Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2020

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

Do not enter social security numbers on this form as it may be made public.

For the 2020 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Skyline Urban Ministry Inc. Address change Doing business as 23-7396786 Name change Number and street (or P.O. box if mail is not delivered to street address) 405-632-2644 Initial return 500 SE 15th Street Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Oklahoma City OK 73129-4302 3,567,339 **G** Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Katy Leffel H(b) Are all subordinates included? If "No," attach a list. See instructions **X** 501(c)(3) 501(c) (◀ (insert no.) 4947(a)(1) or 527 Tax-exempt status: N/AWebsite: **H(c)** Group exemption number ▶ Form of organization: X Corporation L Year of formation: 1974 Trust Other > M State of legal domicile: OK Association Summarv 1 Briefly describe the organization's mission or most significant activities:

Skyline Urban Ministry provides groceries, clothing, eye exams, eye Activities & Governance glasses, school uniforms, produce gardening experience and education and wellness programs serving nearly 70,000 Oklahomans. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 25 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 25 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 18 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 1,066,543 3,433,027 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 61,583 62,067 **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) 73,046 47<u>,055</u> 25,190 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,201,172 3,567,339 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 401,298 426,686 Expenses 16aProfessional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 147,100 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 766,857 3,087,919 1,168,1553,514,605 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12. 33,017 52,734 20 Beginning of Current Year End of Year 1,607,883 1,664,710 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 6,240 10,333 22 Net assets or fund balances. Subtract line 21 from line 20 601,643 654,377 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Chair Here Katy Leffel Type or print name and title PTIN Print/Type preparer's name Preparer's signature Check Paid Autumn L. Williams Autumn L. Williams self-employed P01275073 **Preparer** & Williams CPA's, P.C. 73-1349920 Firm's EIN ▶ Firm's name **Use Only** 2812 NW 57th St Ste 102 405-607-8743 Oklahoma City, OK 73112-7064 May the IRS discuss this return with the preparer shown above? See instructions Yes

4b (Code:) (Expenses \$	TOT OT / including	grants or \$) (Revenue \$	
The Style	Shop Special	Occasion se	ction offers	school uniform	s to at-risk
children.	Families are	reterred by	school couns	selors or DHS.	Each child is
given two	new, well-fi	tting school	uniforms, th	nree pairs of s	ocks, three
pairs of u	inderwear and	l a new pair	of athletic s	shoes.	

2,940,857 including grants of \$) (Expenses \$ Skyline's Food Resource Center Store operates as a "choice pantry" where) (Revenue \$ the patrons select their own groceries, based on their family needs and food preferences. The Food Resource Center is open varying hours Monday thru Saturday (except on holidays). In addition to the brick and mortar Store, Skyline has a mobile pantry which delivers groceries to 12 sites each month The Food Resource Center serves mainly those living in Oklahoma County. In 2020, Skyline provided 1,743,730 pounds of groceries to 58,097 individuals.

4d Other program services (Describe on Schedule O.)

91,482 including grants of \$

) (Revenue \$

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	4	x	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Λ	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			21
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	_		7.5
•	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			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_		v
10	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		11
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.7	
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	426		v
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		21
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? 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?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b 24	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
4	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		+
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		+
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		- 21
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Ves " complete Schedule I Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	—
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32	complete Schedule N, Part II	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	acctions 201 7701 2 and 201 7701 22 If "Van" complete Schodule B. Bart I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
٠.	N/ 15 (V) /	34		x
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4	v	
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u></u>

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X If "Yes." enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Did the organization sell, exchange, or otherwise and required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders _____ Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management	<u></u>				
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				ſ	ſ
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fill	ed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			l		3.5
_	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	year by	the following		v	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			9		х
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Otion B. Policies (This Section B requests information about policies not required by the				do)	Λ
<u> </u>	tion b. I oncies (This Section B requests information about policies not required by the	IIICII	ai i teveri	<i>ue</i> 00	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			100		
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ing the		Hu		
12a	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	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"					
	describe in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?				
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ OK					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Section	on 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy, and			
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	>			

Organization

Form 990 (2020) Skyline Urban Ministry Inc.

23-7396786

Page **7**

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any	box	k, unle	Position not check more than one unless person is both an er and a director/trustee)			an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1)Josh Attaway										
Director	1.00	х						0	0	0
(2)Jim Barnett	1 00									
Director	1.00	х						0	0	0
(3)John Bolden	1 00									
Director	1.00	х						0	0	0
(4)Cory Christoffe	rson									
Director	1.00	x						o	o	0
(5) Chet Collier										
Director	1.00	x						o	o	0
(6) Tom Daniel										
Director	1.00	x						o	o	0
(7) Eric Eissenstat										
Director	1.00	х						o	o	0
(8) John Funk										
	1.00							_	_	_
Treasurer	0.00	X		Х				0	0	0
(9)Nykkia Harris	1.00									
Director	0.00	х						0	0	0
(10)Karen Hudgens										
	1.00							_	_	_
Director	0.00	X						0	0	0
(11)Jessica Jean	1.00									
Director	0.00	x						0	0	0
										Form 990 (2020)

(A) Name and title	(B) Average hours per week (list any	(do	o not o	Pos check ess pe	c) sition more	than o	one n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12) Gayla Kelly	1.00									
Director	0.00	X						0	0	0
(13) Mike Koehler	1.00									
Director	0.00	Х						0	0	0
(14) Katy Leffel	1 00									
Chair	1.00	х		x				0	0	0
(15) Joe Leonard								<u> </u>	<u> </u>	
Discouling to the second secon	1.00								•	
Director (16) Rev. Dr. Vic	0.00	X 111	011	αh				0	0	0
(=0) 11000 220 020	1.00			9						
Director	0.00	Х						0	0	0
(17) Dave Mobley	1.00									
Director	0.00	Х						0	0	0
(18) Chris Nichol										
Director	1.00	х						0	0	0
(19) Stephen Pett	У									
Director	1.00	x						0	0	0
1b Subtotal							•			
c Total from continuation sho d Total (add lines 1b and 1c)	eets to Part VII	, Se	ction	1 A			>			
2 Total number of individuals (ii				tho	se li	sted	abo	ve) who received more that	an \$100,000 of	
reportable compensation from	n the organization	n ►	0							Yes No
3 Did the organization list any for								-		3 X
employee on line 1a? <i>If "Yes,</i> 4 For any individual listed on lin	ne 1a, is the sum	of r	epor	table	e co	mpei	nsati	ion and other compensation	on from the	
organization and related orga individual	nizations greate						es,'	complete Schedule J for s	such	4 X
5 Did any person listed on line	1a receive or ac	crue	con	npen	satio	on fro				
for services rendered to the o		Yes,	" COI	mple	te S	chec	dule	J for such person		5 X
1 Complete this table for your fi	ive highest comp	pens	ated	inde	eper	ndent	cor	ntractors that received mor	e than \$100,000 of	
compensation from the organ	ization. Report ((A) I business address	com	oens	atior	n for	the	cale		ithin the organization's tax (B) tion of services	(year. (C) Compensation
Name and	1 business address							Descrip	tion of services	Compensation
						_				
2 Total number of independent received more than \$100,000									0	

		Check if Schedule O co	ntains a	response	or no	te to any line in	this Part VIII		
				·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a						
Gra So	b	Membership dues	1b						
ts,	С	Fundraising events	1c						
ᅙᄙ	d	Related organizations	1d						
ï,š	е	Government grants (contributions)	1e						
tio S	f	All other contributions, gifts, grants,							
şğ		and similar amounts not included above	1f	3,433	,027				
ag Og	g	Noncash contributions included in lines 1a-1f	1g \$	2,637					
a Se	h	Total. Add lines 1a–1f			. ▶	3,433,027			
					ess Code				
e C	2a	Program Revenue				62,067	62,067		
Program Service Revenue	b								
Sun	С								
Seve Tan	d								
5	е								
<u>.</u>	f	All other program service revenue							
	g	Total. Add lines 2a–2f			. •	62,067			
	3	Investment income (including divide	nds, intere	est, and					
		other similar amounts)			▶	47,055	38,767		8,288
	4	Income from investment of tax-exem	npt bond p	roceeds					
	5	Royalties			. •				
		(i) Real		(ii) Person	al				
	6a	Gross rents 6a							
	b	Less: rental expenses 6b							
	С	Rental inc. or (loss) 6c							
	_d	Net rental income or (loss)	<u> </u>		. ▶				
	/a	Gross amount from sales of assets (i) Securities	es	(ii) Other					
		other than inventory 7a							
Other Revenue	b	Less: cost or other							
ver		basis and sales exps. 7b							
Re		Gain or (loss) 7c							
Jer		3 (,	. <u> </u>		. ▶				
₹	8a	Gross income from fundraising events							
		(not including \$							
		of contributions reported on line 1c).							
		See Part IV, line 18	8a						
		Less: direct expenses	8b						
	С	Net income or (loss) from fundraisin	g events .		. ▶				
	9a	Gross income from gaming activities.							
		See Part IV, line 19	9a						
	b	Less: direct expenses	9b						
	С	Net income or (loss) from gaming ac	ti <u>vities</u>		. ▶				
	10a	Gross sales of inventory, less							
		returns and allowances	10a						
	b	Less: cost of goods sold	10b						
	С	Net income or (loss) from sales of in	ventory		. •				
ns				Busin	ess Code				
Jeo Ue	11a	Other				25,190	25,190		
e a	b								
Miscellaneous Revenue	С	• • • • • • • • • • • • • • • • • • • •							
Ξ̈́				<u></u>		.			
		Total. Add lines 11a–11d			. •	25,190			6 255
	12	Total revenue See instructions				3.567.339	126.024	0	8 - 288

Sect	ion 501(c)(3) and 501(c)(4) organizations must confident the Check if Schedule O contains a response			omplete column (A).	
Do 1	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to domestic organizations		слропосо	general expenses	окранова
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	304,429	236,843	6,963	60,623
7 8	Other salaries and wages Pension plan accruals and contributions (include	304,429	230,043	0,903	00,023
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	39,762	6,281		33,481
10	Payroll taxes	82,495	71,793	4,939	5,763
11	Fees for services (nonemployees):	•	,	,	
а					
b	Legal				
С	Accounting	18,500	16,095	1,110	1,295
d	Lobbying				
е					
f	Investment management fees				
g	, ,				
40	(A) amount, list line 11g expenses on Schedule O.)	17 076	0 226	FFO	0 101
	Advertising and promotion	17,076	8,326	559	8,191
13 14	Office expenses	6,853	5,781	399	673
15	Information technology	0,033	5,761	399	073
16	Royalties Occupancy	40,390	35,160	2,414	2,816
17	Trough	10,000	33,200	2,111	2,010
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,357	25,509	1,759	2,089
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	57,733		57,733	
23	Insurance	28,060	24,412	1,684	1,964
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.) Food	2,598,085	2,598,085		
a b	Supplies	116,759	116,673	29	57
C	Repairs & Maintenance	88,384	77,888	4,831	5,665
d	Office Expense	31,966	18,047	1,125	12,794
	All other expenses	54,756	42,632	435	11,689
25	Total functional expenses. Add lines 1 through 24e	3,514,605	3,283,525	83,980	147,100
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or n	ote to any lir	ne in this Part X			
			,		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			403,511	1	461,019
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			17,523	4	52,900
	5	Loans and other receivables from any current or form	ner officer, c	director,			
		trustee, key employee, creator or founder, substantia					
		controlled entity or family member of any of these pe	rsons			5	
	6	Loans and other receivables from other disqualified					
ts		under section 4958(f)(1)), and persons described in	section 4958	3(c)(3)(B)		6	
Assets	7					7	
¥	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,265,262			
	b	Less: accumulated depreciation	10b	328,597	994,398	10c	936,665
	11	Investments—publicly traded securities			192,451	11	214,126
	12				-	12	-
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal lin	ne 33)		1,607,883	16	1,664,710
	17	Accounts payable and accrued expenses			6,240	17	10,333
	18	Grants payable			-	18	-
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part	IV of Schedu	ıle D		21	
တ္သ	22	Loans and other payables to any current or former o					
Liabilities		trustee, key employee, creator or founder, substantia					
abi		controlled entity or family member of any of these pe				22	
Ĭ	23	Secured mortgages and notes payable to unrelated	third parties			23	
	24	Unsecured notes and loans payable to unrelated thin	d parties			24	
	25	Other liabilities (including federal income tax, payabl					
		parties, and other liabilities not included on lines 17-					
		of Schedule D	, ,			25	
	26	Total liabilities. Add lines 17 through 25			6,240	26	10,333
S		Organizations that follow FASB ASC 958, check					
Ce		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			1,273,091	27	1,317,190
Ba	28	Not access with demanded there			328,552	28	337,187
pur		Organizations that do not follow FASB ASC 958					
Net Assets or Fund Balances		and complete lines 29 through 33.		_			
SOI	29	Capital stock or trust principal, or current funds				29	
Set	30	Paid-in or capital surplus, or land, building, or equipr	nent fund			30	
As	31	Retained earnings, endowment, accumulated incom	e, or other fu	ınds		31	
<u>e</u>	32	Total net assets or fund balances			1,601,643	32	1,654,377
~	33	Total liabilities and net assets/fund balances	<u></u>		1,607,883	33	1,664,710

Form **990** (2020)

	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	3,56	57,3	339
2	Total expenses (must equal Part IX, column (A), line 25)	3,52	L 4, 6	505
3	Revenue less expenses. Subtract line 2 from line 1	Ţ	52,7	734
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1,60	01,6	543
5	Net unrealized gains (losses) on investments 5			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B)) 10	1,65	54,3	377
	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	. 3b		
		Forn	n 990	(2020)

Section A. Officer	s, Directors, Ti	ruste	es,	Key	Em	ploy	ees	, and Highest Compens	ated Employees (continu	ied)
(A) Name and title	(B) Average hours per week (list any	box	k, unle	Pos check ess pe	rson	than o is both or/trust	n an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(20) David Ranek	1.00									
Director	0.00	Х						0	0	0
(21) Kevin Richar	dson 1.00									
Director	0.00	x						0	0	0
(22) Jack Thompso	n									
27	1.00									
Director (23) Betsy Wood	0.00	X						0	0	0
(23) Becsy Wood	1.00									
Director	0.00	х						0	0	0
(24) Ken Grant	1 00									
Vice Chair	1.00			x				0	o	0
(25) Deborah Ingr				Λ					0	0
_	40.00									
Executive Director	0.00			Х				0	0	0
1b Subtotal							>			
d Total (add lines 1b and 1c)							>			
2 Total number of individuals (in reportable compensation from				o tho	se li	sted	abo	ove) who received more that	an \$100,000 of	
	<u> </u>									Yes No
 Did the organization list any feemployee on line 1a? <i>If "Yes</i>, For any individual listed on line the control of the contro	"complete Sche	e <i>dule</i> n of r	e <i>J fo</i> epor	or su table	ch ir	n <i>divid</i> mper	<i>dual</i> nsati	ion and other compensation	on from the	3
organization and related orga individual										4
5 Did any person listed on line for services rendered to the or	1a receive or ac	crue	con	npen	satio	on fro	om a	any unrelated organization	or individual	5
Section B. Independent Contrac		700,		пріс	0	Cricc	iuic	o for such person		
Complete this table for your fi compensation from the organ										vear.
	(A) d business address								(B) tion of services	(C) Compensation
2 Total number of independent received more than \$100,000										

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

Skyline Urban Ministry Inc.

2020

Name of the organization

Employer identification number 23-7396786

		Reas	on for Public Charity	/ Status. (All organizatio	ns mus	t comp	<u>iete tnis part.) See instri</u>	uctions.
Γhe	orga	anization is not	t a private foundation becau	se it is: (For lines 1 through 12	, check o	nly one b	ox.)	
1	X	A church, co	nvention of churches, or as	sociation of churches described	d in secti	on 170(k	o)(1)(A)(i).	
2		A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Fo	rm 990 o	r 990-EZ).)	
3		A hospital or	a cooperative hospital serv	ice organization described in se	ection 17	70(b)(1)(A)(iii).	
4		A medical re	search organization operate	ed in conjunction with a hospital	l describe	ed in sec	tion 170(b)(1)(A)(iii). Enter th	e hospital's name,
	_	city, and stat	e:					
5		An organizat	ion operated for the benefit	of a college or university owner	d or opera	ated by a	governmental unit described	in
			(b)(1)(A)(iv). (Complete Pa					
6	Ш		=	governmental unit described in				
7	Ш		ion that normally receives a section 170(b)(1)(A)(vi).	substantial part of its support f Complete Part II.)	rom a go	vernmen	tal unit or from the general pul	olic
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Pa	art II.)			
9		-	_	scribed in section 170(b)(1)(A				=
	_	university:		of agriculture (see instructions)				
10				(1) more than 33 1/3% of its sup				
				mpt functions, subject to certain				3
			· ·	ind unrelated business taxable 30, 1975. See section 509(a)(2	,		,	
11			=	exclusively to test for public sa				
12	H	=	=	exclusively for the benefit of, to	-			rooses
-	ш			izations described in section 5				
		Check the bo	ox in lines 12a through 12d t	that describes the type of support	orting org	anization	and complete lines 12e, 12f,	and 12g.
	а			perated, supervised, or controlle				giving
				wer to regularly appoint or elec	•	ty of the	directors or trustees of the	
	L			complete Part IV, Sections A		مريم مدناما	nouted averagination(a) by bayi	
	b			upervised or controlled in conn- rting organization vested in the		-		-
				e Part IV, Sections A and C.	same pe	150115 1116	at control of manage the suppl	orteu
	С		•	supporting organization operat	ed in con	nection v	vith, and functionally integrate	d with,
		its suppo	orted organization(s) (see in	structions). You must comple	te Part I\	/, Sectio	ns A, D, and E.	
	d			ed. A supporting organization o				
				e organization generally must s must complete Part IV, Secti				eness
	е			ceived a written determination f				
	·			on-functionally integrated suppo				
	f	Enter the nur	mber of supported organiza	tions				
	g	Provide the f	ollowing information about t	he supported organization(s).				
(i)		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c		(v) Amount of monetary	(vi) Amount of
	or	ganization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				asere (666 mendenens))	Yes	No	moti dottorio)	mon donorio)
(A)								
`_								
(B)								
<i>(</i> C)								
(C)								
(D)								
(E)								
Γ∩ts								ì

Schedule A (Form 990 or 990-EZ) 2020

23-7396786

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	_						
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	İ						
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)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	.0	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc						12	
13	First 5 years. If the Form 990 is for the o	rganization's first,	second, third, for	urth, or fifth tax yea	ar as a section 50°	1(c)(3)		
	organization, check this box and stop he						<u></u>	
Sec	tion C. Computation of Public S							
14	Public support percentage for 2020 (line 6	3, column (f) divide	ed by line 11, colu	ımn (f))			14	%
15	Public support percentage from 2019 Sch 33 1/3% support test—2020. If the orga	iedule A, Part II, li	ne 14				15	%
16a					is 33 1/3% or mor	e, check this	3	
	box and stop here. The organization qua							▶ ∐
b	33 1/3% support test—2019. If the orga				ne 15 is 33 1/3% o	r more, chec	;k	. —
	this box and stop here. The organization							▶ ∐
17a	10%-facts-and-circumstances test—20	_						
	10% or more, and if the organization mee				•			
	Part VI how the organization meets the "fa	acts-and-circumst	ances" test. The o	organization qualif	ies as a publicly s	upported		. —
	organization							▶ ∐
b	10%-facts-and-circumstances test—20	•						
	15 is 10% or more, and if the organization					-		
	in Part VI how the organization meets the	"facts-and-circum	nstances" test. Th	e organization qua	alifies as a publicly	supported		. —
	organization							▶ ∐
18	Private foundation. If the organization d							▶ □
	instructions							▶ □

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

800	tion A. Public Support	quality under	the tests listed	a below, pleas	e complete Pa	art II.)	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	Gifts, grants, contributions, and membership fees	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
S00	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
9	Amounts from line 6	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or organization, check this box and stop here	-	s, second, third, fou				▶ □
Sec	tion C. Computation of Public S						······
15	Public support percentage for 2020 (line 8			ımn (f))		15	%
16	Public support percentage from 2019 Scho	edule A, Part III,	line 15			16	%
Sec	tion D. Computation of Investme	ent Income F	Percentage				
17	Investment income percentage for 2020 (li	ine 10c, column	(f), divided by line	13, column (f))		17	%
	nvestment income percentage from 2019 S						%
19a	33 1/3% support tests—2020. If the orga						
	17 is not more than 33 1/3%, check this bo	-	_			-	
b	33 1/3% support tests—2019. If the orga						
	line 18 is not more than 33 1/3%, check th	-	_	•		-	
20	Private foundation. If the organization did	ສ not check a bo	x on line 14, 19a, o	or 19b, check this	box and see instr	uctions	

Schedule A (Form 990 or 990-EZ) 2020

Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5 b		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10h		
\ (Fo	10b rm 990	or 990-	EZ) 2020

	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations	—	.,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
0000	on b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		Х
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	X	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		X
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
h	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	21)		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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	Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rgani	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lov. 20), 1970 (explain in Part VI)	See	
	instructions. All other Type III non-functionally integrated supporting organizations me	ust co	mplete Sections A through	E.	
Sec	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Y (optional)	ear
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of				
	gross income or for management, conservation, or maintenance of property				
	held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Y (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
e	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	ion C – Distributable Amount			Current Yea	ar
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally integrated	d Type	III supporting organization		
	(see instructions).				
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Schedule A (Form 990 or 990-EZ) 2020

Sched	ule A (Form 990 or 990-EZ) 2020 Skyline Urban Mi		23-7396	786 Page 7
	Type III Non-Functionally Integrated 509(a)	(3) Supporting Organi	izations (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	ırposes		
2	Amounts paid to perform activity that directly furthers exempt purp	oses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of s	supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide	e details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	anization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sec	tion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1_	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required–explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	From 2019			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Carryover from 2015 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from			
4				
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (For	m 990 or 990-EZ) 2020	Skyline	Urban	Ministry	Inc.	23-73	96786	Page 8
	Supplemental In	formation. Pro	ovide the e	explanations red	quired by Par			
	III, line 12; Part I\B, lines 1 and 2; I							
	3a, and 3b; Part							
	lines 2, 5, and 6.							Occion L,
	, ,	•	•	,		`	,	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

Name of the organization Employer identification number Skyline Urban Ministry Inc. 23-7396786 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year _____ 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	Organizations Maintaining	g Collections of	of Art, Historica	al Treasures	s, or Other S	imila	ar Ass	ets (co	ntinu	ied)
3	Using the organization's acquisition, accessic collection items (check all that apply):		·					,		
а	Public exhibition	d 🗍 I	Loan or exchange p	rogram						
b	Scholarly research		Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and expla	in how they further t	he organization	's exempt purpo	se in	Part			
	XIII.	·	•	•						
5	During the year, did the organization solicit or	r receive donations	of art, historical trea	asures, or other	similar					
	assets to be sold to raise funds rather than to	be maintained as	part of the organiza	tion's collection	?			Ye	s	No
	Escrow and Custodial Arr		-							
	Complete if the organization 990, Part X, line 21.	n answered "Ye	s" on Form 990	, Part IV, line	e 9, or report	ed aı	n amoi	unt on I	orm	
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for contribution	ns or other asse	ets not					
	included on Form 990, Part X?							Ye	s	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21, for escrow or	custodial accou	nt liability?			Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the	explanation has bee	n provided on F	Part XIII					
	Endowment Funds.									
	Complete if the organization	n answered "Ye	s" on Form 990	, Part IV, line	e 10.					
		(a) Current year	(b) Prior year	(c) Two years	s back (d) Th	ree yeaı	rs back	(e) Four	years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		ce (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment ▶	%								
b	Permanent endowment ▶ %									
С	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiz	zation that are held a	and administere	d for the			г		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requ	uired on Schedule R	?				3b		
4	Describe in Part XIII the intended uses of the		lowment funds.							
	Land, Buildings, and Equi	•								_
	Complete if the organization	<u>n answered "Ye</u>	<u>s" on Form 990</u>	<u>, Part IV, line</u>	e 11a. See F	orm 9	990, P	art X, li	ne 1	<u>). </u>
	Description of property	(a) Cost or other b	, ,	r other basis	(c) Accumulate			(d) Book	/alue	
		(investment)	(0	ther)	depreciation					
1a	Land			1,020					1,0	20
	Buildings		1,1	158,685	227	<u>,34</u>	4	93	1,3	<u> 341</u>
	Leasehold improvements									
d	Equipment				101	<u>, 25</u>	3	-10	1,2	<u> 253</u>
	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Pa	art X. column (B). lin	e 10c.)		1	▶	83	1.1	80.

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Investments – Other Securities.	-		
Complete if the organization answered "Yes" o	n Form 990. Part IV.	line 11b. See Form 990.	Part X. line 12.
(a) Description of security or category	(b) Book value	(c) Method of val	
(including name of security)	(1)	Cost or end-of-year m	
(1) Financial derivatives		<u> </u>	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(<u>F)</u>			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Investments – Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV,	line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of val	uation:
		Cost or end-of-year m	arket value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Other Assets.	<u>.</u>		
Complete if the organization answered "Yes" o	n Form 990. Part IV.	line 11d. See Form 990.	Part X. line 15.
(a) Description			(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			_
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<u></u>		
Other Liabilities.	n Form 000 Dort IV	line 11e or 11f Coe For	
Complete if the organization answered "Yes" o	n Form 990, Part IV,	line The or Th. See Fon	n 990, Part X,
line 25.			
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			_
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		>	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for	otnote to the organization's	financial statements that repo	rts the
organization's liability for uncertain tax positions under FASB ASC 740. Ch	=	-	

	edule D (Form 990) 2020 Skyline Urban Ministry Inc.		23-739678		Page 4
	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990			Retur	n.
1	Total revenue, gains, and other support per audited financial statements			1	3,567,339
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	3,307,333
a	Net unrealized gains (losses) on investments	2a			
a b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d	Zu		2e	
3	Subtract line 2e from line 1			3	3,567,339
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			Ů	0,00,,000
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	3,567,339
	Reconciliation of Expenses per Audited Financial Stat			er Ret	
	Complete if the organization answered "Yes" on Form 990				
1	Total expenses and losses per audited financial statements			1	3,514,605
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е				2e	
3	Subtract line 2e from line 1			3	3,514,605
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
				4.	
	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,514,605
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) Supplemental Information.			5	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b an	d 2b; Part V, line 4	5	
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Schedule D (Form 990) 2020	o Skyline Urb a	an Ministry	Inc.	23-7396786	Page 5
Schedule D (Form 990) 2020 Supplement	ental Information (co	ontinued)			
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization

Skyline Urban Ministry Inc.

Employer identification number 23-7396786

	Types of Property							
		(a)	(b)	(c)	(d)			_
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining	9		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amo	ounts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()	X	2	2,637,497				
26	Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received by	-						
	which the organization completed F	orm 8283,	Part IV, Donee Acknow	ledgement	29			
						`	Yes N	40
30a	During the year, did the organization				=			
	28, that it must hold for at least thre	•			•			
	to be used for exempt purposes for	the entire	holding period?			30a		X
b	If "Yes," describe the arrangement i				_			
31	Does the organization have a gift ac					~		
	contributions?					31		<u>X</u>
32a	Does the organization hire or use the		J	• • • • • • • • • • • • • • • • • • • •				37
_	contributions?					32a		X
b	If "Yes," describe in Part II.				, , , , , , , , , , , , , , , , , , ,			
33	If the organization didn't report an a	mount in o	column (c) for a type of p	property for which column	(a) is checked,			
	describe in Part II.							

Schedule M (F	orm 990) 2020 Sky	<i>r</i> line Urba	n Ministr	ry Inc.	23-73	96786	Page 2
	the organization	on is reporting ir	n Part I, colum	n (b), the num	ber of contribution	9 96786 es 30b, 32b, and 3 ns, the number of	3, and whether items received,
	or a combinati	ion of both. Also	complete this	s part for any a	dditional informat	ion.	
•							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

OMB No. 1545-0047

2020

23-7396786

Skyline Urban Ministry Inc.

Form 990 - Organization's Mission

Skyline is on a mission to serve those living in the shadows of our community by bridging the gaps in their resources with kindness and respect. Skyline's vision is a transformed community where all Oklahomans are able to access the resources that meet their basic needs.

Form 990, Part III, Line 4d - All Other Accomplishments

In addition to the programs highlighted on Form 990, Part 3, 4a,b,c,

Skyline has several other programs focused on reaching out to those in need.

Clothing donated from individuals throughout Oklahoma is available at the Style Shop, which is open Monday-Saturday. Families referred to Skyline may select up to 10 items of clothing and one pair of shoes per person in the family. The Style Shop has a Special Occasion Department which provides new school uniforms and new or gently-used Prom/Party dresses.

Skyline's Wellness Programs offer health screening, nutrition, movement and concepts of wellness and preventative education to the patrons of its programs. Ongoing health messages encourage life style changes are delivered daily via posters, flyers and presentations. Activities communicating nutrition, movement and wellness and disease prevention are offered during each week: including food/meal demonstrations, recipe selection, healthy cooking options, portion size, and chair exercises. The healthcare providers serve as a health check, a liaison and an educator,

Page 1 of 1