 Form 1E1

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

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File # 15-444

FURM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 1 - 2015 AGENCY EMPLOYER HOURS AND SALARIES

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Item # 28 Form 2 Page 6 of 26

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Page 225

Page 1561

File # 15-444

FORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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item # 28 Form 2

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Page 225

File # 15-444

LORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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item # 28 Form 2

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 2A - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

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item # 28 Form 2A

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 2B - EMPLOYEE DEMOGRAPHICS SUMMARY

Program	Position Code	Emplayer	
	(Column 2, Form	Employee	Number o
	2 Code)	Demographics (Column 3, Form 2	FTEs
	2 0006)	Ethnic group)	
VHEAP - Southeast		A A	
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% of Handicaped employees 0.00% Ethnicity % to total FTE 0.00% 9.59% 50.68%

Item # 28 Form2B1

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month Page 225

Rev. 6/14

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ORM 3S	ANTICIPALE	D PROGRAM EXPENSES SUPPLEMENTARY SH	<u> </u>	
Agency Name	UMOS, Inc			
)isability/Targ	el Manageme	nt Services Division - Energy Assistance		5000 004
² rogram	WHEAP-		2015 Prgm No.	MSD 001
acility Name	UMOS Sou	theast (Zone 6)		
ddress	UMOS Job	Center, 2701 S. Chase Ave., Milwaukee		
		(A)	(B)	(C)
Control	Sub-Account		2014	2015
ect. No.	Number	Account Description	Gross Budget	Gross Budget
000	7001	Executive Salaries	\$0.00	
	7002	Professional Salaries	\$0.00	232,900
	7003	Clerical Staff Salaries	\$0.00	-
	7004	Technical Salaries	\$0.00	
	7005	Maintenance Employee's Wages	\$0.00	-
	7006	Temporary Clerical Help	\$0.00	-
	7007	Student Stipends	\$0.00	
	7008	Other Staff Salaries (Unclassified)	\$0.00	-
	CONTROLA	CCOUNT NO. 7000 SUB TOTAL*	s .	\$ 232,900
7100	7101	Accident Insurance Premiums	\$0.00	\$0.00
100	7102	Life Insurance Premiums	\$0.00	\$395.93
	7103	Medical & Hospital Plan Premiums	\$0.00	\$48,303.40
	7104	Pension or Retirement Plan Premiums	\$0.00	\$11,645.00
	7105	Supp. Payments to Pensioned Employes	\$0.00	\$0.00
	7106	Payments to Annuitants	\$0.00	\$0.00
	7107	Employment Termination Expenses	\$0.00	\$0.00
	7108	Employee Tuition Reimburse. Plan	\$0.00	\$0.00
		ACCOUNT NO. 7100 SUB TOTAL*	S -	\$ 60,344
7200	7201	FICA Payments (Employer's Share)	\$0.00	\$17,816.85
7200	7202	Unemployment Insurance	\$0.00	\$10,270.89
	7203	Workmen's Compensation Insurance	\$0.00	\$5,356.70
	7204	Disability Insurance Premiums	\$0.00	\$0.0
		ACCOUNT NO. 7200 SUB TOTAL*	\$ -	\$ 33,44
8000**	8001	Medical & Dental Fees	\$0.00	\$0.0
	8002	Psychological Fees	\$0.00	\$0.0
	8003	Legal Fees	\$0.00	\$0.0
	8004	Rehabilitation & Education Fees	\$0.00	\$0.0
	8005	Development & Public Relations Fees	\$0.00	\$0.0
	8006	Brokerage, Commission, Collection Fee	\$0.00	\$0.0
	8007	Employment Fees	\$0.00	The second second second
	8008	Audit Fees	\$0.00	
	8009	Electronic Data Processing Service Fee	\$0.00	
			4	
		Other Contract Payments to Consultants	\$0.00	\$0.0
	8010 8011	Other Contract Payments to Consultants Talent Fees	\$0.00	

^{*}Must be the same dellar amount as shown on Form 3

Item # 28 Form 3SE1

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

^{**}Attach a copy of the memorandum of agreement between the agency and the professional when using Control Account No. 8000, Sub-Account Nos. 8001 through 8012.

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Control Sub-Acc	(A)	(B)	(57)
Control Sub-Acc		\-7	(C)
	ount	2012	2013
Acct. No. Num	ber Account Description	Gross Budget	Gross Budget
8100 8101	Medicine & Drugs (Clinic Use Only)	\$0.00	\$0.0
8102	Prosthetic Appliances (Clinic Use Only)	\$0.00	\$0.0
8103	Recreational, Voc. & Craft Supplies	\$0.00	\$0.0
8104	Food & Beverages	\$0.00	\$0.0
8105	Laundry, Linen, & Housekeeping Supplies.	\$0.00	\$0.0
8106	Office Supplies-Stationery, Typing	\$0.00	\$0.0
8107	Paper, Ink, Printing, Duplicating	\$0.00	\$0.0
8108	New Goods Purchased	\$0,00	\$10,800.0
8109	Raw Materials (Manufacturing) Purchased.	\$0.00	\$0.0
8110	Manufacturing Supplies	\$0.00	\$0.0
CONTR	OL ACCOUNT NO. 8100 SUB TOTAL*	\$ -	S 10,80
B200 820 1	Telephone Expense	\$0.00	\$8,760.00
8202	Telegraph Expense	\$0.00	\$0.00
CONTR	OL ACCOUNT NO. 8200 SUB TOTAL*	\$ -	\$ 8,760
8300 8301	Postage and Parcel Post	\$0.00	\$0.00
8302	Freight	\$0.00	\$0.0
8303	Messenger & Delivery Service	\$0.00	\$0.00
CONTR	OL ACCOUNT NO. 8300 SUB TOTAL *	\$ -	\$
8400 8401	Office Rent	\$0.00	\$0.00
8402	Other Bidg. & Parking Lot Rent	\$0.00	\$0.00
8403	Bldg. & Bldg. Eq. Ins. (Gen. & Liability)	\$0.00	\$2,409.00
8404	Mortgage Interest	\$0.00	\$16,863.00
8405	Electricity	\$0.00	\$7,227.00
8406	Gas	\$0.00	\$1,606.0
8407	Heating Oil	\$0.00	\$0.00
8408	Water & Sewer	\$0.00	\$827.0
8409	Janitorial/Maintenance/Repairs Purchased	\$0.00	\$8,030.00
8410	Real Estate Taxes	\$0.00	50.00
8411	Personal Property Taxes	\$0.00	\$0.00
8412	Licenses & Permits-Occupancy Related	\$0.00	\$0.00
8413	Bldg. & Grounds Maintenance Supplies	\$0.00	\$29,711.00
8414	Miscellaneous Occupancy Costs	\$0.00	\$0.0
8415	Amortization/Leasehold Improvements	\$0.00	\$0.0
8416	Depreciation - Buildings	\$0.00	\$13,651.00
		30.00	313,031.00
	OL ACCOUNT NO. 8400 SUB TOTAL*		\$ 80,324
500 8501	Equipment rental expenses	\$0.00	\$0.00
8502	Equipment Maintenance expenses	\$0.00	\$0.00
8503	Equipment - Depreciation	\$0.00	\$0.00
8504	Equipment - Interest Expense	\$0.00	\$0.00
CONTR	OL ACCOUNT NO. 8500 SUB TOTAL *	\$.	S

item # 28 Form 3SE1

UMOS: Helpin	g Over 10,000 Milwaukee County Residents Improve Their Lives Every Month	Page 225

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Account Description Gross Budget Agency Name	UMOS, Inc.		2015 Prgm No.	MSD 601	
Account Description Gross Budget Gross Budget			(A)	(B)	(C)
Section Sect	Control	Sub-Account		2014	2015
Sec	Acct. No.	Number	Account Description	Gross Budget	Gross Budget
S602	3600	8601	Printing	\$0.00	\$0.00
Se04 Recording Se0.00 So.0 So.00 Se05 Films So.00 So.00 Se06 Subscriptions-Periodicals/Publication So.00 So.00 Se0.00		8602		\$0.00	\$0.00
Se04 Recording Se0.00		8603	Photography	\$0.00	\$0.00
Second Subscriptions-Periodicals/Publication Science Scien		8604		\$8.00	\$0.00
Secondary Subscriptions-Periodicals/Publications Social Scott Social Scot				\$0.00	\$0.00
Second			Subscriptions-Periodicals/Publication	\$0.00	\$0.00
Secont Second Secont Second Secont Second Secont Second S				\$0.00	\$0.00
CONTROL ACCOUNT NO. 8600 SUB TOTAL* S				\$0.00	\$0.00
100 100				s -	\$.
ST02 Gas & Oll - Company Vehicles \$0.00 \$0.00	R700			\$0.00	\$0.00
STO3	3100				\$0.00
STOA					\$0.00
STOS Licenses & Permits-Company Vehicles \$0.00 \$0.00					\$0.0
8706 Leasing Costs - Company Vehicles \$0.00 \$0.00					
Section					
S708 Tires - Company Vehicles S0.00 S0.00 S709 Hotel, Meals, & Incidental Expenses S0.00 S0.00 S710 Depreciation - Automotive Equipment S0.00					
S709					\$0.0
STIO Depreciation - Automotive Equipment S0.00 S0.00					
CONTROL ACCOUNT NO. 8700 SUB TOTAL* S					
Section Sect					
Section Sect	8800		Meeting Space & Equipment Rental		
Second Service Second Service Second S					
Section Sect					
CONTROL ACCOUNT NO. 8800 SUB TOTAL* S - S		8804	Speaker's Honoraria & Expenses		
Section Sect		8805	Registration Fees	\$0.00	\$0.0
8902 Dental Fees \$0.00 \$0.0 8903 Medicines \$0.00 \$0.0 8904 Children's Board \$0.00 \$0.0 8905 Homemaker Service \$0.00 \$0.0 8906 Food Service \$0.00 \$0.0 8907 Shelter Service \$0.00 \$0.0 8908 Clothing Service \$0.00 \$0.0 8910 Recreation Service \$0.00 \$0.0 8911 Wage Supplements \$0.00 \$0.0 8912 Prosthetic Appliances \$0.00 \$0.0 8913 Hospital Fees \$0.00 \$0.0 8914 Testing Fees \$0.00 \$0.0 8915 Materials - Crafts, Vocation, etc. \$0.60 \$0.0		CONTROL A	CCOUNT NO. 8800 SUB TOTAL*	S -	\$
Section Sect	8900	8901	Medical Fees	\$0.00	\$0.0
8904 Children's Board \$0.00 \$0.0 8905 Homemaker Service \$0.00 \$0.0 8906 Food Service \$0.00 \$0.0 8907 Shelter Service \$0.00 \$0.0 8908 Clothing Service \$0.00 \$0.0 8910 Recreation Service \$0.00 \$0.0 8911 Wage Supplements \$0.00 \$0.0 8912 Prosthetic Appliances \$0.00 \$0.0 8913 Hospital Fees \$0.00 \$0.0 8914 Testing Fees \$0.00 \$0.0 8915 Materials - Crafts, Vocation, etc. \$0.60 \$0.0		8902	Dental Fees	\$0.00	\$0.0
8905 Homemaker Service \$0.00 \$0.0 8906 Food Service \$0.00 \$0.4 8907 Shelter Service \$0.00 \$0.4 8908 Clothing Service \$0.00 \$0.6 8910 Recreation Service \$0.00 \$0.6 8911 Wage Supplements \$0.00 \$0.6 8912 Prosthetic Appliances \$0.00 \$0.6 8913 Hospital Fees \$0.00 \$0.6 8914 Testing Fees \$0.00 \$0.0 8915 Materials - Crafts, Vocation, etc. \$0.60 \$0.60		8903	Medicines	\$0.00	\$0.0
8906 Food Service \$0.00 \$0.0 8907 Shelter Service \$0.00 \$0.0 8908 Clothing Service \$0.00 \$0.0 8910 Recreation Service \$0.00 \$0.0 8911 Wage Supplements \$0.00 \$0.0 8912 Prosthetic Appliances \$0.00 \$0.0 8913 Hospital Fees \$0.00 \$0.0 8914 Testing Fees \$0.00 \$0.0 8915 Materials - Crafts, Vocation, etc. \$0.00 \$0.0		8904	Children's Board	\$0.00	\$0.0
8907 Shelter Service \$0.00 \$0.0 8908 Clothing Service \$0.00 \$0.0 8910 Recreation Service \$0.00 \$0.0 8911 Wage Supplements \$0.00 \$0.0 8912 Prosthetic Appliances \$0.00 \$0.0 8913 Hospital Fees \$0.00 \$0.0 8914 Testing Fees \$0.00 \$0.0 8915 Materials - Crafts, Vocation, etc. \$0.60 \$0.0		8905	Homemaker Service	\$0.00	\$0.0
8908 Clothing Service \$0.00 \$0.0 8910 Recreation Service \$0.00 \$0.0 8911 Wage Supplements \$0.00 \$0.0 8912 Prosthetic Appliances \$0.00 \$0.0 8913 Hospital Fees \$0.00 \$0.0 8914 Testing Fees \$0.00 \$0.0 8915 Materials - Crafts, Vocation, etc. \$0.00 \$0.0		8906	Food Service	\$0.00	\$0.0
8910 Recreation Service \$0.00 \$0.0 8911 Wage Supplements \$0.00 \$0.0 8912 Prosthetic Appliances \$0.00 \$0.0 8913 Hospital Fees \$0.00 \$0.0 8914 Testing Fees \$0.00 \$0.0 8915 Materials - Crafts, Vocation, etc. \$0.60 \$0.0		8907	Shelter Service	\$0.00	\$0.0
8910 Recreation Service \$0.00 \$0.0 8911 Wage Supplements \$0.00 \$0.0 8912 Prosthetic Appliances \$0.00 \$0.0 8913 Hospital Fees \$0.00 \$0.0 8914 Testing Fees \$0.00 \$0.0 8915 Materials - Crafts, Vocation, etc. \$0.60 \$0.0		8908	Clothing Service	\$0.00	\$0.0
8911 Wage Supplements \$0.00 \$0.0 8912 Prosthetic Appliances \$0.00 \$0.0 8913 Hospital Fees \$0.00 \$0.0 8914 Testing Fees \$0.00 \$0.0 8915 Materials - Crafts, Vocation, etc. \$0.00 \$0.0				\$0.00	\$0.0
8912 Prosthetic Appliances \$0.00 \$0.0 8913 Hospital Fees \$0.00 \$0.0 8914 Testing Fees \$0.00 \$0.0 8915 Materials - Crafts, Vocation, etc. \$0.60 \$0.0				\$0,00	\$0.0
8913 Hospital Fees \$0.00 \$0. 8914 Testing Fees \$0.00 \$0. 8915 Materials - Crafts, Vocation, etc. \$0.60 \$0.				\$0.00	\$0.0
8914 Testing Fees \$0.00 \$0. 8915 Materials - Crafts, Vocation, etc. \$0.60 \$0.				\$0.00	\$0.0
8915 Materials - Crafts, Vocation, etc. \$0.00 \$0.				\$0.00	\$0,0
				\$0.00	
				s -	Is

Item # 28 Form 3SE1

UMOS: Heiping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Nan	ne UMOS, Inc.		2015 Prgm No.	MSD 001
		(A)	(B)	(C)
Control	Sub-Account		2014	2015
Acct. No.	Num ber	Account Description	Gross Budget	Gross Budget
9000	9001	Individual Dues	\$0.00	\$0.00
	9002	Organizational Dues	\$0.00	\$0.00
	CONTROL A	CCOUNT NO 9000 SUB TOTAL*	S .	\$
9100	9101	Grants to Research Institutions	\$0.00	\$0.00
	9102	Graduate Fellowships	\$0.00	\$0.00
	9103	Trainee Scholarships	\$0.00	\$0.00
	9104	Other Scholarships/Tuition Payments	\$0.00	\$0,00
	9105	Allowance for Travel Under Grant	\$0.00	\$6,424.00
	9106	Allowance for Equipment Under Grant	\$0.00	\$0.00
	9107	Lump Sum Camperships	\$9.00	\$0.00
	9108	Contribution/Grants to Hum. Serv. Org	\$0.00	\$0.00
	9109-50	Awards & Grants to Indiv. Other Org.	\$0.00	\$0.00
	9151-99	Awards & Grants to Affiliate Organizat. (Misc	\$0.00	\$0.00
	CONTROL A	CCOUNT NO. 9100 SUB TOTAL *	\$.	S 6,424
9200	9201	Administrative Costs (Indirect Costs)	\$0.00	43,316
	9202	Transportation		
	CONTROL A	CCOUNT NO. 9200 SUB TOTAL*	\$	\$ 43,316
9300	9301	Local Bus & Taxicab Fares	\$0.00	\$0.00
	9302	Gas & Oil - Company Vehicles	\$0.00	\$0.00
	9303	Repairs - Company Vehicles	\$0.00	\$0.00
	9304	Insurance - Company Vehicles	\$0.00	\$0.00
	9305	Licenses & Permits-Company Vehicles	\$0.00	\$0.00
	9306	Leasing Costs - Company Vehicles	\$0.00	\$0.00
	9307	Tires - Company Vehicles	\$0.00	\$0.00
	9306	Depreciation - Auto Equipment	\$0.00	\$0.00
	CONTROL A	CCOUNT NO. 9300 SUB TOTAL*	\$ -	s .
9400	9401	Employee Malpractice Insurance	\$0.00	\$0.00
	9402	Employee Bonding Insurance	\$0.60	\$0.00
	9403	Other	\$0.00	\$0.00
-		CCOUNT NO. 9400 SUB TOTAL *		\$ -
9500	9501-9504	Depreciation or Amortization	\$0.00	de 00
		tatement of Expenses in the GUIDELINES.	30.00	\$0.00
		Extendent of Expenses at the GOIDELINES.		
9660	9601-9690	Allocations to Agencies,	\$0.00	\$0.00
<u></u>	9691	Payments to Affiliated Organizations	\$0.00	
	CONTROL A	CCOUNT NO. 9600 SUB TOTAL*	\$	s -
		GRAND TOTAL ***	\$	\$ 476,313
***Must be t	he same dollar a	nount as shown on Form 3, on the line titled "TOT		110910
Rev. 6/14		Date (Initia		March 25, 2015
		Date (Final	The second secon	

Item # 28 Form 3SE1

UMOS: Helping, Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

ANTICIPATED PROGRAM REVENUE FORM 4

UMOS, Inc. Agency Name

Disability/Target Gr. Management Services Division - Energy Assistance
Program WHEAP - Southeast
Facility Name UMOS Southeast (Zone 6)
Address UMOS Job Center, 2701 S. Chase Ave., Milwaukee

MSD 001 2015 Prgm No.

	(A)	(B)	(C)
Control		2014	2015
Acct. No.	Revenue	Rev. Budget	Rev. Budget
4000	Contributions and Donations	•	-
4100	Contributions to Building Fund		-
4200	Special Events	-	-
4300	Legacies and Bequests		
4500	Collected through Local Member Units	No.	
4600	Contributed by Associated Organizations	-	•
4700	Allocated by Federated Fund Raising Organizations	1	
4800	Allocated by Unassociated and Non-Federated Fund Raising Organizations		_
5100	Other Government Purchase of Service (DO NOT INCLUDE ANY REQUESTS FROM DHHS)	-	476,313
5200	Grants from Other Governmental Agencies (DO NOT INCLUDE ANY REQUESTS FROM DHHS)		
5300	Revenues From HMO and PPO		
6000	Membership Dues	_	_
6100	Assessments and Dues-Local Member Units		
6200	Program Service Fees - Other	_	
6300	Intra-Agency Sales of Supplies and Services		-
6400	Revenues from Disposal of Assets	_	
6500	Investment Income		
6600	Gains (Losses) on Investment Transactions		
6700	Miscellaneous Revenue	_	
	TOTAL NON-DHHS REVENUE	-	\$ 476,313
	DHHS CONTRACT REQUEST		
	TOTAL REVENUE	s	\$ 476,313

Rev. 6/14

Date (Initial):	March 25,	2015
Date (Final):		

Item # 28 Form 4E1

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

FORM 48	ANTICIPATE	PROGRAM REVENUE SUPPLEMENTARY SHEET		
Agency Name	UMOS, Inc.			
Disability/Target	Gro Managemer	nt Services Division - Energy Assistance		
Program	WHEAP - S	outheast	2015 Prgm No.	THE PART
Facility Name	DMOS Som	theast (Zone 6)	2013 Frgm 140.	M2D 001
Address	LIMOS Joh	Center, 2701 S. Chase Ave., Milwaukee		
	0.11.01.00	Control of Chaot Ares, Milwaunte		
		(A)	(B)	(C)
Control	Sub-Account		2014	2015
Acct. No.	Number	Account Description	Revenue Budget	Revenue Budget
4000	4061	In-Kind Materials	_	
	4002	In-Kind Services		
	4003	Unrestricted Cash		
	4004	Restricted Cash		
	4005	Other	-	
	1,2,2,2		•	
	CONTROL AC	COUNT NO. 4000 SUB TOTAL*		
4100		Contributions to Building Fund		
	CONTROL AC	COUNT NO. 4100 SUB TOTAL*		
4200		Special Events		
	CONTROL AC	COUNT NO. 4290 SUB TOTAL*		
4300	4301	Endowments		
	4302	Trusts	-	•
	4303	Other	•	-
	1505	Outer		-
	CONTROL AC	COUNT NO. 4300 SUB TOTAL*		
4500		Collected Through Local Member Units		
	CONTROL VG	COUNT NO. 4500 SUB TOTAL*		
	CONTRODAC	<u> </u>		
4600		Contributed by Associated Organizations		
	CONTROL AC	COUNT NO. 4600 SUB TOTAL*		
4700		Allocated by Federated Fund Rateing Org.		
	4701	United Way		
	4702	Other	-	-
	CONTROL AC	COUNT NO. 4700 SUB TOTAL *		-
4800		Allocated by Unassociated and		
		Non-Federated Fund Raising Org.		
	CONTROL 40	OTHER MAN OUR MODELY		
	CONTROL AC	COUNT NO. 4800 SUB TOTAL*		

Item # 28 Form 4SE1

UMOS: Helping Over 10,000 Milwaukes County Residents Improve Their Lives Every Month

[&]quot;Must be the same dollar amount as shown on Form 4.

FORM 4S	ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET
2 O 2 O 1 T 1 T 1	

igency Name	UMOS, Inc.		2015 Prgm No.	MSD 00
		(A)	(B)	(C)
Control	Sub-Account		2014	2015
cct. No.	Number	Account Description	Revenue Budget	Revenue Budget
100	5101	Title XX-Milwaukee County	-	
100		(Do not include any DHHS Requests)		
	5102	Title XX-Other Counties	-	
	5103	Title IVA (AFDC Unemployment Actual)-	-	
		Milwankee County		
	5104	Title IVA (AFDC Unemployment Actual)-	-	
		Other Counties		
	5105	Title IVA (WEOP) - Milwaukee County		476,31
	5106	Title IVA (WEOP) - Other Counties	_	
	5107	51.42/.437 - Milwaukee County		
	5108	51.42/.437 - Other Counties		
	5109	Title I - Milwankee County	-	
	5110	Title I - Other Counties		
	5111	Title III - Milwaukee County	-	
	5112	Title III - Other Counties		
	5113	USDA Food Stamps		
	5114	Title XVIII - Medicare	_	
	5115	Title XIX - Medicald	-	
	5116	Social Security and SSI	_	
	5117	CIP Revenue from Milwaukee County DSD		
	5118	CIP Revenue from Other Counties		
	5119	COP Revenue from Milwaukee County DSD		
	5120	COP Revenue from Other Countles	le.	
	5121	Wiser Choice /AODA voucher Revenue	-	
	5122	Wrapsround Milwaukee Revenue		
	5123	Children's Court Services Revenue(CCSN)	-	
	5124	Milwankee County Depart. of Aging Revenue	-	
	5125	Other	-	
	5126-99	Other Governmental Purchase of Service	-	
-	CONTROL AC	COUNT NO. 5100 SUB TOTAL *		476,3
5200	5201	Direct Federal Grants		
	5202	Direct State Grants	-	
	5203	Direct County Grants		
	5204	Direct City and Municipal Grants		
	5206	Title III Grants	-	
	5210	Other Grants from Governmental Agencies		
		CCOUNT NO. 5200 SUB TOTAL*		
5300	5301	Revenue from Title XIX-AFDC Clients	-	
3300	5302	Revenue from Non-Title XIX Clients		
		CCOUNT NO. 5300 SUB TOTAL*	-	
6000		Membership Dues - Individuals	-	
0000	CONTROL A	CCOUNT NO. 6000 SUB TOTAL*		
		Assessments & Dues-Local Member Units		
6100				

^{*}Must be the same dollar amount as shown on Form 4.

Item # 28 Form 4SE1

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month Page 225

FORM 4S	ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET
	ANTIQUATED I ROGRAMI REVENUE NUFFLEWISH IART SHEET

Agency Name	UMOS, Inc.		2015 Prgm No.	MSD 0
		(A)	(B)	(C)
Control	Sub-Account		2014	2015
Acct. No.	Number	Account Description	Revenue Budget	Revenue Budget
200	6201	Income from Private Pay Clients		
	6202	Income from Title IVA (AFDC Employed		
		Actual) Clients		
	6203	Income from Title XX Clients		
		(Direct Pay Portion Only)		
	6204	Income from 51,42/,437 Clients		
		(Direct Pay Portion Only)		
	6205	Income from Client Pick-up and		
		Delivery Charges		
	62.06	Income from Client Insurance Carriers	-	
		(Other then Medicare - Title XVIII)		
	6207	Other Third Party Non-Governmental	_	
		Income		
	CONTROL AC	COUNT NO. 6200 SUB TOTAL*	-	
		<u> </u>		
6300		Intra-Agency Sales of Supplies&Service		
400	6401 6402	Sale of Property & Other Assets	-	
	6402	Sale of Property & Other Assets	_	
	6403	Sale of Staff Services		
	CONTROL ACC	COUNT NO. 6400 SUB TOTAL*		
500	6501	Interest	-	
	6502	Dividends	-	
	6503	Other		
	CONTROL ACC	COUNT NO. 6590 SUB TOTAL*		
600		Gains (Losses) on Investment Trans.		
			-	
	CONTROL AC	COUNT NO. 6600 SUB TOTAL *		
900		Miscellandous Revenue		
	CONTROL ACC	COUNT NO. 6900 SUB TOTAL.	-	
		GRAND TOTAL**		404.00
			-	476,31
	me dollar amount as :			
with de the P	mme do ast sin oun t e s	shown on Form 4, on the line titled "TOTAL NON-DHHS		
			nitial) :	March 25, 201

Rev. 6/14 Date (Initial): March 25, 2015

Item # 28 Form 4SE1

UMOS: Helping/Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

	(6)	dan	1C)	(D)	(E)	(\$2)	(E3)	(\$4)	(0,3)	(84)	D	(0)
perend	Expenditure Description	2013 Aduat	2014 Orner Businet	2015 Otener Bridget	Vittal Majoria (pr/para) Grop Bodget	VNIERF arsol uprocessori Cleans Bhadget	WHEAF - West Spreprists) Cause Budget	Greenins Const Rudge	Propresides oprocesses Open Hodges	Progras Plane Landaristi Organ Budget	Indirect Costs Grant Budget	Other Contrac Programs & Functions**
7000	Sabries			12672750	202,900	246,500	J01,2(3)	101,300			1,715,750	40,185,3
7100	Suplayer Beath & Britisten Bearfts			4.139.400	40,344	63,848	26,321	36,221			#\$51 6 7%	3,941
7200	Point Tubra			67845	33,444	35,397	14,832	14,552			Gara	510.
#000	Profesional Pres			140,850							140,490	
8100	Bapples			1001.5(10)	[0,002	12/000	4,800	4,000			1.000	.717
8200	Tylophani			104,650 TE	4,760	16,200	4,000	4,000			14,219.00	60
	Postuge and Shipping			34600							1,000	- 44
8400	Occupant.			2,40,411	\$0,384	JC(15)	27.634	27,804			45596	3,734
2500	Reput, Maintenance & Donnecistion of Egylogical										- 22	
8600	Printing and Publiculana			9,800		, , ,					260	
B700	Truck			14860							28,630	910
9800	Cunformers, Compentings, Mercings			69,500							27,073	5
PF90	Inselfic Assistance on Indiciduals											
	Mushership Does			90,000							4950	
9100					6,404	7,490	7,991	2,892				ρ
9200	Angeries gated Compiner Come (Commission of Commission of Commission Commission of Com				43,216	49,775	1617	10,173			(2.189,700	2,96
9300	Citient Transportuçion			2,072,140								2,05
9400	Mirelinger			20520							11.072	901
P500												
9600	Depreciation or Appellantian Applications to Applicate, a symmetric questions Organizations			2:1600								22
7000	TOTALIDOWNES			24,079,641		410,37)	199,000	1003832				77.73
	CEUPIC PACTURE											22,73
	TOTAL PROPERTY NOT LIBORIC PROPERTY.		4	24,078,640			109,833				-	934
	YOTAL NON-DIBUS CONTRACT NOV BROWGHT PWD			24,028,641	476313	470,371	(99,832	177.85				
	TOTAL BHIS REQUEST	Date do No		24,070,04								

[&]quot; Central Account Number 9266, Allocated Cons., columns F, should be entered on a negative number in order for solunts D to cross-foot to news.

ttem # 25 Film 5

^{**} Use Other Confencia Programs & Fanctions, column & Far all non-Miltonoles County programs or functions

PORM SA FOTAL AGENCY ANTICIPATED BEVENUE

SPICY ROAD \$150 CST, But.

	(A)	(F)	(0)	(A)	(6)	(17)	CA	(Ed)	(E3)	(64)	10	(8)
Control		2003	2014	seis	WHEAP Bushous (principal)	Walsal Downs	WHEAP - Was (section)	(IX YEAR)		Program Peace		Other Pourrers
Aur. Na	Nonphys .	Artral	Bergese Budger	Rarence Bulgar	Bernete Bellet	Herney Bullet	Resear Dudges	Partone Hadget	(program) Recease Bedger	Sprogram! Horspan Badget	Indicate Cares Represe Hadge	Prug. d. Linter, Harrance Bediger
4400	Santributions and Dunatings											الماميلة عراء لم
Jitto e	Pater Stations to Balliffer Figure											
4100	inteled Prysta											
4300	agains and Rogions											
4500	Calend through Loral Marchae Uples			<u> </u>								
4880	enterfected by Americand Organizations											
4200	Montal by Felicated Fund Rebley Or perioding											
1000 10	Translanding											
5140	NY PERMITS FROM DING				45-3(1)	(2073)	1047025	Statistic				11,596
1	Stratto Grann Chilor Concernou natul Aggançãos.			i.				i				
. F200 C	DIL NOT PRESENTE AND DEGREES AROM ON HE	ne bullete il busine unte	-	and the second								
5180	Income Byes 1040 and 1910											
(0)	Hone ber 16/10 Diagra											
date	transports and Data Local Monther Units											
1300	Spyrjam Barrelyn Porce Onlone											
1300 1	atro-frames falor of the price and foreign											
4100	browning from Disposal of Assets	-		-								
	West-yel Surpri											
-	colin ((April) Beneral are financial and Transportance											
	Strell antonia Lecture											
	DIAL MAR BURK CONTRACT REVENUE				476,513	49479	Thu STO	.10-53-050				41,346,
	HIRE PURTHACY HEQUEST			965041								34,078.1
3	DIALBEVENIE		i	20178,617	476,313	493%	199305	labeling				10.50

" Bur Other Contracts Programs & Functions, unknown of for all order & Microscher County purisoner or functions

Isonal 20 Form SA

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Form 6 INDIRECT COST ALLOCATION PLAN Summary Sheet

Agency Name:	UMOS, Inc.
2 Disability/Target Group:	Management Services Division - Energy Assistance

A	В	C	Form 6D	Form 6E	Form 6F	Form 6G	Form 6H		1
Account Number	Indirect Cost Account Description	Total Agency Indirect Costs Σ col (D) to cal (H)	Direct Salaries Allocation	FTE Allocation	Square Footage Allocation	Direct Cort Affacation	Other Allecation	Unallowable Indirect Conta ^{ka}	
7000	Salanes	1,215,320				2,189,700		S	(974,380
7100	Employee Health & Retirement Ben.	418,070						5	418,670
7200	Payroll Taxes	820.80						5	6R,05R
8000	Professional Fees	140,850						\$	140,850
8100	Supplies	55,000						\$	55,000
8200	Telephone	16,800						S	16,800
8300	Postage & Shipping	6,000						\$	6,000
B400	Occupancy	185,510						\$	185,510
8500	Rental & Maintenance of Equip.							5	
8600	Printing & Publications	5,000						5	5,000
8700	Employee Travel	25,000						\$	25,000
BROO	Conferences, Conventions, Meetings	39,000						8	39,000
8900	Specific Assistance to Individuals							\$	
9000	Membership Dues	4,000						5	4,000
9100	Awards & Grants	-						\$	
9300	Client Transportation							\$	
9400	Other Miscellaneous (Specify)	11,092						\$	11,09
9500	Depreciation or Amerization							3	
4600	Allocations to Agencies							\$	
BE-1000	Interest							8	
	Bad Debt							S	
	TOTAL INDIRECT COSTS *	\$ 2,189,700	\$.	s .	s .	\$ 2,189,700	\$.	5	(

^{*} Individual line entries for Total Agency Indirect Costs (column C) should be entered on the corresponding respective line

As part of program mageting, agencies which are required to andga indirect costs to each program t			
distribute indirect costs to programs. Rev. 6/14	Date (initial):	March 25, 2015 Date (Final):	

item # 28 Form 6

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

on Form 5, column F.

** Enter Agency Indirect Costs which may not be allocated to Milwaukee County Programs under Federal & State Cost Principles

Form 5D DIRECT COST ALLOCATION PLAN Allocation Basis: Direct Safarles

-		
- 1	Agency	Narue

UMOS, Inc.

2 Disability Target Group:

Management Services Division - Energy Assistance
(Use additional copies of this form as needed.)

A	B	С	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
Account Number	Saddreet Cost Accusint Description	Allowable Total Direct Salaries Allocation *	HEAP - kember (program)					Program Name (program)	Other Contracts Programs & Functions
7000	Salaries								
710D	Employee Health & Retirement Ben.		J. Lewis Co.						
7200	Payroll Taxes								
8000	Professional Peer						A		
\$100	Supplies			4-1	10	100			
8200	Telephona							THE TAX STREET	
B300	Postage & Shipping					Person ball.			
8400	Occupancy		1100 101						
8500	Rental & Maintenance of Equip.								
8600	Printing & Publications								
8700	Employee Travel		(= 00				-		100
8800	Conferences, Conventions, Mustings								
8900	Specific Assistance to Individuals		10000		10-11-11				1 1
9000	Membership Dues								
9100	Awards & Cramb								
9300	Client Transportation								
9400	Other Miscellaneous (Specify)	-						4374.55	
P500	Depreciation or Amortization						(0.00)		
9600	Allocations to Agencies				40		F-98		
	Interest		Complete St						
*******	Bad Debt							W -4	
	TOTAL INDIRECT COSTS **	у .		94				L.	
	TOTAL DIRECT SALARIES	\$ 10.867,500	232,900	246,500	101,200	101,205			10.185.30

^{*} Individual line entries for Total Direct Salaries Allocation (column C) come from the Indirect Cast Summary Form 6 (column D).

As part of program budgeting, agencies which are contracted to p	rovide more (kan one program are
required to nesign indirect costs to each program under contract.	Describe the formula/method used to
distribute indirect costs to seasons.	

Rev. 6/14

Date (Initial): March 26, 2015 Date (Final):

tem # 26 Form 6

UMOS: Holping Over 10,000 Milwaukee County Residents limprove Their Lives Every Month

^{**} Totals for each Program technoms D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program All other non-Milwaukee County controcts, programs & functions should be entered in column L. Total Indirect Costs, and canded to Form 5, column C.

Form 6D DIRECT COST ALLOCATION PLAN Allocation Basis: Direct Salaries

1 Agency Name.	UMOS, Inc.
2 Disability/Target Group:	Management Services Division - Energy Assistance

A	1 B	С	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
Account	Indirect Cost Account Description	Allowable Total Direct Salaries Allocation *	HEAP - Souther (program)	1 7	WHEAP - West (program)	ikap - South (program)	Program Name (program)	Program Name (program)	Other Contracts Programs & Functions
7000	Salaries								(A. 10 L. C. C. C. C. C. C. C. C. C. C. C. C. C.
7100	Employee Health & Retirement Ben.				, i		3 7 2	73 - 1	
7200	Payroll Taxes								
8000	Professional Fees				1 . 1	100000	1		
8100	Supplies				* 11, 4		Taking t		
\$200	Telephone							1000	
8300	Poetage & Shipping							The state of the s	
8400	Occupancy			1 961		*			
8500	Rental & Maintenance of Equip.							1 1 1 1 1 1 1 1 1 1 1 1 1	1
8600	Printing & Publications		· No.	100			* /		
8700	Employee Travel		•						, .
8800	Conferences, Conventions, Meetings		•				S S S		100
8900	Specific Assistance to Individuals							22	
9000	Membership Dues			100 to 100 to 100 to				14	Print I
9100	Awards & Grants			The same	, A.		1.0		
9300	Client Transportation		•					- 10	
9400	Other Miscellaneous (Specify)		· Parky al.						1
9500	Depreciation or Amortization		•						
9600	Altocations to Agencies				1 3 10	1 1 1 1 1 1 1 1			1000
******	Interest				100				I Fam.
******	Bed Debt				1				
	TOTAL INDIRECT COSTS **	2					-	-	
	TOTAL DIRECT SALARIES	\$ 10,867,50	232,900	340,500	101.200	101,200			10,185,70

[&]quot; Individual line entries for Total Direct Saleries Allocation (column C) come from the Indirect Cost Summary Form 6 (column D).

As part of program budgeting, agencies which are required to assign indirect costs to each program			
distribute indirect costs to programs. Rev. 6/14	Date (Initial):	March 25, 2015 Date (Final):	
		Item # 28 Form 6	

UMOS: Heiping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

^{**} Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

Form & DIRECT COST ALLOCATION PLAN

Allocation Basis: Square Footage

- 1	Agency	Name

UMOS, inc.

2 Disability/Target Group:

Management Services Division - Energy Assistance
(Use additional copies of this form as needed.)

A	В	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	7
Account Number	Indirect Cost Account Description	Allowable Total Direct Sq Footage Allocation		WHEAP Cantrol (programs)				Program)	Other Contracts Programs & Functions
7000	Salaries								
7100	Employee Health & Retirement Ben.		eball 1	r i	2.0			11237	
7200	Peyroll Taxes								9
8000	Professional Pees					155			
8100	Supplies		100 M				- 244		
8200	Telephone								1119 - 181-
8300	Postage & Shipping							-	
8400	Occupancy		4.4		100				
8500	Rental & Maintenance of Equip.				4.				
8400	Printing & Publications		1 33			£			
8700	Employee Travel								
8800	Conferences, Conventions, Meetings		- N		Sec.				
8900	Specific Assistance to Individuals								
9000	Membership Dues								
9100	Awards & Grants								Time to the same
9300	Client Transportation								1 = 1
	Other Miscellaneous (Specify)						100		
9500	Depreciation or Americation								
	Allocations to Agencies			1	100				
	Interest						300- 2		
#-Y-h-	Bed Debi		120 100 100				An Internal Control		
	TOTAL INDIRECT COSTS **	80							
	TOTAL SQUARE FOOTAGE								

^{*} Individual line entries for Total Direct Square Footupe Allocation (column C) come from the ladirect Cost Summery Form 6 (column F).

explained to analysis indirect costs to each progra			
distribute indirect costs to programs. Rev. 0/14	Date (Iritial):	March 25, 2015 Date (Final);	
		item # 26 Form 6	

UMOS: Helping/Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

ab Totals for each Program techanus D through K) should be entered in Control Account Number 9200, Allcoated Costs on Form 3 (column C) for such billwattless County programs All other non-Milwattless County contracts, programs & functions should be untered in column L, Total indirect Costs, and confect to Form 3, column G.

Form 6G DIRECT COST ALLOCATION PLAN

Allocation Basis: Direct Cost

1 Agency Name:

UMOS, Inc.

2 Disability/Turget Group:

Management Services Division - Energy Assistance (Use additional copies of this form as needed.)

Α	В	С	(E1)	(E2)	(E3)	(E4)	(E.5)	(E4)	L
Account Number	Indirect Cost Account Description	Allowable Total Direct Direct Cost Allocation		WHEAP Control (program)	(program)	(program)	(program)	Program Name (program)	Other Contracts Programs & Functions
7000	Salaries	2,189,700							
7100	Employee Health & Retirement Ben.								
7200	Payroll Taxes								
8000	Professional Fees					10130	4 .		
8100	Supplies			1		2.67	- 12		1
8200	Telephone			Contraction of					
8300	Postage & Shipping					1.5			1
8400	Occupancy				* 4			2000	11000
8500	Rental & Maintenance of Equip.				3 1 1/1	12 80 14 1			
	Printing & Publications					and the same	= =		
Rev. 3/10	Employee Travel								1 1 1 1 1 1 1
8800	Conferences, Conventions, Meetings						- 22		
8900	Specific Assistance to Individuals								1005
9000	Memberthip Dues	-	· ·	1 000 100				O+4-20	
9100	Awards & Cirants			1	0000 b				
9300	Client Transportation			1 2 2 2					CELE
9.100	Other Miscellaneous (Specify)						100		178
9500	Depreciation or Amortization			and the last		교생 역사			
9600	Allocations to Agencies			1000000					
Abortists	Interest		the Landau		1000	1000			1
a bru b dwd	Bed Debt			-					
	TOTAL INDIRECT COSTS **	\$2,189,700	43,316	42,775	18,173	18,173			2,067,264
	TOTAL DIRECT COSTS	\$21,888,941	432,997	427,596	181,659	181,659			20,005,030

^{*} Individual line entries for Total Direct Cost Allocation (column C) come from the Indirect Cost Summary Form 6 (column G).

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used distribute indirect costs to programs.

Rev. 6/14 Date (initial): March 2 ethod used to

item # 28 Form 6

March 25, 2015 Date (Final):

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

^{**} Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Allowakee County program All other non-Affiwatakee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

Form 6H DIRECT COST ALLOCATION PLAN

Aliocation Basis: Other Allocation Basis

1 Agency Name:	UMOS, Inc.
2 Disability/Target Group:	Management Services Division - Engry Assistance [Use additional copies of this form as needed.)

A	B	C	(E1)	(E2)	(E3)	(E4)	(E5)	(EG)	1.
Account Number	Inffred Cost Assumt Description	Other Allowable Allocation Basis	(program)	WITAP Central (program)	WHEAP - Wood (program)				Othor Contracts Programs & Functions
7000	Salories		The Real Property lies						
7100	Employee Health & Retirement Ben.								
7200	Payroll Taxes						100		
8000	Professional Fees							-	
8100	Supplies					100			
8200	Telephone							1.	
8300	Postage & Shipping				E 1				
	Оссирансу					1000			A Comment
8500	Rental & Maintenance of Equip.			120					
8600	Printing & Publications		1000000		THE RES				
8700	Employee Trevet								
8800	Conferences, Conventions, Meetings				, 1		100		
8900	Specific Assistance to Individuals			S 25					
	Membership Dues								
	Awards & Grents								
9300	Client Transportation								
9 100	Other Miscellaneous (Specify)		A 1 11 11 11 11 11 11 11 11 11 11 11 11						
9500	Depreciation or Americation				100	93.0	. 1 4		
9600	Allocations to Agencies								S
	Interest								
	Bad Debt								
	TOTAL INDURECT COSTS .								
	TOTAL ALLOCATION BASIS								

^{*} Individual line entries for Total Other Allocation Basis (column C) come from the Indirect Cost Summary Form 6 (column H).

see her sea his officient perolisability officializes at small \$1.6 COMIN	screa to provide it	iore thun one program are	
required to assign indirect costs to each program under	ountract, Describe	the formula/method used to	
distribute indirect costs to programs.			
Rev. 6/14	Date (Initial):	March 25, 2015 Date (Final):	
		manufacture de la lante (14th).	· · · · · · · · · · · · · · · · · · ·

Item # 28 Form 6

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

^{**} Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Couts on Forms 3 (column C) for each Milwaukee County program All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

Provide an organizational chart which shows, in detail, position titles and reporting relationships within the specific program being proposed. If the agency is bidding on/operating multiple sites, the organizational structure at each site should be indicated. Include all positions for which funding is being requested.

UMOS Wisconsin Home Energy Assistance (WHEAP) Organizational Chart Leonardo (Jim) Martinez Vice President of Operations Ana Ortiz WHEAP Manager Ana Ortiz WHEAP Manager Samantha Wendt WHEAP Supervisor Sandra Salagar-Logano Samantha Wendt WHEAP Supervisor Yvonne Brandes Vacant Fordinand Gaud Screener Intake Specialist Screener Intake Specialist Nancy Schueller Intake Specialist Petrina Gray Intake Specialist Vacant Intake Specialist Intake Specialist Elizabeth Gomez Brenda Franco Vacant Intake Specialist Intake Specialist Intake Specialist Intake Specialist Vacant Molly Calderon Vacant Hector Lerma Intake Specialist Intake Specialist Intake Specialist Intake Specialist Abel Castro lotake Specialist Intake Specialist Lakisha Young Vacant Intako Specialist Intake Specialist julia Leo Yacant Intake Specialist Intake Specialist Vacant Intake Specialist Intake Specialist Vacant intake Specialist

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Intake Specialist

PROGRAM LOGIC MODEL AND EVALUATION REPORT

(To be included in Initial Submission of ALL Proposals except for the Birth-3 Program)

ITEM # 29a

Use single words or short phrases to describe the following:

Inputs: List the physical, financial, and human resources dedicated to the program.

Processes/Program Activities: List the services to be delivered, to include any "Required Program Components" as described in the Program Requirements.

Outputs: List the volume of processes/program activities to be delivered, to include any "Expected Outputs" listed in Program Requirements (See Section 5 for Program Requirements).

Expected Outcomes: List the intended benefit(s) for participants during or after their involvement with a program, to include all "Expected Outcomes" listed in the Program Requirements, as well as any additional outcomes already established for the program. If no "Expected Outcomes" are listed in the Program Requirements, Proposer shall identify their own expected outcomes for the program. Proposer identified expected outcomes must reflect increases, decreases, or maintenance of knowledge, skills, behaviors, condition, and/or status.

Indicators List the measurable approximations of the outcomes you are attempting to achieve, to include any required "Indicators" listed in the Program Requirements. Indicators are the observable or measurable characteristics which indicate whether an outcome has been met, which shall be expressed by number and/or percentage.

For more examples of Inputs, Processes, Outputs, and Outcomes, see DHHS Outcomes
Presentation, March 16, 2006, at: http://county.milwaukee.gov/ContractMgt15483.htm (Look under "Reference Documents")

Projected Level of Achievement-Using column F of your Program Logic Model (Item 29a), identify the number and percentage of participants you project will achieve each "Expected Outcome" for each program proposed.

Describe methods of data collection proposed. Describe how consumers and community members are integrated into the process of evaluating the program, as appropriate, e.g., through satisfaction surveys, board and committee membership, public forums, etc. Include copies of any instruments used to collect feedback from consumers or the community. Give a specific example of how the results of this feedback have been used.

UMOS: Helping Over 10,000 Milwankee County Residents Improve Their Lives Every Month

Page 251.

Actual level Description of achievement For evaluation report I /TEM # 298 At least 4 specific outreach activities per month during 14 B months of program period, at least 2 specific outreach activities per month in 2* 8 months Projected level of achievement Items 29a and b partially comprise the points scored under Service Plan and Delivery PROGRAM LOGIC MODEL and ANNUAL EVALUATION REPORT 50% 888 **100%** Number and percent of Minsukee County-based, WHEAI-takkee consmittee meetings and extinties in which LIMOS perticipates on a monthly basis Number and percent of applications are entered accurately into the WHEAP system within federal, state & courty timelines Number and percent of households who apply, are desented eligible, and receive WHEAP-related benefits compared to 2014 levels per Number of paid and unpaid outreach activities conducted on a montifity basis Indicators UMOS will participate in WHEAIP-related committees under Milwedies County's leadership and direction UMOS will triplement an organig multifrigual outreech cempaign to maximize the number of WHEAP applicants & benefits recipients **Expected Outcomes** UMOS will process applications accurately within all federal, state, and county timelines UMOS will increase utilization of Wisconsin Home Energy Assistance Program (WHEAP) Outcome 4: Outborne 3: Outcome 1: Outcome 2: evaluation report Actual level of achievement $\overline{0}$ • 4.973 eigible households in Zone 3 • 3,977 eligible households in Zone 5 4.318 eighte householde in Zone 6 will apply and participate in Wescnstin Wescnstin Hane Energy Assistance Program (WHEAP) 16,273 eligible households in Zone 4 Outputs O UNIOS HR recuits, combuts background checks & submits for DHHS him approvel emergency applications/ meds through 24/7 coverage & on-call staff UMOS interviews applicants, capies info, processes application, determines engalication, determines engalishty hearints, refers to Westherization, reports potential fraud, & Res documentation UMOS conducts retout multifingual outreach certopoign to increase public antareriess LIMOS meets with DFHS, fitnelizing contract, goals, reporting, committee meeting activatives & implements transition with DFHS & preceding service zone providur(s) UAIOS responds to in-person, telephons & (s)mail inquiries & echedules appointments UMOS addresses customer conceins & participates in any related fair hearings Processes/Program Activities reports & ensures ongoing professional development UMOS reviews quality/ performence, completes UMOS addresses œ Outseach Mentering, including through UMOS' Office Low-WHEAP-related files WHEAP Quality Assurance/ Improvement & Reporting Telephone/ Computer & Other Office Technology Muttinguel UMOS Humen Services Team WHEAP Menual, Training & System Accessible Service Sites: Zones 3-6 Abc.
LanguageLine
Solutions WHEAP Applicants Іпестив Ртодгать UMOS HR Team WHERP Benefits WHEAP DINES SING Inputs ⋖

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Items 29b and 290c & d (as applicable) partially comprise the points scored under Previous Experience

PROGRAM NARRATIVE

ITEM # 29b

Identify the name and number of the program for which you are requesting funding as it is identified in the Year 2015 Purchase of Service Guidelines: Program Requirements.

Provide a narrative to adequately describe the program you are proposing. The Program Description Narrative MUST correspond with and derive from Item 29a, Program Logic Model.

Refer to the Year 2015 Purchase of Service Guidelines: Program Requirements for all the required program components for the program you are proposing. In particular, each proposed program must include:

- All Required Program Components (As identified in Section 5, 2.2 Core Service Requirements)
- Required Documentation
- Expected Outputs
- Expected Outcomes
- Indicators

If no "Expected Outcomes" are listed in the Program Requirements, Proposer shall identify their own expected outcomes for the program. Proposer identified expected outcomes must reflect increases, decreases, or maintenance of the service recipients' knowledge, skills, behaviors, condition, or status. Where indicated, programs must utilize Indicators as they appear in the Program Requirements, OR Proposer shall propose a minimum of one Indicator for each "Expected Outcome".

Using the table on the next page, describe the agency's ability to provide this program, and the agency's experience serving the targeted populations. Include any existing agency programs utilizing a similar service delivery system and the number of years the program has been in operation. Discuss past service experience with similar contracts. Specifically address recent and current experience in terms of program volume, target population, dollar amount of contract, and service mix (i.e., types of services provided).

UMOS: Helping Over 120,000 Milwaukee County Residents Improve Their Lives Every Month

Program Narrative

UMOS' Logic Model-driven Service Delivery Strategy for Helping a Greater Number of Milwaukee County's Eligible Population Gain the Energy Assistance They Are Qualified to Receive

When Kenosha County—the state's eighth most populous and third fastest growing county—decided its

residents needed a higher quality of **Energy Assistance** service delivery and a partner that would be more responsive to both county government officials as well as area residents, it selected UMOS. UMOS immediately worked with county officials, the outgoing provider, and residents; developed a successful, comprehensive transition plan incorporating their input; and implemented a new, more clientcentered strategy. Having been founded in Milwaukee County 50 years ago, UMOS would be honored to provide Energy Assistance services for its home community.



1010 – 56th Street, Third Floor Kenosha, Wisconsin 53140 (262) 653-2600 Fax: (262) 653-2817

March 18, 2015

The Honorable Chris Abele, Milwaukee County Executive
The Honorable Marina Dimittijevic, Board of Supervisors Chair
The Honorable Peggy Romo West, Realth & Fluman Needs Committee Chair
Milwaukee County Courthouse
901 North 9th Street
Milwaukee, WI 53233

Dear Colleagues:

As Milwaukee County considers applicants to provide Energy Assistance services, I am pleased to offer this letter regarding UMOS, Kenosha County's Energy Assistance provider. After having the same provider in place for a number of years, Kenosha County determined it was no longer satisfied with the level of service, and decided it was time for a change.

In 2012, Kenoaha County awarded UMOS the opportunity to provide Energy Assistance services, making it the sole provider countywide. UMOS partnered with Kenoaha County and the previous provider to transition services seamlessly on behalf of low-thooms residents in need. As part of the transition, the nonprofit even hired several of the best-performing staff employed with the previous provider to ensure continuity of service: It provided the new Energy Assistance team with the professional development, technology, tools, and leadership needed to serve our population in a timely and accurate fashion.

Like Milwaukee County, Kenosha County is home to a diverse population with equally diverse needs. UMOS put together a culturally competent, multilingual team of Energy Assistance professionals capable of serving residents fluently in Spanish and American Sign Language as well as in English. Additionally, it developed a strong outreach plan, and maintains conveniently located service sites, including in western Kenosha County—an area which had previously been underserved.

I am pleased to report the change in providers was a change for the better. Customer satisfaction improved substantially after partnering with UMOS, and satisfaction ratings remain high. Burray Assistance applications are being processed efficiently and the nonprofit commues to be highly responsive to local government and citizens alike.

As you consider potential providers for Milwaukee County, I hope that Kenosha County's experience will be of some help in your deliberations.

Respectfully.

Kenosha County Executive

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

UMOS is proposing to serve Milwaukee County Energy Assistance Service Zones 3, 4, 5, and 6, and Milwaukee County Department of Health & Human Services indicates that there are significant outreach opportunities in these zones.

Based on an analysis of the statistics provided in the Milwaukee County Department of Health & Human Services Energy Assistance Request For Proposal, there may be nearly 8,000 more households living below the Federal Poverty Level (FPL) in the 4-zone area of Service Zones 3, 4, 5, and 6 than actually received WHEAP benefits in the previous program year.

UMOS believes it is best positioned to assist Milwaukee County Department of Health & Human Services in reaching the maximum number of individuals and families eligible for Energy Assistance in Service Zones 3, 4, 5, and 6. It will do so by implementing its succinctly summarized, but comprehensive, logic model. Milwaukee County Department of Health & Human Services has indicated the Program Narrative "MUST correspond with and derive from Item #29a, Program Logic Model." [Milwaukee County DHHS Energy Assistance RFP, p. 4-45]

UMOS Offers Milwaukee County & Its Residents Highly Measurable Expected Outcomes & Indicators

The ultimate goal of the Wisconsin Home Energy Assistance Program (WHEAP) in Milwaukee County is to ensure that all of the county's low-income residents in need of such services:

- are aware of WHEAP benefits,
- have the opportunity to consult a WHEAP representative and apply in a language, location and method appropriate to their <u>individual</u> circumstances,
- get a timely and accurate determination of their eligibility as well as a professionally presented explanation of the results, and
- receive the level of benefit support for which they are qualified

UMOS shares Milwaukee County Department of Health & Human Services' vision for high quality, high performance, culturally competent service delivery for low-income individuals and families potentially eligible for WHEAP benefits. In addition to the overall goals above-mentioned, UMOS proposes four specific outcomes as well as the means for measuring performance:

	UMOS will demonstrate its effectiveness and efficiency by accomplishing the following for Milwaukee County & its residents	Milwaukee County & its residents will be able to measure UMOS' program effectiveness based on		
Outcome 1	Increasing utilization of Wisconsin Home Energy Assistance Program	the number and percent of households who apply, are deemed eligible, and receive WHEAP-related benefits compared to 2014 levels per service zone		
Outcome 2	Processing applications accurately within all federal, state, and county timelines	the number and percent of applicants whose applications are entered accurately into the WHEAP system within federal, state & county timelines		

	UMOS will demonstrate its effectiveness and efficiency by accomplishing the following for Milwaukee County & its residents	Milwaukee County & its residents will be able to measure UMOS' program effectiveness based on		
Outcome 3	Implementing an ongoing multilingual outreach campaign to maximize the number of WHEAP applicants and benefits recipients	the number of paid and unpaid outreach activities being conducted monthly		
Outcome 4	Participating in WHEAP-related committees under Milwaukee County's leadership and direction	the number and percent of Milwaukee County-based, WHEAP-related committee meetings		

UMOS Will Use 2014-Level Outputs as Its Baseline for Increasing the Number of Households to Be Served

In 2014, according to the Milwaukee County Department of Health & Human Services Energy Assistance RFP, 29,500 households received WHEAP benefits:

- Service Zone 3: 4,973 households
 Service Zone 4: 16, 273 households
 Service Zone 5: 3,977 households
- Service Zone 6: 4,318 households

UMOS is committed to helping Milwaukee County reach more low-income individuals and families in need. The nonprofit believes it will be successful in expanding the number of successful applicants based on its use of new strategies, including reintegrating WHEAP into the UMOS' job center, partnering with municipal government leadership in western/southwestern Milwaukee County, and further expanding outreach among underserved populations (e.g., refugees, residents with speak little-to-no English, etc.).

UMOS Will Leverage a Wide Array of Inputs to Increase the Number of Milwaukee County Residents Benefitting

Over the last 50 years, UMOS has been privileged to partner with Milwaukee County, the State of Wisconsin, and a number of federal agencies in implementing a number of successful programs and services for low-income residents, including Energy Assistance. The organization has never had a contract terminated early for failure to perform, or an inability to account for public funding. As an experienced provider, UMOS continues to plan for success based on firsthand experience, cultural competence, client input, program policies and procedures, and other recommendations.

UMOS has developed the list of inputs based on its firsthand experience in operating the Wisconsin Home Energy Assistance Program; longstanding knowledge and relationships across the near-north and south-side neighborhoods; and RFP guidelines.

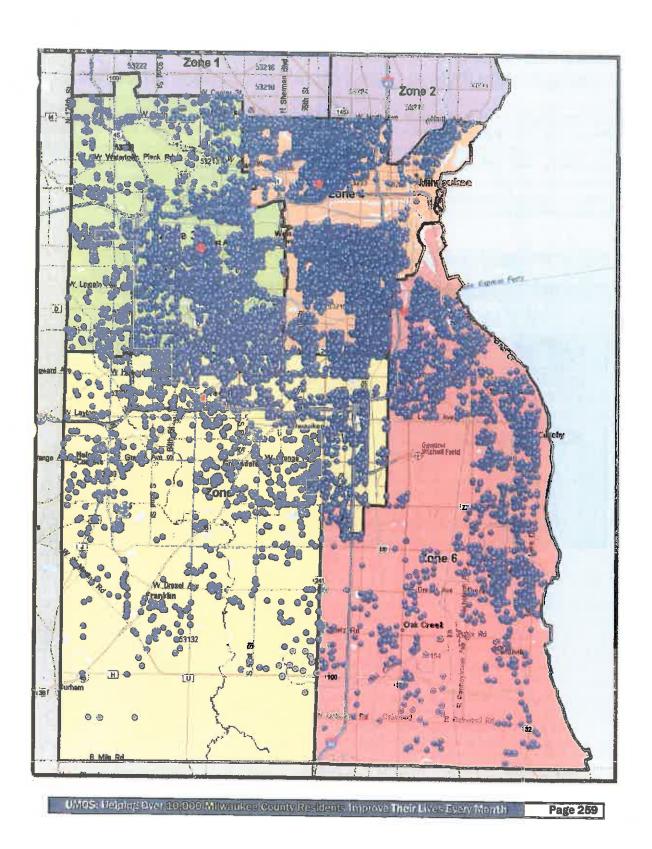
UMOS: Helping Over 40,000 Milwaukee County Residents Improve Their Lives Every Month

Inputs include:

- WHEAP Applicants...At the center of every program are the individuals and families for whom the program was designed. UMOS has extensive experience in Service Zones 3, 4, 5, and 6 working with the working poor and underemployed; persons with disabilities and chronic illnesses; refugees; persons with limited English proficiency; victims of domestic violence; and senior citizens.
- WHEAP Benefits...WHEAP is not a one-size-fits-all program; It takes into consideration the household's individual circumstances and needs. UMOS is committed to marketing each segment of the programming in order to ensure that the community understands the spectrum of benefits available.
- DHHS Staff...Public-private partnerships work best when government and the nonprofit sector work together closely and communicate regularly about program goals, achievements, and challenges. UMOS looks forward to working with officials from the Management Services Division as well as the Disabilities Services Division, the Department on Aging, Behavioral Health Division, Housing Division, and Department of Child Support Services.
- Multilingual UMOS Human Services Team...UMOS offers a team with nearly 400 years of experience in serving low-income residents. The nonprofit proposes team members with experience in Energy Assistance service delivery, use of WHEAP-related I.T. systems. The organization also is proposing an administrative team of its most senior executives to be responsible for the transition phase, should UMOS be awarded a contract. Included among those being proposed are experienced supervisors as part of the transition team, ensuring the program will launch with strong management at every primary site, as required. In addition to those proposed to work directly for the Energy Assistance program, UMOS will have the advantage of leveraging an 80 more human services professionals working with low-income residents in other Milwaukee County-based programs.
- UMOS Human Resources Team...UMOS' Human Resources team will recruit additional human services professionals, conduct background checks and other pre-employment screening as per Milwaukee County guidelines, and submit the appropriate documentation for Department of Health & Human Services approval prior to hiring. The team also will maintain Item #34, Current Direct & Indirect Staffing Roster.
- WHEAP Operations Manual, Training & L.T. System...No program can be successful without clear parameters; the WHEAP Operations Manual offers clear guidelines regarding program opportunities and requirements. The training provides greater context to understand the manual's guidance. And, the WHEAP I.T. System is a universal tool for processing applications and benefits.
- LanguageLine Solutions...While UMOS employs human services professionals fluent in American Sign Language, Arabic, Burmese, Hmong, Italian, Karen, Lao, Mandarin Chinese, Polish, Russian, and Spanish as well as English, it also have available 24/7 support through LanguageLine Solutions. LanguageLine Solutions allows UMOS to provide services in over 230 languages.
- Telephone/Computer Systems & Office Technology...UMOS' administrative transition team will develop a WHEAP call center bank, with calls routed to centrally located program team members. The transition team also will ensure connectivity and sufficient computer equipment to operate the WHEAP I.T. System. Additionally, the transition team will negotiate and/or lease the other office technology required to implement the program. Such equipment includes commercial copiers capable of handling the business volume associated with duplicating required eligibility documentation.

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- Outreach Marketing...UMOS proposes a multi-channel, multilingual outreach campaign that will leverage its Board of Directors; niche media, events, and activities; faith- and community-based organizations; and its 20 other low-income-resident programs the nonprofit is already operating.
- WHEAP-related Files...UMOS will establish files for every applicant, and maintain them in secured storage for the requisite number of years.
- WHEAP Quality Assurance, Improvement & Reporting...UMOS' supervisory staff will review every aspect of program implementation, and provide one-on-one and group coaching to improve service delivery and outcomes. Additionally, the program management staff prepare and submit all required program reports to Milwaukee County Department of Health & Human Services.
- WHEAP-related Committees...UMOS looks forward to serving on Milwaukee-County-led, WHEAP-related committees responsible for coordinating local policies and activities.
- Accessible Service Sites: Zones 3, 4, 5, and 6...UMOS is proposing primary sites that will offer geographic diversity—sites that are well known, ADA-accessible facilities with ample parking and along a number of bus routes. The proposed sites include West Allis and Greenfield City Halls, Our Savior's Lutheran Church, and UMOS Job Center South. The primary service zone sites are designated on the map as red points.



TMOS' Proposes Well-Known, Easily Accessible & Geographically Diverse Energy Assistance Service Zone Sites

Comparing actual applicants to the number of households potentially eligible for Wisconsin Home Energy Assistance Program benefits, Milwaukee County Department of Health & Human Services Indicates that there are areas representing great outreach opportunities for Energy Assistance Service Zones 3, 4, 5, and 6. Taking into account the Department-provided statistics and Milwaukee County's desire to reach the maximum number of residents in need, UMOS is proposing well-known, ADA-compliant locations reachable via personal transportation as well as multiple Milwaukee County Transit System (MCTS) bus routes. The distribution of proposed primary sites ensures greater coverage than was previously provided, particularly in western and southwestern Milwaukee County.

Proposed Service Zone 3: Central/Suburban	Proposed Service Zone 4: Downtown/Central
West Allis City Hall 7525 West Greenfield Avenue West Allis, WI 53214	Our Savior's Lutheran Church 3022 West Wisconsin Avenue Milwaukee, WI 53208
West Allis POPULATION 61,254	GAZH(RED FOR, GOOD)
Proposed Site Days & Hours of Operation: Mondays-Fridays, 8:00 a.m5:00 p.m. with weekday hours after 5:00 p.m. & weekends by appointment at secondary sites	Proposed Site Days & Hours of Operation: Mondays-Fridays, 9 00 a.m5 00 p.m. With weekends by appointment there, or at secondary sites
Primary Bus Routes to Access Site MCIS Routes 44, 44U, 56 & 76	Primary Bus Routes to Access Site MCTS Routes 27, 35, 30 & 30X

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Proposed Service Zone 5: Southwest Proposed Service Zone 6: Southeast **Greenfield City Hall UMOS Job Center** 7325 West Forest Home Avenue 2701 South Chase Avenue Greenfield, WI 53220 Milwaukee, WI 53207 Proposed Site Days & Hours of Operation: Proposed Site Days & Hours of Operation: Mondays-Fridays, 8:00 a.m.-5:00 p.m. Mondays-Fridays, 8:00 a.m.-5:00 p.m. with weekday hours after 5:00 p.m. & weekends by with weekday hours after 5.00 p.m. & appointment at secondary sites weekends by appointment there, or at secondary sites Primary Bus Routes to Access Site Primary Bus Routes to Access Site MCTS Routes 14 & 76 MCTS Routes 54 & 80

UMOS would be particularly pleased to bring Energy Assistance services back to the job center, which had been a high-volume site for the south side of Milwaukee County. <u>UMOS Job Center South serves nearly 2,000 low-income residents every weekday of the year, and is an ideal site for co-locating the Wisconsin Home Energy Assistance Program.</u>

During a prior program period, a provider may have misunderstood that WHEAP application intake and service delivery is prohibited from occurring in a site also used for Wisconsin Works (W-2)/Temporary Assistance for Needy Families (TANF) service delivery. According to Barbara Klug Sieja, Home Energy Plus Program Director, Wisconsin Department of Administration's Division of Energy Services, WHEAP application intake and benefit processing may be co-located within W-2/TANF sites, so long as an alternative site is also made available. UMOS proposes to offer the nearly 2,000-per-day low-income job center visitors a convenient way to apply for Energy Assistance benefits, while still allowing others the freedom to apply through alternative sites.

UMOS believes, just by returning WHEAP application intake and benefit processing to UMOS Job Center South—where so many low-income Milwaukee County residents of all backgrounds come every weekday, the nonprofit will be able to help Milwaukee County Department of Health & Human Services and eligible residents increase WHEAP utilization.

UMOS Will Accomplish Broad-based Program Activities Leading to High-Quality, High-Performance Service Delivery

UMOS has summarized eight of its most important processes and program activities in the logic model. In this section, the nonprofit provides greater context and detail about each of them.

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Client-Centered Transition Planning/Implementation

Should Milwaukee County Department of Health & Human Services award a contract to UMOS, the nonprofit will immediately engage its senior executives, who will lead the transition planning and implementation efforts. The administrative transition team will consist of:

Leonardo Martinez, Vice President of Operations	Tina Koehn, PhD, Vice President of Administration
Daniel Vidas, Chief Financial Officer	Kaye Hartmann, Planning & Resource Development
	Director
Ana Ortiz, Energy Assistance Program Manager	Barb Felske, Chief Information Officer

Together, this team will work with Milwaukee County and the existing provider(s) to determine expectations and requirements, including for data connectivity/technology, reporting, invoicing, human resources/DHHS candidate review processes, transition-related messaging, transfer of responsibilities for existing Energy Assistance application intake sites, training, participation in Milwaukee County-led WHEAP committees, etc.

UMOS has been called upon on a number of occasions to take over program implementation. The organization stepped in months in advance when Social Development Commission exited early from Wisconsin Works and Emergency Assistance service delivery. UMOS worked closely with SDC and government officials to plan and clarify roles and responsibilities, so all parties could communicate confidently and clearly with, and proactively on behalf of, low-income clients who certainly could not afford to have their very real needs "fall through the cracks" during any interim period. As is always the case, the client comes first. Clients want to know all public and private entities potentially affecting their benefits are "on the same page." The slightest hint of differences can cause the already financially anxious clients unnecessary, added anxiety, which benefits no one. Clients deserve high-quality service delivered seamlessly before, during, and after any transition period.

In addition to most recently developing a strong transition plan for Wisconsin Works and Emergency Assistance, UMOS also has done so as it has been competitively awarded to implement:

- Wisconsin Home Energy Assistance Program service delivery for all of Kenosha County
- FoodShare Employment & Training for south-side Milwaukee County
- Refugee Assistance for South-side Milwaukee County
- Temporary Assistance for Needy Families, Workforce Investment Act, and other workforce development programming for Cameron County, Texas' southern-most county and one of the nation's poorest communities

UMOS' transition planning framework takes into account:

- staffing (e.g., requirements, potentially hiring highly motivated transitioning talent, submitting UMOS candidates for County consideration and approval, etc.),
- facilities (e.g., leases, etc.),
- office technology/equipment (e.g., computers, "porting" WHEAP telephone numbers, copiers, etc.),
- insurance/risk management,
- severe weather closure policy and crisis planning,*
- outreach communications/messaging (e.g., public awareness campaigns, materials, presentations, etc.),
- security (e.g., staff, documentation, and data),
- information technology,
- (pending) case files/documentation,

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- fiscal management,
- performance measurements, expectations, and other evaluation criteria,
- timelines/deadlines,
- roles/responsibilities in each area, and
- required approvals to continue moving forward

The nonprofit believes such planning is vital to laying the foundation for future service delivery success, and that it cannot be done effectively without valuing the professional insights of others, including County officials, exiting provider(s), and clients. Their insights are invaluable as UMOS enters any programming, and seeks to deliver that programming effectively from Day One.

To ensure quality, UMOS will check in frequently with stakeholders, including Milwaukee County Department of Health & Human Services for feedback, and adjust service delivery and administrative efforts, accordingly.

Multilingual, Culturally Competent Public Outreach Campaign

As has been mentioned, UMOS human services professionals are fluent in American Sign Language, Arabic, Burmese, Hmong, Italian, Karen, Lao, Mandarln Chinese, Polish, Russian, and Spanish as well as English. Its

translation partner, LanguageLine Solutions, offers the ability to communicate effectively with clients in any of 230 languages. This is particularly important, given that Milwaukee County is the 52nd most linguistically diverse county in the United States. According to the U.S. English Foundation, 74 languages are spoken in Milwaukee County, making multilingual service delivery capacity vitally important if our community truly wishes to reach all potentially eligible populations.

nergy Assistance story thro	of telling Milwaukee Count Jughout Service Zones 3, 4,
asistencia de energía	مبتاعدات الطاقة
энергетической помощи	pomoc energii
zog pab	ການຊ່ວຍເຫຼືອຕ້ຳນ ພາລັງງານ
טיוע אנייניה	能源援助
енергија потоћ	ενεργειακής βοήθεια

In addition to collective countywide efforts coordinated by the Department of Health & Human Services, UMOS will conduct a multi-channel, multilingual outreach campaign to:

- educate stakeholders about WHEAP (e.g., the range of benefits, documentation required, duration, etc.)
- empower them to be able to refer individuals and families knowledgeably
- engage a wide variety of UMOS' partners, including:
 - independent Board of Directors and their contacts;
 - faith- and community-based partners and their clients/members, etc.; (quasi-)governmental bodies, including Housing Authority of the City of Milwaukee,

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^{*} Note: UMOS will prepare a Severe Weather Closure Policy and Crisis Plan based on the Milwaukee County Coordination Plan. This will allow the nonprofit's protocols to align well with overall planning affecting residents in other areas of the county.

Sample Stake	cholders to Partner in	Sample Programs UMOS Provides or Are		
distributing messages abo	out WHEAP & Its Benefits for Low-	Co-located in UMOS Facilities		
	ukee Individuals & Families	(Serving nearly 2,000 low-income residents every workdo		
Journey House	Hmong American Friendship Association	Emergency Assistance	Wisconsin Works	
Bureau of Milwaukee Child Welfare	Lao Family	Transform Milwaukee	Refugee Assistance	
SAGE	Milwaukee Co. Department on Aging	Workforce Investment Act	Children First	
Head Start	Milwaukee Co. Disabilities Services Division	FoodShare Employment	Medicald	
Our Space	Milwaukee Co. Behavioral Health Division	Healthy Relationships	Responsible Fatherhood	
Central City Churches	Milwaukee Co. Housing Division	Latina Resource Center	Domestic Violence Counseling	
Milwaukee Co. Municipal Leaders	Milwaukee Co. CDBG Agencies	Tobacco Prevention	HIV Prevention/Counseling	
Milwaukee Co. School Leaders	City of Milwaukee CDBG Agencies	Human Trafficking	UMOS Food Pantry	
Spotted Eagle	Pan African Community Association	Adult Basic Education	GED Testing	
Milwaukee Health Department	Progressive Community Health Centers	Wisconsin Divisi	on of Motor Vehicles	
Nonprofit Center of Milwaukee	Archdiocese of Milwaukee	Community Se	ervices Block Grant	
Choice Schools	Wisconsin Evangelical Lutheran Church	Faith-based	Luncheon Series	
Islamic Society of Milwaukee	Evangelical Lutheran Church of America	Breakfa	st with Santa	
Jewish Family Services	Milwaukee County House of Correction	Bric	ies Walk	
Wraparound Milwaukee Agencies	Church of God in Christ Jurisdiction	Mexican Independence Day UMOS will have more than 80 of its non-WHEA human services professionals share progr information with their clients and partne		
Dominican Center for Women	Milwaukee Area Workforce Investment Board			
Milwaukee Area Technical College	Hispanic Professionals of Greater Milwaukee			
IndependenceFirst	Wisconsin Dept. of Health Services			
Word of Hope Ministries	NAMI Greater Milwaukee			
	econd Language Programs			

UMOS will meet with community newspapers, appear on broadcast shows of interest (e.g., La Gran D, etc.), request for information to be shared through local/regional listservs, ask the Housing Authority of the City of Milwaukee to produce a special insert to residents, etc. Additionally, the organization will feature access to information about WHEAP on its website's home page after receiving approval from both State of Wisconsin and Milwaukee County officials.

Irrespective of the communications methods and format, UMOS will promote the "ported"/pre-existing or newly assigned WHEAP contact information (e.g., emergency/regular telephone number) as well as other basic program information for Milwaukee County Service Zones 3, 4, 5, and 6.

Among the outreach activities UMOS is eager to conduct in partnership with Milwaukee County Department of Health & Human Services are "Energy Fairs." The "Energy Fairs" UMOS seeks to co-sponsor would be hosted in conjunction with other organizations and vendors to educate individuals and families about energy consumption, energy conservation, and energy assistance. WE Energies—a partner with which UMOS has worked for decades—and Weatherization-related agencies would be ideal co-hosts. UMOS would also like to contact the Wisconsin Public Service Commission to determine if there are other resources that can be offered to educate Milwaukee County residents; the nonprofit would also like to determine if the Public Service

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Commission offers any grants to support such outreach/public education campaign efforts—saving Milwaukee County and its residents money in the process.

UMOS will measure the effectiveness of its outreach campaign by monitoring:

- the number of callers and visitors generated
- the number of callers and visitors indicating awareness of the campaign
- the number of callers and visitors converted into applicants
- the number of applicants qualifying for WHEAP-related benefits

Recruiting, Screening a. Submitting WHEAP Staff Candidates for DHHS Approval

Like Milwaukee County, UMOS is concerned about ensuring that there has been sufficient due diligence before hiring anyone to become employed as a WHEAP-related team member. As per Milwaukee County policy, UMOS will have candidates complete Wisconsin Caregiver Law-related background check forms. These forms include the Background information Disclosure (BID) form. Following obtaining the completed BID form, UMOS' Human Resources team will process a criminal background check.

Following the background check, UMOS will forward to the Department of Health & Human Services an updated Current Direct & Indirect Staffing Roster as well as information regarding candidates the nonprofit is interested in employing to serve Milwaukee County residents through the Wisconsin Home Energy Assistance Program. UMOS will act accordingly, based on Milwaukee County's approval or rejection.

In order to ensure there is a sufficient number of candidates in the pipeline in case vacancies should occur, UMOS will conduct an periodic year-round recruitment. The agency will build a qualified pool of human services professionals approved by the Department of Health & Human Services for hire and reimbursement through WHEAP funding.

Responding to Inquiries a Scheduling Appointments, including Emergencies

UMOS will encourage residents to contact the agency via any means that is most convenient for them, including telephone, in-person visits, and email, etc. UMOS WHEAP Screeners and Intake Specialists will triage the contacts; explain the program, its benefits, and requirements; and describe the four methods of applying. Those methods include applying in-person/"walk-in," telephonically, through mail, or in a home visit. UMOS human services professionals will offer to schedule the individuals for an appointment within the service zone within which they live, or any other area UMOS may be assigned to provide WHEAP application intake services.

The nonprofit will have calls centralized in order to ensure a maximum number of WHEAP human services professionals will be available to assist with the volume of calls. The Program Manager and Supervisors will shift staff between service zone sites accordingly, based on the needs and requests of potential applicants.

Emergency calls made after hours on weekdays, weekends, or holidays, will be fielded by the Program Manager and Supervisors, who will be on call on a rotating basis to accommodate such needs. The Program Manager or Supervisor will discuss the individual's needs, the program's emergency benefits, and requirements to obtain them. UMOS will adhere strictly to the expedited schedule, particularly if it is deemed that a life-threatening situation exists, or is impending.

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The Program Manager or Supervisor on call will schedule to meet the applicant at a service zone site, or another conveniently located community site, based on the applicant's needs and the particular details of the emergency.

UMOS believes its strategy for addressing emergency, or crisis, applications will be successful, given that the organization is handling all such requests for all of Kenosha County a timely basis. Similarly, UMOS is responsible for scheduling, educating, and making arrangements for individuals interested in applying for Emergency Assistance. That program has strict timelines, and the State of Wisconsin has expressed its satisfaction with UMOS' service delivery since taking the program over from the Social Development Commission.

Interviewing Applicants, Processing Applications, Determining Eighblity, Reporting Petential Fraud, Referring to Weatherization & Filling Documentation

Whatever the application intake method selected by applicants, UMOS will be eager to review WHEAP benefits and eligibility-related documentation. UMOS Intake Specialists will gather the following from applicants:

- Photo identification
- Social Security Numbers for all individuals comprising the household
- Latest energy/utility bill
- Verification of income for the 3-month period preceding the application process for all individuals comprising the household, including any child support payments received

It should be noted that, for those who are self-employed, have seasonal income, or rental income, tax returns may be required as income verification.

The UMOS WHEAP Intake Specialist will begin a file for the applicant, copy the appropriate verification-related documentation for the file, and enter all data available based on both the documentation provided as well as other information gleaned through an interactive interview process with the applicant. If the applicant does not have all documentation with him or her at application, the UMOS WHEAP Intake Specialist will identify the remaining materials required and the deadline by which they will be needed before the pending application expires.

Throughout the application intake phase, the UMOS WHEAP Intake Specialist will educate the applicant about where they are in the process, and ensure he or she is informed about any other next steps. Frequently, the next step—once eligibility is determined—is to work with the utility company to develop a payment plan, and make a partial payment. Once that is done, the newly enrolled WHEAP participant provides a copy of any receipts demonstrating the co-payment has been made. The UMOS WHEAP Intake Specialist then follows up to make any benefit payment(s) based on the amount of benefit for which the individual household is deemed eligible.

If the applicant owns a home and there is either no heat, or the imminent prospect of there being no heat, supervisory staff will become involved in the process to ensure that there is adequate documentation of home ownership and any benefit-related expenditures meet federal, state, and county documentation requirements. If a furnace has died, or is in the process of failing rapidly, UMOS will work with the applicant to identify an approved vendor to replace the equipment that failed, or is about to do so.

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If at any point in the process UMOS human services professionals believe there may be an attempt to defraud the Wisconsin Home Energy Assistance Program, staff will alert the Supervisor and/or Program Manager. After reviewing the situation, UMOS will contact the appropriate authorities regarding the agency's suspicions and follow any guidance provided by Milwaukee County Department of Health & Human Services.

Monitoring Quality, Benchmarking Performance, Reporting, Participating in WHEAP Committees & Ensuring Professional Development

UMOS WHEAP Program Manager Ana Ortiz and the supervisory team will review a random sample of applications and benefit issuances on an ongoing basis to ensure that:

- Federal, state, and county guidelines are being followed
- Internal procedures are being implemented correctly
- documentation backing up the eligibility determination is in the file
- notes are consistent with the outcome and applicant household's program status
- services and benefits are being provided timely

UMOS' WHEAP program management team also will take into account any patterns raised through any customer complaints and/or fair hearings. The team will discuss qualitative and quantitative trends, and make adjustments as part of its team-wide commitment to continuous program and customer service improvement.

UMOS' Program Manager and human services professionals will be happy to gather all data requested by Milwaukee County, and prepare reports for submission on any timelines established by County officials. Additionally, the team looks forward to participating in any and all Milwaukee County-led, WHEAP-related committees. UMOS believes collaboration is critically important to ensuring the whole community is served and served well.

Another contributing factor to serving the community well is making certain that WHEAP human services professionals are receiving both formal and informal, ongoing professional development. The State of Wisconsin offers New Worker Training, and UMOS will certainly take advantage of that for new hires who have not yet completed it. However, the nonprofit looks forward to identifying additional professional development opportunities in conjunction with Milwaukee County Department of Health & Human Services as well as its peer WHEAP agencies under contract.

As part of the continuing education activities, UMOS would recommend analyzing Milwaukee County-based, WHEAP fair hearings, and prepare trainings for contracted partners to understand the factors leading to the fair hearings and eliminate as many negative factors contributing toward them as possible.

Resolving Customer Complaints & Participating in Fair Nearings

Authors Janeile Barlow and Claus Moller wrote a groundbreaking book, A Complaint is a Gift. UMOS embraces this perspective, and sees every complaint as an insight to customer desires and expectations about that, and future, interactions.

UMOS logs customer complaints, and follows up on them to ensure they are resolved to the best of the agency's ability. Often, clear communications about the "why" behind given program-related results and

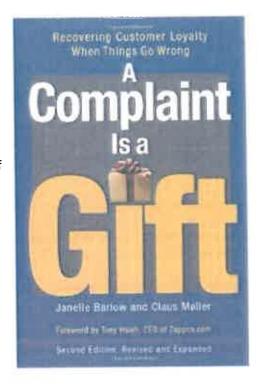
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outcomes can dispel customer dissatisfaction. Professionalism and treating the customer with respect throughout goes a long way toward preventing customer concerns as well as alleviating them when they arise.

As a nonprofit committed to justice, UMOS fully supports the customer's right to file for a fair hearing when he or she feels the organization has been unjust. Should a customer exercise his or her right to a fair hearing, UMOS will be glad to participate in any process at the time and place chosen by the State of Wisconsin and/or Milwaukee County Department of Health & Human Services. The organization will make certain to provide relevant documentation, as requested, and participate fully in the process.

It's All in the Mix: UNOS & Examples of Related Publicly Funded Services It Has Been Contracted to Provide

As requested, UMOS has completed the Service Mix table, which is required to be included in the Program Narrative section. On the following page, please find examples of the programming UMOS has been contracted to provide on behalf of state and local governmental bodies.



LIMIOS: Halping Over 40,000 Milwaukee County Residents Improve Their Lives Every Month

Program Vanne	Funding Period	Funder	Program Volume	Target Population	Dollar Amount	Scrvice Mix
Energy Assistance Program	Current Funding: 10/1/14-	Kenosha County Department of Human	7,500-8,000 annually	Low-Income Residents	\$305,598	WHEAP programs, including regular &
(since 2012)	9/30/15	Services				crisis assistance
Wisconsin Works	Current Funding:	Wisconsin Department	8,000 annually	Low-income Residents	\$7,209,103	Cash assistance,
(since 1997)	1/1/15- 12/31/15	of Children & Families				employment services, education, refugee assistance
Transform Milwaukee/ Transitional	Current Funding:	Wisconsin Department of Children &	800 annually	Unemployed Individuals	\$6,999,048	Subsidized employment, job
Jobs Program (since 2010)	1/1/14- 12/31/15	Families				placement services

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Items 29c, 29d, or 29e as applicable, partially comprise the points scored under Administrative Ability

Item 29c or 29d, as applicable, comprises the points scored under Outcomes and Quality Assurance

EXPERIENCE ASSESSMENT FOR NEW PROPOSER AGENCY

ITEM # 29c

For agencies with some history of funding, but without a current DHHS contract, submit this form. **This** document shall be completed by a prior funder, and is subject to verification.

If unable to get an Experience Assessment from a prior funder, proposer may submit alternate documentation to verify agency experience. Examples of alternate documentation include, but are not limited to: grant agreements, grant proposals, correspondence, contracts, evaluation reports, or annual reports. Please submit this information attached to form 29C. Also please provide contact information of the prior funder, i.e. contact person, title, phone number, and email address.

Pe	rformance Assessment for (Agency)
Fr	om (Funding Source)
Ple	ease provide the following information relating to Agency's history with Funding Source.
1.	Name of Program
2.	When and for how long did Funding Source fund this program?
3.	Program volume: How many people did this program serve?
4.	Target Population: What was the primary target population for this program?
5.	What was the dollar amount provided by Funding Source?/yea
6.	What services were provided through this program?
E	XPERIENCE ASSESSMENT FOR NEW PROPOSER AGENCY ITEM # 29c Page 2

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7.	 Was this program funded through a federal, state or local funding stream under a creimbursement framework? (Y/N) 							
8.	If no longer funding this program, why not?							
 9. What level of program performance was achieved? Please calibrate your ratings according following scale: 0 Does/did not meet expectations 1 Meets/met very little of what is/was expected 2 Meets/met fewer than half of expectations 3 Meets/met more than half of expectations 4 Meets/met all expectations 5 Exceeds/exceeded all expectations 								
Pie sc	ease evaluate thale on previous	ne following per page:	formance areas	circling the nur	nber correspond	ing to the rating		
0	propriate use of 1	2	3	4	5	NA		
0	hievement of es 1 omments:	2	3	4	5	NA		
0	mely submission 1 mments:	2	3	4	5	NA		
0	curate submissi 1 mments:	2	3	4	5	NA		
Sig	gned,							
	UMOS: Helping	Over 30,000 Mily	wideo County Re	dens Implove Th	eli Uves Every Mon	Page 271		

Name (p	orint)	<u>.</u>	
Title			
Phone			
Email_			

Item 29c, Experience Assessment for New Proposer Agency is not applicable for UMOS, given that the agency is currently under contract with Milwaukee County Department of Health & Human Services.

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EXPERIENCE ASSESSMENT FOR NEW PROPOSER ORGANIZATIONAL LEADERSHIP

ITEM #29d

For new agencies, or for agencies without a contracting history of any kind, complete and submit this form. A separate form should be submitted for the head of the organization, senior fiscal and program staff. This document shall be completed by a prior funder or by a prior employer, and is subject to verification.

A separate form should be submitted for the head of the organization and senior fiscal and program staff. Please have a prior fundor or a prior employer complete the form(s).

If unable to get an Experience Assessment from a prior fundor, proposer may submit alternate documentation to verify organizational leadership. Examples of alternate documentation include, but are not limited to: current or previous position/job description, prior agency's mission statement, W2 form, or annual report. Please submit this information attached to form 29d. Also please provide contact information of the prior funder, i.e. contact person, title, phone number, and email address.

am?Limited or none this program?/year ram?/timited or none
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EXPERIENCE ASSESSMENT FOR NEW PROPOSER LEADERSHIP

ITEM# 29d-Page 2

8.	What level of program performance was achieved?	Please calibrate your ratings according to the
	following scale:	

- 0 Does/did not meet expectations
- 1 Meets/met very little of what is/was expected
- 2 Meets/met fewer than half of expectations
- 3 Meets/met more than half of expectations
- 4 Meets/met all expectations
- 5 Exceeds/exceeded all expectations

Please evaluate the following performance areas circling the number corresponding to the rating scale on previous page:

Аррі	ropriate use o	of budget			_	514
0	1	2	3	4	5	NA
Com						
		stablished outco	omes 3	4	5	 NA
Com	·					
Time		n of program re		4	5	NA
Соп						
Acci		sion of program		4	5	NA
Sigr	ned,					
Title						
Pno Ema						

Item 29d, Experience Assessment for New Proposer Organizational Leadership is not applicable for UMOS, which is currently contracted by Milwaukee County Department of Health & Human Services.

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Program Evaluation: Agencies **currently under contract to the DHHS** in 2014 must include a copy of the most recent annual or semi-annual program evaluation report for the program currently provided, or, if several programs are being provided, for the program that is the most similar to the service being applied for in this proposal.

Following this page is the program evaluation for Celebrating Families, an initiative through Milwaukee County Department of Health & Human Services. UMOS is under contract with the Behavioral Health Division to provide this programming to eligible Milwaukee County residents.

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Celebrating Families: 2014 Program Evaluation

UMOS, Inc. appreciates the opportunity to contract with Milwaukee County Department of Health & Human Services to implement the Celebrating Families program. The Celebrating Families program is a parenting skills program designed for families:

- in which one or both parents are in early stages of recovery from substance addiction, and
- in which there is a high risk for domestic violence and/or child abuse.

Overview

The Celebrating Families program uses a cognitive behavioral therapy (CBT) model to achieve three primary, long-term goals:

- 1. Break the cycle of substance abuse and dependency within families
- 2. Decrease substance use and reduce substance use relapse, and
- 3. Facilitate successful family reunification

The ultimate goal is to rehabilitate the parents as competent caretakers so that their children can be safely returned to the parents' care.

The CBT model defines substance use as a learned social behavior that is acquired through modeling or imitation of the observed behavior in others with whom one has some type of social relationship. In this model, addiction is considered a disease. The Celebrating Families program provides weekly instruction focusing on a healthy lifestyle free from drugs and alcohol, addressing risk and protective factors as well as developmental assets of family members.

Following a family dinner, parents and children participate in separate 90-minute instructional group sessions devoted to a particular theme. Parents then reunite with their children for a 30-minute activity to practice what has been presented and learned, and to receive feedback on their performance.

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Originally designed for the Family Treatment Drug Court (FTDC) system, Celebrating Families is currently used by drug courts, dependency courts, faith-based organizations, residential and outpatient treatment services, and social service agencies serving parents and children ages 4-17.

Short-Term Outcomes

In 2014, UMOS, Inc. accomplished the following:

- Conducted an outreach campaign across Milwaukee County Behavioral Health Division caseloads
- Recruited 50 eligible families who completed the intake process
- facilitated weekly dinners
- ♦ Provided 13 themes, including:
 - 1. Healthy Living
 - 2. Nutrition
 - 3. Communication
 - 4. Feelings & Defenses
 - 5. Anger Management
 - 6. Facts about Alcohol, Tobacco & Other Drugs
 - 7. Chemical Dependency as a Disease
 - 8. Effects of Chemical Dependency on the Whole Family
 - 9. Goal Setting
 - 10. Making Healthy Choices
 - 11. Healthy Boundaries
 - 12. Healthy Friendships & Relationships
 - 13. Individual Uniqueness

Latina's affice Collegian

UMOS utilized several methods of data collection over the course of the program year. The principal method was obtaining individual and group feedback from both parents and children regarding the quality of the cognitive behavioral therapy sessions' content and their facilitation.

Modifications based on Consumer Foodback

As a result of consumer feedback, UMOS refined its facilitation. The staff increased the amount of interactivity during the dinner portion of the sessions, which in turn increased engagement.

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Provide a separate sheet for each site location where services are provided.

Agency Name: UMOS, Inc.	Site Name: West Ains City Hair		
Site Address: 7525 West Greenfield Avenue	City/State/Zip: West Allis, WI 53214		
Site Contact Person: Samantha Wendt	Title: Supervisor		
Phone: (414) 389-6325	Email: Samantha.Wendt@umos.org		
Fax: (414) 389-6047			
Describe differences in programs or services a	vailable at this site:		
A variety of municipal services are available.			
Total number of unduplicated consumers you time: up to 500 daily across sites for Energy A			
Total number of unduplicated consumers you across programs	·		
Please check if your agency provides the followard programs for menPrograms for wood X_Services for pregnant women X_Services for families with children X_Services for Persons Involved in the Crimax X_Services for the Developmentally Disabled X_Services for the Physically Disabled Services for persons with co-occurring materials with accessible X_Wheelchair accessible	men X Programs for men & women Childcare provided ninal Justice System ed		
Hours of operation:for specific program	X for all programs at this site		
8:00 a.m 5:00 p.m Monday:			
8:00 a.m 5:00 p.m Tuesday:			
8:00 a.m 5:00 p.m Wednesday:			
8:00 a.m 5:00 p.m Thursday:			
8:00 a.m 5:00 p.m Friday:			
8:00 a.m 5:00 p.m Saturday:			
8:00 a.m 5:00 p.m Sunday:			
X Emergency contact available 24 hours X	Emergency number (262) 424-5839		
Agency owns this Service Site			
X Agency leases this Service Site:			
Expiration date of Lease: If awarded, UMOS will seek at least 1-year lease (lease must extend through the end of the contract year, at minimum)			

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Item 30 Service Site Certification:

I certify that the **PROVIDER SERVICE SITE INFORMATION** is correct as of the date of proposal submission.

Signed,	6	
Name (print)	Lupe Martinez	
Title	President/CEO	
Phone	(414) 389-6000	·
Email	Lupe.Martinez@umos.org	

UMOS: Helping Over 40,000 Milwaukee County Residents Improve Their Lives Every Month

Provide a separate sheet for each site location where services are provided.

Agency Name: UMOS, Inc.	Site Name: Our Savior's Lutheran Church
Site Address: 3022 West Wisconsin Avenue	City/State/Zip: Milwaukee, WI 53208
Site Contact Person: Sandra Salazar-Lozano	Title: Supervisor
Phone: (414) 389-6325	Email: Sandra.Salazar-Lozano@umos.org
Fax: (414) 389-6047	
Describe differences in programs or services a	vailable at this site:
A variety of municipal services are available.	
Total number of unduplicated consumers you	are presently able to serve at any one
time: up to 500 daily across sites for Energy A	ssistance per day
Total number of unduplicated consumers you across programs	are currently serving: up to 2,000 daily
Please check if your agency provides the follo Programs for men Programs for wo X Services for pregnant women X Services for families with children X Services for Persons Involved in the Crin X Services for the Developmentally Disabled X Services for the Physically Disabled Services for persons with co-occurring m X Wheelchair accessible	menX_Programs for men & womenChildcare provided ninal Justice System
Hours of operation:for specific program	X for all programs at this site
8:00 a.m 5:00 p.m Monday:	
8:00 a.m 5:00 p.m Tuesday:	
8:00 a.m 5:00 p.m Wednesday:	
8:00 a.m 5:00 p.m Thursday:	
8:00 a.m 5:00 p.m Friday:	
8:00 a.m. — 5:00 p.m Saturday:	
8:00 a.m 5:00 p.m Sunday:	
X Emergency contact available 24 hours X	_Emergency number (262) 424-5839
Agency owns this Service Site	
x Agency leases this Service Site:	
Expiration date of Lease: If a (lease must extend through the end	warded, UMOS will seek at least 1-year lease d of the contract year, at minimum)

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Item 30 Service Site Certification:

I certify that the PROVI	DER SERVICE	SITE INFO	PRMATION is	s correct as	of the da	te of
proposal submission.						
	5					

Signed,	0	
Name (print)	Lupe Martinez	
Title	President/CEO	
Phone	(414) 389-6000	
Email	Lupe.Martinez@umos.org	

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Provide a separate sheet for each site location where services are provided.

Agency Name: UMOS, Inc.	Site Name: Greenfield City Hall
Site Address: 7325 West Forest Home Avenue	City/State/Zip: Greenfield, WI 53220
Site Contact Person: Samantha Wendt	Title: Supervisor
Phone: (414) 389-6325	Email: Samantha.Wendt@umos.org
Fax: (414) 389-6047	
Describe differences in programs or services a	available at this site:
A variety of municipal services are available.	
Total number of unduplicated consumers you	are presently able to serve at any one
time: up to 500 daily across sites for Energy A	ssistance per day
Total number of unduplicated consumers you	are currently serving:up to 2,000 daily
across programs	
	1 11-1 2
Please check if your agency provides the follo	Wing at this site:
Programs for menPrograms for wo	men <u>x</u> Programs for men a women
X Services for pregnant women	Childcare provided
X Services for families with children	
X Services for Persons Involved in the Crin	
X Services for the Developmentally Disable	30
X_Services for the Physically Disabled	and health and substance use disorders
Services for persons with co-occurring m	lental nealth and substance use disorders
X_Wheelchair accessible	
Hours of operation:for specific program	n X for all programs at this site
8:00 a.m 5:00 p.m Monday:	
8:00 a.m 5:00 p.m Tuesday:	
8:00 a.m 5:00 p.m. Wednesday:	
8:00 a.m 5:00 p.m_ Thursday:	
8:00 a.m 5:00 p.m Friday:	
8:00 a.m 5:00 p.m Saturday: 8:00 a.m 5:00 p.m Sunday:	
X Emergency contact available 24 hours X	Emergency number (262), 424-5839
X Emergency contact available 24 hours X	_ Line goney number test it is
Agency owns this Service Site	
X Agency leases this Service Site:	
Expiration date of Lease: <u>If a</u> (lease must extend through the end	warded, UMOS will seek at least 1-year lease I of the contract year, at minimum)

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Item 30 Service Site Certification:

I certify that the **PROVIDER SERVICE SITE INFORMATION** is correct as of the date of proposal submission.

Signed,	0	
Name (print)	Lupe Martinez	
Title	President/CEO	
Phone	(414) 389-6000	
Email	Lupe.Martinez@umos.org	

UMOS: Helping Over 10,000 Milwaukes County Residents Improve Their Lives Every Month

Provide a separate sheet for each site location where services are provided.

Agency Name: UMOS, Inc.	Site Name: UMOS Job Center South		
Site Address: 2701 South Chase Avenue	City/State/Zip: Milwaukee, WI 53207		
Site Contact Person: Ana Ortiz	Title: Program Manager		
Phone: (414) 389-6325	Email: Ana.Ortiz@umos.org		
Fax: (414) 389-6047			
Describe differences in programs or services a	available at this site:		
A variety of municipal services are available.			
Total number of unduplicated consumers you			
time: up to 500 daily across sites for Energy A	ssistance per day		
Total number of unduplicated consumers you across programs	are currently serving: up to 2,000 daily		
Please check if your agency provides the follo Programs for men Programs for wo X Services for pregnant women	men X Programs for men & women		
X Services for families with children	Childcare provided		
X Services for Persons Involved in the Crin	•		
X Services for the Developmentally Disable	∌d		
X Services for the Physically Disabled	and the second s		
	ental health and substance use disorders		
X_Wheelchair accessible			
Hours of operation:for specific program	X for all programs at this site		
8:00 a.m 5:00 p.m Monday:			
8:00 a.m 5:00 p.m Tuesday:			
8:00 a.m 5:00 p.m Wednesday:			
8:00 a.m 5:00 p.m Thursday:			
8:00 a.m 5:00 p.m Friday:			
8:00 a.m 5:00 p.m Saturday:			
8:00 a.m 5:00 p.m Sunday:			
X Emergency contact available 24 hours X	Emergency number (262) 424-5839		
Agency owns this Service Site			
X Agency leases this Service Site:			
Expiration date of Lease: If awarded, UMOS will seek at least 1-year lease (lease must extend through the end of the contract year, at minimum)			

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Item 30 Service Site Certification:

I certify that the **PROVIDER SERVICE SITE INFORMATION** is correct as of the date of proposal submission.

Signed,		
Name (print)	Lupe Martinez	
Title	President/CEO	
Phone	(414) 389-6000	
Email	Lupe.Martinez@umos.org	

BMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

ITEM # 31

PROGRAM ACCESSIBILITY

'4OS is dedicated to serving <u>all</u> people, including those who may have disabilities or other disadvantages. The _nprofit have taken proactive steps to ensure that all those in need of, and eligible for, Energy Assistance will have equal access to the program's benefits. UMOS will assist Milwaukee County residents in taking advantage of all four approved methods of submitting applications: (i) in office, (ii) mail, (iii) telephone, and (iv) home visit. Making these options available widely will allow individuals to determine which best accommodates their special needs and circumstances.

To make certain UMOS is using best practices in serving persons with disabilities, UMOS will consult with the Milwaukee County Disabilities Services Division—the region's leading disabilities services advocate. In addition, UMOS will utilize the following strategies for increasing accessibility for all.

What is your agency's plan to serve clients:

With physical disabilities

UMOS' proposed Energy Assistance application sites are all ADA accessible, conveniently located, and well known in the community. Each has its own parking lot with disabled parking available. Signage for exits, evacuation routes, etc. are well marked. As with every program with which the nonprofit is involved, UMOS will make reasonable accommodations in the application and benefit issuance processes to make certain eligible individuals are able to participate fully.

With developmental disabilities

UMOS' strategy in working with an applicant with developmental disabilities may vary, depending on whether he or she has in place an advocate or legal guardian. If the applicant has an advocate or legal guardian, UMOS will include the applicant and advocate/legal guardian in the application process. UMOS will work with the advocate/legal guardian to ensure that the applicant fully understands the program, its benefits, and responsibilities. If the individual does not have an advocate/legal guardian, UMOS will ask if there is a family member or friend the applicant would like to have included in the process.

With hearing impairment

To assist applicants who are deaf, or have profound hearing impairment, UMOS is pleased to employ Energy Assistance intake professionals fluent in American Sign Language. If additional capacity is needed, UMOS will engage certified American Sign Language interpreters through the Center for Communication, Hearing & Deafness. Additionally, the organization has in place TTY (Text Telephone) technology, allowing the agency to conduct a written telephone conversation with the applicant.

With visual impairment

UMOS' headquarters and other proposed Energy Assistance sites feature large-scale signage, making it easier for persons with visual impairment to navigate those sites. UMOS will make application-related materials available in larger print for those who requiring it. If applicants require materials in Braille, UMOS will engage ABLE—Audio & Braille Literacy Enhancement—to translate the documents.

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

e .	Who are non-	English	speaking	or have	limited	English	proficiency
-----	--------------	---------	----------	---------	---------	----------------	-------------

UMOS employs human services professionals fluent in:

- American Sign Language
- M Arabic
- Burmese
- Hmong
- Maren
- Lao
- Mandarin Chinese
- Polish
- Russian
- Spanish

In addition to UMOS' multilingual human services professionals, the organization utilizes LanguageLine Solutions, allowing services to be provided to applicants who speak any one of over 230 languages supported.

Who require personal care assistance

UMOS will coordinate the Energy Assistance application, intake, and benefit processes with the applicant's personal care provider to ensure he or she is able to participate fully. Leveraging the telephone, mail, and home visit application methods will certainly assist individuals requiring personal care as well.

List any other services enhancing program access, e.g. agency located near public transportation, etc.

UMOS is pleased to propose Energy Assistance sites that are conveniently located along bus lines, and have ample parking (including ample disabled parking).

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Item 32 partially comprises the points scored for Administrative Ability

STAFFING PLAN ITEM # 32

Describe the staffing plan and its relationship to the volume of clients or services to be provided. Describe in terms of staff to client ratios, client volume or case load per staff, or how many staff are needed to perform a particular activity. Any program with the potential to require 24-hour coverage must submit a detailed description of how, by staff position, coverage will be provided.

Agencies providing services at more than one site must include a description of the staffing pattern for each site, if different. If the staffing pattern is the same for each site, include a statement to that effect.

Staffing Plan:

UMOS Offers an Experienced, Culturally Competent Team of Human Service Professionals

UMOS is pleased to propose an experienced team of culturally competent human services professionals to administer the Wisconsin Home Energy Assistance Program (WHEAP) in Milwaukee County Service Zones 3, 4, 5 and 6.

The primary service sites, estimated applicants, and staffing patterns are reflected in the table below:

Service Zone & Primary Service Site	Milwaukee County Estimated Applicants	UMOS Proposed Staffing Pattern
3: Central/Suburban West Allis City Hall 7525 West Greenfield Avenue West Allis, WI 53214	4,973	1 Supervisor 4 Intake Specialists
4: Downtown/Central Our Savior's Lutheran Church 3022 West Wisconsin Avenue Milwaukee, WI 53208	16,273	1 Supervisor 1 Screener 9 Intake Specialists
5: Southwest Greenfield City Hall 7325 West Forest Avenue Milwaukee, WI 53220	3,977	1 Supervisor 4 Intake Specialists
6: Southeast UMOS Job Center South 2701 South Chase Avenue Milwaukee, WI 53207	4,318	1 Program Manager 1 Screener 7 Intake Specialists

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

UMOS Proposed Staff-to-Client Ratio

The nonprofit proposes 30 positions to address the needs of the 4-zone area and accurately process at least 39,500 applications on a timely basis in a given year. Intake Specialists will be distributed across the 4 service nes, with each of them expected to see at least 3 clients per hour. The anticipated annualized client volume per Intake Specialist, therefore, is approximately 1,229 applicants.

UMOS believes its Intake Specialists will be capable of processing an average of 1,229 applications over the course of a year. Assuming each Intake Specialist processes at least 3 client applications per hour over the course a given day, or 120 applications per week, between October 2015 and April 2016—the peak period—each of these human services professionals would be able to process nearly 3 times the anticipated annualized average. Supervisors and the Program Manager will also help in assisting with any overflow of calls or appointments to ensure wait times are kept to a minimum and everyone is seen well within required timeframes.

Consumer Choice/"No Wrong Door"

UMOS will inform potential applicants of all sites and their respective schedules as well as all four application options: (i) in-office, (ii) mail, (iii) telephone, and (iv) home visit. The nonprofit will assign staff flexibly between service zones based on the volume of clients preferring a given location or application method.

It is worthwhile to point out that the ratio of staff to applicants is lower in Service Zone 6: Southeast than any other area UMOS is proposing to serve. As a former Energy Assistance service site that is well known for offering a wide variety of services, UMOS knows very well the number of low-income visitors it receives who

nk they can apply at UMOS Job Center South for WHEAP-related benefits. UMOS believes, if it is granted the 4-zone area, a number of individuals will want to come to UMOS' job center. With hundreds of parking spaces and a bus route that actually drops off/picks up applicants at a stop immediately adjacent to the job center's front door, many of the thousands of clients who frequent the job center will simply opt to process their WHEAP applications while they are already visiting for other reasons.

UMOS' Approach to 24-Hour Coverage/Emergency Applications

The Program Manager and Supervisors will provide after-hours coverage. They will field inquiries, and interview individuals to determine if there is an emergency. The organization will have all WHEAP-related calls routed to a mobile telephone, the need in "no heat" situations is so great in Wisconsin weather and emergency cases have such strict timelines, the Program Manager and Supervisors will handle to make certain emergencies are addressed immediately.

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Cultural Competence & Multilingual Capacity

As mentioned previously, UMOS has attracted and retained a talented team of human services professionals who are culturally competent. The staff is multilingual, speaking a number of languages fluently including:

- American Sign Language
- Arabic
- Burmese
- Hmong
- Karen
- Lao
- Mandarin Chinese
- Polish
- Russian
- Spanish

And, by leveraging LanguageLine Solutions, UMOS is able to provide individualized, quality services in over 230 languages for those whose primary language is not English.

WHEAP & UMOS' Professional Development Plan

UMOS already employs 8 staff who have completed the Wisconsin Home Energy Assistance Program New Worker training, and are highly experienced in implementing and recording program services/benefits. In addition to them, the nonprofit is putting forward a team of highly experienced Supervisors and other human vices professionals who are currently working for the organization serving other low-income Milwaukee county individuals and families. These human services professionals will receive WHEAP New Worker training as soon as possible after being notified by Milwaukee County Department of Health & Human Services of its intent to award a contract.

UMOS also will begin recruiting candidates immediately upon receiving a notice of intent to award a contract in order to ensure a full complement of staff is in place. Of course, no candidates will be hired prior to completing all pre-screening (e.g., caregiver background check, etc.) and obtaining approval from Milwaukee County Department of Health & Human Services.

Once Milwaukee County Department of Health & Human Services provide approvals for hiring, UMOS will arrange WHEAP New Worker training for the new employees as well. Like Milwaukee County officials, UMOS' goal is to ensure a full complement of trained human services professionals is ready to process applications by October 1, 2015.

In addition to state-sponsored New Worker training, UMOS is committed to ensuring staff training takes place on at least the following content:

- UMOS New Employee Orientation training
- WHEAP & UMOS' Service Delivery Model
- WE Energies information management system
- Cultural Competence/Cultural Humility & UMOS' Client-Centered Approach
- any Milwaukee County DHHS- and/or Steering Committee/Core Work Group-selected topics

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month



.ms 33 and 34 partially comprise the points scored under Staffing Plan

YEAR 2015 STAFFING REQUIREMENTS-DIRECT SERVICE STAFF

ITEM # 33

Indicate the number of staff directly related to achieve your objectives for the program(s) you are applying for, as indicated by codes 02 and 04 on Forms 2 and 2A. Executive staff providing direct services to clients should be budgeted as either "Professional Salaries" or "Technical Salaries" on Budget Forms 2 and 2A. Provide a job description plus necessary qualifications for each direct service position (sections A & B) (make additional copies as necessary). Complete the attached roster (item 34) for current staff working in each program for which a proposal is being submitted. If the position is unfilled at the time of proposal submission, indicate the vacancy and provide updated staffing form within 30 days of when position is filled. For New Applicants for this program, submit calculations showing the agency-wide average of in-service/continuing education hours per direct service provider in the previous year.

provided year.
PROGRAM Wisconsin Home Energy Assistance Program 2015 PROGRAM No. MSD-001
POSITION TITLE WHEAP Program Manager NO. OF STAFF:1
Job Description for this position as required to meet the needs of the program specifications. Include qualifications needed to perform job (including certifications or licenses and experience requirements to perform the job). Attach separate sheet, if necessary.
Annual tuition reimbursement granted for this position:\$0
Actual total hours worked for all employees in this position for the 12 months prior to completing this application:0
Annual turnover for this position (all employees, full and part-time), as measured by total number of separations (including voluntary and involuntary) from this position in the twelve months prior to completing this proposal divided by the total number of employees budgeted in this position for the twelve months prior to completing this proposal (show calculation): $0 / 0 = 0$
provide these services, provide annual turnover for the agency as a whole (show calculation):
For Behavioral Health Division proposals, include copies of staff licenses, certifications and diplomas.
UMOS: Helping Over 10.000 Milwaukee County Residents Improve Their Lives Every Month

JOB TITLE:

'sconsin Home Energy Assistance Program (WHEAP) Program Manager

SUMMARY:

Under the supervision of the Vice President of Operations, the WHEAP Manager oversees the management and operation of UMOS WHEAP Program, including compliance with all funding source directives, contract requirements, performance standards, guidelines and regulations, budget monitoring and control, contract negotiations and UMOS administrative procedures.

JOB DUTIES:

- 1. Serve as the primary UMOS contact with Milwaukee County and the State of Wisconsin funding sources.
- 2. Ensure UMOS' WHEAP complies with all county, state and federal guidelines, including the regulations of the Public Service Commission.
- 3. Monitor refunds and reissuance of checks with the State of Wisconsin.
- 4. Conduct site and program monitoring and evaluation.
- Monitor and evaluate program budget and expenditures in conjunction with the Vice President of Operations and the UMOS Accounting Departments on routine basis.
- 6. Develop, maintain and implement internal written standard operating procedures for the operation of the WHEAP program and Crisis Services.
- Develop fraud prevention policies and procedures.
- Finalize and submit all required internal and funding source reports on a monthly basis for the WHEAP program.
 Monitor balances to the proper accounts in the event of a participant's change of address, use of a different vendor, or termination of client status.
- 10. Negotiate and execute contracts with all vendors necessary to provide assistance to clients in all program service areas.
- 11. Supervise program Supervisors and/or staff in a manner consistent with the UMOS Personnel Policies and Handbook, and conduct annual performance evaluations.
- 12. Provide staff training in all areas of program delivery.
- 13. Monitor to ensure the accurate and timely data entry of applications and provide assistance to Supervisors and staff in the processing of all crisis applications.
- 14. Respond to and prevent utility disconnects and freeze-out situations.
- Be available 24 hours a day to address emergency situations, or program and client needs.
- Develop a network of alternative service providers for individuals who are not eligible for participation in the WHEAP program.
- 17. Develop and maintain relationships with community agencies, other service providers and state programs.
- 18. Attend meetings, conferences, planning sessions, and other appointments; performs other duties as assigned.

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

QUALIFICATIONS:

- Undergraduate degree and five years of experience in a related field; or an associate degree and at least five years of experience with the WHEAP or LHEAP programs.
 At least three years of experience in staff supervision and program management.
- 3. Ability to work independently within established policies, procedures, and guidelines.
- 4. Strong interpersonal and communication skills.
- 5. Knowledge and understanding of program budgets.
- 6. Ability to work in a face-paced environment with high-volume clientele.
- 7. Demonstrated computer skills, spread sheets and word processing.
- 8. Access to an automobile, a valid Wisconsin driver's license and car insurance.
- 9. Ability to work flexible schedule as described in the job duties.

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Items 33 and 34 partially comprise the points scored under Staffing Plan

YEAR 2015 STAFFING REQUIREMENTS-DIRECT SERVICE STAFF

ITEM # 33

directly related to achieve your objectives for the program(s) you are applying for, as indicated by codes 02 and 04 on Forms 2 and 2A. Executive staff providing direct services to clients should be budgeted as either "Professional Salaries" or "Technical Salaries" on Budget Forms 2 and 2A. Provide a job description plus necessary qualifications for each direct service position (sections A & B) (make additional copies as necessary). Complete the attached roster (item 34) for current staff working in each program for which a proposal is being submitted. If the position is unfilled at the time of proposal submission, indicate the vacancy and provide updated staffing form within 30 days of when position is filled. For New Applicants for this program, submit calculations showing the agency-wide average of in-service/continuing education hours per direct service provider in the previous year.

education hours per direct service provider in the previous year.
PROGRAM Wisconsin Home Energy Assistance Program 2015 PROGRAM No. MSD-001
POSITION TITLE WHEAP Program Supervisor NO. OF STAFF:2
Job Description for this position as required to meet the needs of the program specifications. Include qualifications needed to perform job (including certifications or licenses and experience requirements to perform the job). Attach separate sheet, if necessary.
Annual tuition reimbursement granted for this position:\$0
Actual total hours worked for all employees in this position for the 12 months prior to completing this plication: 2,080
Annual turnover for this position (all employees, full and part-time), as measured by total number of separations (including voluntary and involuntary) from this position in the twelve months prior to completing this proposal divided by the total number of employees budgeted in this position for the twelve months prior to completing this proposal (show calculation): $0 / 1 = 0$
For New Applicants for this program who may not have had previous history employing individuals to provide these services, provide annual turnover for the agency as a whole (show calculation):
For Behavioral Health Division proposals, include copies of staff licenses, certifications and diplomas.
UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month Page 294



JOB TITLE:

Wisconsin Home Energy Assistance Program (WHEAP) Supervisor

SUMMARY:

Under the supervision of the WHEAP Manager, the Supervisor is responsible for the day-to-day supervision of WHEAP Intake Specialists and/or Screeners and operation of the WHEAP services, including ensuring compliance with all program regulations, eligibility criteria and benefits processing requirements, internal UMOS administrative procedures, funding source directives, performance standards, and reporting.

JOB DUTIES:

- 1. Ensure UMOS' WHEAP complies with all county, state and federal guidelines, including the regulations of the Public Service Commission.
- 2. Track refunds and reissuance of checks with the State of Wisconsin.
- 3. Conduct program and staff monitoring and evaluation.
- Develop and maintain relationships with community agencies, other service providers and state programs.
- Develop, maintain and implement internal standard operating procedures for the operation of the WHEAP program and Crisis Services.
- Maintain a fraud prevention policies and procedures.

 Assist with preparing all required internal and funding source reports on a monthly basis for the WHEAP program.
- 8. Assist with conducting earned and unearned income verifications, including TANF, FoodShare, child support and Social Security verifications.
- Provide balances to the proper accounts in the event of an applicant's change of address, use of a different vendor, or termination of client status.
- Develop a network of alternative service providers for individuals who are not eligible for participation in the WHEAP program.
- 11. Supervise program staff in a manner consistent with the UMOS Personnel Policies and Employee Handbook, and conduct annual performance evaluations.
- 12. Provide staff training in all areas of program delivery.
- Ensure accurate and timely data entry of applications and provide assistance to staff in the processing of all crisis applications.
- 14. Respond to and prevent utility disconnects and freeze-out situations.
- 15. Be available 24 hours a day to address emergency situations, or program and client needs.
- 16. Attend meetings, conferences, planning sessions, and other appointments; performs other duties as assigned.

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

QUALIFICATIONS:

- Undergraduate degree and two years of experience in a related field; or an associate degree and at least five years of experience with the WHEAP or LHEAP programs.
 Demonstrated computer skills, spread sheets and word processing.
- J. Experience in supervision and program management.
- 4. Access to an automobile, a valid Wisconsin driver's license and car insurance.
- 5. Ability to work flexible schedule as described in the job duties.

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

Items 33 and 34 partially comprise the points scored under Staffing Plan

YEAR 2015 STAFFING REQUIREMENTS-DIRECT SERVICE STAFF

ITEM # 33

directly related to achieve your objectives for the program(s) you are applying for, as indicated by codes 02 and 04 on Forms 2 and 2A. Executive staff providing direct services to clients should be budgeted as either "Professional Salaries" or "Technical Salaries" on Budget Forms 2 and 2A. Provide a job description plus necessary qualifications for each direct service position (sections A & B) (make additional copies as necessary). Complete the attached roster (item 34) for current staff working in each program for which a proposal is being submitted. If the position is unfilled at the time of proposal submission, indicate the vacancy and provide updated staffing form within 30 days of when position is filled. For New Applicants for this program, submit calculations showing the agency-wide average of in-service/continuing education hours per direct service provider in the previous year.

education hours per direct service provider in the previous year.
PROGRAM Wisconsin Home Energy Assistance Program 2015 PROGRAM No. MSD-001
POSITION TITLE WHEAP Program Intake Specialist NO. OF STAFF:17.3
Job Description for this position as required to meet the needs of the program specifications. Include qualifications needed to perform job (including certifications or licenses and experience requirements to perform the job). Attach separate sheet, if necessary.
Annual tuition reimbursement granted for this position:\$0
Actual total hours worked for all employees in this position for the 12 months prior to completing this plication: 9,013
Annual turnover for this position (all employees, full and part-time), as measured by total number of separations (including voluntary and involuntary) from this position in the twelve months prior to completing this proposal divided by the total number of employees budgeted in this position for the twelve months prior to completing this proposal (show calculation): $\frac{5}{\sqrt{7}} = \frac{0.71}{100}$
For New Applicants for this program who may not have had previous history employing individuals to provide these services, provide annual turnover for the agency as a whole (show calculation):
For Behavioral Health Division proposals, include copies of staff licenses, certifications and diplomas.
UMOS: Helping Over 10/000 Milwaukee County Residents Improve Their Lives Every Month



JOB TITLE:

Wisconsin Home Energy Assistance Program (WHEAP) Intake Specialist

SUMMARY:

Under the direct supervision of the WHEAP Supervisor or Manager, this position is responsible for conducting outreach; screening applicants by phone, mail or face-to-face; taking high volume interactive applications for the WHEAP program; providing applicants, the general public, and community agencies information on available community resources, programs and services.

JOB DUTIES:

- 1. Provide efficient, interactive intake services for the WHEAP by phone, face-to-face or by mail to determine program eligibility.
- 2. Enter program applications into the WHEAP electronic data system timely and accurately.
- 3. Answer phones, schedule appointments, and provide program information to applicants.
- 4. Provide quick, pro-active response to prevent disconnections, adhering to written crisis policy.
- 5. Communicate with vendors regarding the repair and emergency fuel fills.
- 6. Verify earned and unearned income, including wages, child support, TANF, Social Security, Unemployment Insurance, etc.
- Conduct community outreach and provide mobile intake services to community agencies, senior centers, housing/neighborhood centers, etc.
- 8. Conduct home visits as necessary for the elderly, handicapped and disabled.
- 9. Respond to applicant questions, assist with verification, and carry out benefits processing in a timely manner.
- 10. Make referrals to weatherization program for WHEAP participants, when not eligible for WHEAP, make referral for possible repair or replacement to weatherization or to targeted home performance.
- 11. Work as a team member to make energy assistance program run as efficiently as possible.
- 12. Participate in program awareness events held throughout the community.
- 13. Attend trainings, meeting and perform other duties as assigned.

QUALIFICATIONS:

- 1. High School diploma or equivalency.
- Two years' experience in case management or any equivalent combination of training and experience, which would provide the following knowledge, skills and abilities.
- 3. Ability to work independently within established policies, procedures, and guidelines.
- 4. Strong interpersonal and communication skills
- 5. Working knowledge of computer programs such as word processing and spreadsheets.
- Able to work flexible and irregular hours including on call evening hours.
- 7. Bilingual in English and Spanish in verbal and written form preferred.
- 8. Must have a car and adequate auto liability insurance and be able to travel and work irregular hours.

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Items 33 and 34 partially comprise the points scored under Staffing Plan

YEAR 2015 STAFFING REQUIREMENTS-DIRECT SERVICE STAFF

ITEM # 33

licate the number of staff directly related to achieve your objectives for the program(s) you are applying for, as indicated by codes 02 and 04 on Forms 2 and 2A. Executive staff providing direct services to clients should be budgeted as either "Professional Salaries" or "Technical Salaries" on Budget Forms 2 and 2A. Provide a job description plus necessary qualifications for each direct service position (sections A & B) (make additional copies as necessary). Complete the attached roster (item 34) for current staff working in each program for which a proposal is being submitted. If the position is unfilled at the time of proposal submission, indicate the vacancy and provide updated staffing form within 30 days of when position is filled. For New Applicants for this program, submit calculations showing the agency-wide average of in-service/continuing

education hours per direct service provider in the previous year.
PROGRAM Wisconsin Home Energy Assistance Program 2015 PROGRAM No. MSD-001
POSITION TITLE WHEAP Program Screener NO. OF STAFF: 1.4
Job Description for this position as required to meet the needs of the program specifications. Include qualifications needed to perform job (including certifications or licenses and experience requirements to perform the job). Attach separate sheet, if necessary.
Annual tuition reimbursement granted for this position:\$0
Actual total hours worked for all employees in this position for the 12 months prior to completing this plication:1,537
Annual turnover for this position (all employees, full and part-time), as measured by total number of separations (including voluntary and involuntary) from this position in the twelve months prior to completing this proposal divided by the total number of employees budgeted in this position for the twelve months prior to completing this proposal (show calculation): $1 / 1 = 1$
For New Applicants for this program who may not have had previous history employing individuals to provide these services, provide annual turnover for the agency as a whole (show calculation):
For Behavioral Health Division proposals, include copies of staff licenses, certifications and diplomas.
UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month



JOB TITLE:

Wisconsin Home Energy Assistance Program (WHEAP) Screener

SUMMARY:

Under the direct supervision of the WHEAP Supervisor or Manager, this position is responsible for pre-screening program applicants, scheduling appointments, assisting with data entry, and providing applicants, the general public, and community agencies information on available community resources, programs and services.

JOB DUTIES:

- 1. Answer phones and provide information to WHEAP applicants.
- 2. Receive mail and organize mail-in applications to ensure timely response back to applicants
- 3. Schedule and re-schedule applicants for intake appointments and notify appropriate staff timely when appointments check-in.
- 4. Assess immediate needs and direct applicants to appropriate services and/or programs.
- 5. Conduct initial reviews of applicant data against WHEAP eligibility criteria to determine eligibility for services and assist with collecting verification and follow-up inquiries.
- 6. Complete daily data entry of applications, appointments, calls, mail-in application, no shows and rescheduled appointments into statistical tracking reports.
- Assist WHEAP Intake Specialists in resolving emergency crisis situations.

 Assist in the verification of earned and unearned income, including wages, child support, TANF, Social Security, Unemployment Insurance, etc.
- 9. Research and maintain resource directory of other services and programs offered by community agencies.
- 10. Perform other clerical functions, as needed.
- 11. Attends meetings, trainings, and workshops as assigned.
- 12. Other duties as assigned.

QUALIFICATIONS:

- 1. High School diploma or equivalency supplemented by two years of college level work or equivalent experience.
- 2. Two years' experience in case management or any equivalent combination of training and experience, which would provide the following knowledge, skills and abilities.
- 3. Ability to work independently within established policies, procedures, and guidelines.
- 4. Strong interpersonal and communication skills
- 5. Working knowledge of computer programs such as word processing and spreadsheets.
- 6. Able to work flexible and irregular hours including on call evening hours.

CURRENT DIRECT SERVICE PROVIDER AND INDIRECT STAFF (DSP) ROSTER ITEM #34
Following this page is UMOS' completed Item #34.
UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month
UMOS: Heighing Over 10,000 Milwaukee County Residents Improve Their Lives Every Month Page 301

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

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UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

ITEM # 36

Agency Name

UMOS, Inc.

Disability/Target Group Low-Income Households

Program Name

WHEAP-Energy Assistance

2015 Program # MSD-001

Zone 3: West Allis City Hall 7525 West Greenfield Avenue

Facility Name & Address

West Allis, WI 53214

CY 2015 Estimated

1. Unduplicated Count of Clients to be Served/Year (Form 1, Column 1). If your estimate differs from prior year actual, provide an explanation on a separate attached page. For new applicants, include numbers for the program you are currently providing that is most similar to the program you are applying for.

2.	Age	Group:
<u>-</u> .	AME	GIOUD.

	Number	Percent (%)	Prior year actual
a. 0 - 2			
b. 3-11			
c. 12 - 17			
d. 18 - 20	497	10%	
e. 21 - 35	1,989	40%	
f. 36 - 60	1,989	40%	
g. 61 & over	498	10%	
TOTAL	4,973	100%	

3. Sex:

a. Female	2,487	50%	
b. Male	2,486	50%	
TOTAL	4,973	100%	

4. Ethnicity:

a. Asian or Pacific Islander	298	6%	
b. Black	3,979	80%	
c. Hispanic	348	7%	
d. American Indian or Alaskan Native	50	1%	
e. White	298	6%	
TOTAL	4,973	100%	

5. Other:

a. Disabled individuals	2,311	47%	
b. Not applicable	2,662	53%	
TOTAL	4,973	100%	

Date Submitted: March 25, 2015

The total in each category must be equal to the number in Form 1, Column 1, Total Number of Cases (Clients) to be served per Year. (Flev 7/13)

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

ITEM # 36

Agency Name

UMOS, Inc.

Disability/Target Group Low-Income Households

Program Name

WHEAP-Energy Assistance

2015 Program # MSD-001

Zone 4: Our Savior's Lutheran Church

Facility Name &

3022 West Wisconsin Avenue

Milwaukee, WI 53208 **Address**

CY 2015 Estimated

1. Unduplicated Count of Clients to be Served/Year (Form 1, Column 1). If your estimate differs from prior year actual, provide an explanation on a separate attached page. For new applicants, include numbers for the program you are currently providing that is most similar to the program you are applying for.

2. Age Group:

	Number	Percent (%)	Prior year actual
a. 0-2			
b. 3 - 11			
c. 12 - 17			
d. 18 - 20	1,627	10%	
e. 21 - 35	6,509	40%	
f. 36 - 60	6,509	40%	
g. 61 & over	1,628	10%	
TOTAL	16,273	100%	

3. Sex:

a. Female	8,136	50%	
b. Male	8,135	50%	
TOTAL	16,273	100%	

4. Ethnicity:

a. Asian or Pacific Islander	651	4%	
b. Black	12,530	77%	
c. Hispanic	1,465	9%	
d. American Indian or Alaskan Native	163	1%	
e. White	1,464	9%	
TOTAL	16,273	100%	

5. Other:

a. Disabled individuals	7,543	46%	
b. Not applicable	8,730	54%	
TOTAL	16,273	100%	

March 25, 2015 Date Submitted:

The total in each category must be equal to the number in Form 1, Column 1, Total Number of Cases (Clients) to be (Rev 7/13) served per Year.

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ITEM # 36

Agency Name

UMOS, Inc.

Disability/Target Group Low-Income Households

Program Name

WHEAP-Energy Assistance Zone 5: Greenfield City Hall 2015 Program # MSD-001

Facility Name &

7325 West Forest Home Avenue

Address

Milwaukee, Wt 53220

CY 2015 Estimated

1. Unduplicated Count of Clients to be Served/Year (Form 1, Column 1). If your estimate differs from prior year actual, provide an explanation on a separate attached page. For new applicants, include numbers for the program you are currently providing that is most similar to the program you are applying for.

2. Age Group:

	Number	Percent (%)	Prior year actual
a. 0-2			
b. 3 - 11			
c. 12 - 17			
d. 18 - 20	398	10%	
e. 21 - 35	1,591	40%	
f. 36 - 60	1,591	40%	
g. 61 & over	397	10%	
TOTAL	3,977	100%	

3. Sex:

a. Female	1,989	50%	
b. Male	1,988	50%	
TOTAL	3,977	100%	

4. Ethnicity:

a. Aslan or Pacific Islander	159	4%	
b. Black	2,983	75%	
c. Hispanic	358	9%	
d. American Indian or Alaskan Native	40	1%	
e. White	437	11%	
TOTAL	3,977	100%	

5. Other:

a. Disabled individuals	1,795	45%	
b. Not applicable	2,182	54%	
TOTAL	3,977	100%	

Date Submitted: March 25, 2015

The total in each category must be equal to the number in Form 1, Column 1, Total Number of Cases (Clients) to be served per Year. (Rev 7/13)

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

ITEM # 36

Agency Name

UMOS, Inc.

Disability/Target Group Low-Income Households

Program Name

WHEAP-Energy Assistance

2015 Program # MSD-001

Zone 6: UMOS Job Center 2701 South Chase Avenue

Facility Name & **Address**

Milwaukee, WI 53207

CY 2015 Estimated

1. Unduplicated Count of Clients to be Served/Year (Form 1, Column 1). If your estimate differs from prior year actual, provide an explanation on a separate attached page. For new applicants, include numbers for the program you are currently providing that is most similar to the program you are applying for.

2. Age Group:

	Number	Percent (%)	Prior year actual
a. 0 - 2			
b. 3 - 11			
c. 12 - 17			
d. 18 - 20	431	10%	
e. 21 - 35	1,727	40%	
f. 36 - 60	1,727	40%	
g. 61 & over	433	10%	
TOTAL	4,318	100%	

3. Sex:

a. Female	2,159	50%	
b. Male	2,159	50%	
TOTAL	4,318	100%	

4. Ethnicity:

a. Asian or Pacific Islander	130	3%	
b. Black	3,238	75%	
c. Hispanic	475	11%	
d. American Indian or Alaskan Native	43	1%	
e. White	432	10%	
TOTAL	4,318	100%	

5. Other:

a. Disabled individuals	2,012	47%	
b. Not applicable	2,306	53%	
TOTAL	4,318	100%	

March 25, 2015 Date Submitted:

The total in each category must be equal to the number in Form 1, Column 1, Total Number of Cases (Clients) to be (Rev 7/13) served per Year.

UMOS: He ping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month