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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning and e	nding					
Вс	heck if	C Name of organization		D Employer identific	cation number			
	Addres	BLUESKY GLOBAL MINISTRIES, INC.						
	Name			33-1080972				
_	Initial		Room/suite	E Telephone number				
	Final return/ termin	101 WORLD DRIVE, SUITE 350			771-2015			
	termin- ated			G Gross receipts \$	792,964.			
return FEACHTREE CITI, GA 50269 H(a) is this a group return								
L	⊒tion pendir				? Yes X No			
		SAME AS C ABOVE mpt status:	- 507	H(b) Are all subcrdinates in				
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or e: ► BLUESKYGLOBAL • ORG	r 527	H(c) Group exemptio	list. (see instructions)			
		organization: X Corporation Trust Association Other	I Voor		State of legal domicile: GA			
	ırt I	Summary	L I GOI	or formation. 2004 A	Otate of lagal dofficies. G22			
- At	1	Briefly describe the organization's mission or most significant activities: OUR M	ISSIC	N IS TO SHA	RE CHRIST			
Activities & Governance		WITH PEOPLE FROM ALL OVER THE WORLD BY BU						
rus	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.			
OVe	3	Number of voting members of the governing body (Part VI, line 1a)	********	3	9			
ত ক	4	Number of independent voting members of the governing body (Part VI, line 1b)	***********		9			
00		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			18			
Ž	6	Total number of volunteers (estimate if necessary)		6	0			
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 38			0.			
			_	Prior Year	Current Year			
9		Contributions and grants (Part VIII, line 1h)		675,147.	780,205.			
Revenue		Program service revenue (Part VIII, line 2g)		157,112.	12,759.			
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		832,259.	792,964. 46,865.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		48,390.	40,003.			
	l .	Benefits paid to or for members (Part IX, column (A), line 4)		240,027.	345,401.			
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ben			0.	V.	V •			
益		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		356,208.	370,818.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		644,625.	763,084.			
		Revenue less expenses. Subtract line 18 from line 12		187,634.	29,880.			
98		Total to the state of the state		ginning of Current Year	End of Year			
SEE SEE	20	Total assets (Part X, line 16)		482,576.	512,456.			
\$500 \$000	21	Total liabilities (Part X, line 26)		0.	0.			
Net Assets or Fund Balances	22	Net assets or fund balances, Subtract line 21 from line 20		482,576.	512,456.			
Pa	ırt II	Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparei	has any knowledge.				
Remon Dinies								
Sign Signature of officer Date								
Her	е	KARA GESINK, DIRECTOR OF FINANCE						
		Type or print name and title		D-1	D. P. P. L.			
		Print/Type preparer's name Preparer's stonature		Date Check	PTIN			
Paid GEORGE C POPE								
-	arer	Firm's name FRAZIER & DEETER, L.L.C.		Pirm's EIN	58-1433845			
Use	Only	Firm's address 1230 PEACHTREE STREET, NE, SUITE	1500		A4\ 000 0000			
		ATLANTA, GA 30309		Phone no. (4				
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Form	990 (2018) BLUESKY GLOBAL MINISTRIES, INC. 33-1080972 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission:
	OUR MISSION IS TO SHARE CHRIST WITH PEOPLE FROM ALL OVER THE WORLD BY
	BUILDING RELATIONSHIPS THROUGH EXPERIENTIAL PROGRAMS.
_	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 739,347. Including grants of \$ 46,865.) (Revenue \$ 12,759.)
	BLUESKY COMMUNITY MINISTRY IS A YEAR-ROUND PROGRAM TO CONTINUE BUILDING
	RELATIONSHIPS FORMED WITH STUDENTS DURING SUMMER CAMPS. THE COMMUNITY
	OUTREACH ALSO FOCUSES ON SERVING THE PEOPLE OF KENYA AND EAST AFRICA.
	PROGRAM COSTS INCLUDE COSTS OF CONSTRUCTING AND BUILDING A ROCK
	CLIMBING GYM AND ROPES COURSE - ELEMENTS USED FOR RELATIONSHIP
	BUILDING. A PORTION OF THESE COSTS ARE PROVIDED TO A LOCAL CHARITABLE
	ORGANIZATION, MOUNTAIN MINISTRIES.
4b	(Code:) (Expenses \$
	(Actual / Perhapses / Invitating grants of / Invitation grants of /
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$
# -3	Others are a series (Passatha in Debatula O)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 739,347.

Form **990** (2018)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	if "Yes," complete Schedule A	1_	X	
2	ts the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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? If "Yes," 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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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, VII, VIII, IX, or X			1
	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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	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
e	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	111		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	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	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			
	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			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			17
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part i	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? if "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X_
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	l		
	Part V, line 1	34	-	X
	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	-	\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36	\vdash	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31	1	1
38		38	X.	
Da	Note. All Form 990 filers are required to complete Schedule O	90	1 42	_
1 6	Check if Schedule O contains a response or note to any line In this Part V			
			Yes	No
pit on	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable		100	1
	Enter the number reported in Box 3 or Form 1096. Enter 0- if not applicable 1b (1b)	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Ť		
G	(gambling) winnings to prize winners?	10		
RESOUR	(gamming) withings to prize without 1		990	(2018)

Form 990 (2018) BLUESKY GLOBAL MINISTRIES, INC.

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
	filed for the calendar year ending with or within the year covered by this return 2a 18	ļ		
b	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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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)?	4a	!	X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		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).			
a	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		- 1	
al.	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	- 5	—
	Sponsoring organizations maintaining donor advised funds. Dld a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organization have excess business nothings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
a	Did the energing executivation make any facility that		.	:
b	Did the sponsoring organization make any taxable distributions under section 4956? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a	-	
10	Section 501(c)(7) organizations. Enter:	9b		
	Initiation force and contint acquire to the term to the term to	.	- 1	
b	Annual control of the second control of the		1	:
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
			1	
b	Gross income from members or shareholders			
_	amounts due or received from them.)	·		
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?	10-	ŀ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		:
	Is the organization licensed to issue qualified health plans in more than one state?	13a	$\overline{}$	
	Note, See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the		- 1	į
	organization is licensed to issue qualified health plans			;
c	Enter the amount of reserves on hand			
14a	Dld the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		_	
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		\dashv	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
		$\overline{}$		

BLUESKY GLOBAL MINISTRIES, 33-1080972 INC. Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 ß Did the organization have members or stockholders? 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? _____ 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 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 15a b Other officers or key employees of the organization 15b 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 16a taxable entity during the year? 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?	
Section C. Disclosure	

17 List the states with which a copy of this Form 990 is required to !	be filed	► <u>GA</u>
--	----------	-------------

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Other (explain in Schedule O) X Upon request Own website Another's website

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records 🕨 KARA GESINK - 470-771-2015

101 WORLD DRIVE, SUITE 350, PEACHTREE CITY. 30269

Form 990 (2018)	BLUESKY	GLOBAL	MINISTRIES,	INC.	33-1080972 Highest Compensated	Page 7
Part VII Compensation	of Officers,	Directors,	Trustees, Key Em	ployees,	Highest Compensated	1 3.33
Employees, an	id Independe	ent Contra	ctors			

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

The all this has it was be a set of the

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	nor any related	orga	aniza	atior	CO	mpe	nsa	sated any current officer, director, or trustee.					
(A)	(B)			Pos				(D)	(E)	(F)			
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated			
	hours per week	box	t, unite icer ar	ess pe	irson Iirecti	is bot or/trus	h an itee)	compensation	compensation	amount of			
	(list any	-					Ė	from the	from related organizations	other compensation			
	hours for	豊				-		organization	(W-2/1099-MISC)	from the			
	related	1 2	8			E SE		(W-2/1099-MISC)	(** 4. 1000 *********************************	organization			
	organizations	Individual trustee or director	institutional trustee		жеу етрюусе	Highest compensated employee				and related			
	below	量	firth fire	Officer		Ploye	Former			organizations			
(1) CRAIG ELDER	line) 2 • 0 0	료	夏	8	8	웊틊	2			-			
CHAIRMAN OF BOARD	2.00	x				1				_			
(2) KELLI PACE	2.00		-	-		\vdash	\vdash	0.	0.	0.			
BOARD MEMBER	2.00	x					1	0.	0	_			
(3) JON MESSARRA	2.00	^	\vdash	-	┢	-	-	0.	0.	0.			
BOARD MEMBER	2.00	X						0.	. 0.	0			
(4) TAMMY PRESTON	40.00	1	-		-		\vdash	0.		0.			
EXEC DIRECTOR/BOARD MEMBER	20100	X				1		60,500.	0.	0.			
(5) JENNIFER WILLIAMS	2.00	22	 				-	00,300.	U a	<u> </u>			
BOARD MEMBER	2000	x	1		Ì			0.	0.	0.			
(6) RACHEL LOCKMAN	2.00							0.	0.	0,			
BOARD MEMBER		x						0.	0.	0.			
(7) A.B. PUCKETT	2.00		Г	-									
BOARD MEMBER		X			ļ			0.	0.	0.			
(8) RUSS SARRATT	2.00												
BOARD MEMBER		x						0.	0.	0.			
(9) LEANNE GOCHEE	2.00												
BOARD MEMBER		X						0.	0.	0.			
		<u> </u>											
	-		-										
	<u> </u>												
				-	-								
						Ш							

Total number of Independent contractors (including but not limited to those listed above) who received more than

		Check if Schedule O cont	tains a response	or note to any lir	ne in this Part VIII			
desired to the second s					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts, Grants Amounts	1 a	Federated campaigns	1a			e ¹		312-314
E G	D	Membership dues	1b					
Gifts, ilar An	_	Fundraising events	1c					
<u>a</u>	d	,						
Sin	e	Government grants (contribut			,			
ig EF	1	All other contributions, gifts, gran		500 005				
문항		similar amounts not included abo		780,205.	İ			
Contributions, and Other Simi	9	Noncash contributions included in lines	: 1a-1f: \$. <u> </u>	111		
OW	h	Total, Add lines 1a-1f	***************************************		780,205.			
				Business Code				. ,
ice		CAMP REVENUE		713990	12,759.	12,759.		
Program Service Revenue	b							
SE	C							
Je z	d							
5	е							
۵.	f	All other program service reve	nue					
	g	Total, Add lines 2a-2f			12,759.	4		
	3	Investment income (including						
		other similar amounts)		•				
	4	Income from investment of tax	x-exempt bond r	roceeds				
	5	Royalties						
-			(i) Real	(ii) Personal			 -	
	ба	Gross rents		Til) I GIBOITEI		10)		1
	b	a la constant de la c				j		₽ 1
		Rental income or (loss)						
Ì					12			
		Net rental income or (loss) Gross amount from sales of	1					
	/ a		(I) Securities	(ii) Other		7		
		assets other than inventory						
	Ь	Less: cost or other basis				1.0		
		and sales expenses						
		Gain or (loss)						
- 1		Net gain or (loss)						
e	8 a	Gross income from fundralsing		1	`			
Revenue		Including \$		Ì				
رَّةِ		contributions reported on line						
		Part IV, line 18	a		17			
Other	b	Less: direct expenses	b					
		Net income or (loss) from fund				= ±		
1	9 a	Gross income from gaming ac	tivities. See					:
		Part IV, line 19			1			:
1	b	Less: direct expenses	b		[
		Net income or (loss) from gam						
		Gross sales of inventory, less						
Ì		and allowances						·
	h	Less: cost of goods sold						, ,
		Net income or (loss) from sales	o of inventors		* * * * * * *		*2	
-	- U							
-	44 =	Miscellaneous Revenue		Business Code				
ļ	11 a							<u> </u>
- 1	b							
İ	C		<u> </u>					
-	đ	All other revenue						
	e	Total. Add lines 11a-11d	***************					
	12	Total revenue. See instructions	******************		792,964.	12,759.	0.	0.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon-				
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	46,865.	46,865.		· · · · · · · · · · · · · · · · · · ·
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				
	persons described in section 4958(c)(3)(B)	288,071.	288,071.		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	35,292.	35,292.		
10	Payroll taxes	22,038.	22,038.		
11	Fees for services (non-employees):				,
а	Management				
b	Legal	4,797.		4,797.	
C	Accounting	704.		704.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)	8,814.		8,814.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	88,058.	88,058.		
17	Travel	45,948.	45,948.		
18	Payments of travel or entertainment expenses	±0,0±0.	40/0401		
10	for any federal, state, or local public officials	į		İ	
40	Conferences, conventions, and meetings				
19 20					
	Payments to affiliates				
21	Depreciation, depletion, and amortization	3,700.	3,700.		
22		1,053.	1,053.		
23	Other expenses, Itemize expenses not covered	T,000.	T,055.		
24	above. (List miscellaneous expenses in troovered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	TOTAL CAMP EXPENSES	59,087.	59,087.		
b	TOTAL CLIMB EXPENSES	43,098.	43,098.		-
C	VEHICLE EXPENSES	41,500.	41,500.		
d	TOTAL TEAM BUILDING EXP	14,863.	14,863.		
		59,196.	49,774.	9,422.	
	All other expenses	763,084.	739,347.	23,737.	0
25		103,004.	107,041.	23,1310	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation.				
	Check here If tollowing SOP 98-2 (ASC 958-720)]			Form 990 (201)

Form 990 (2018)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	445,674.	1	479,254
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			•
	employers and sponsoring organizations of section 501(c)(9) voluntary			
\$	employees' beneficiary organizations (see Instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
8	Inventories for sale or use	4.0-	8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 18,500.	1		•
k		14,800.	10c	11,100
11	investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	22,102.	15	22,102
16	Total assets. Add ilnes 1 through 15 (must equal line 34)	482,576.	16	512,456
17	Accounts payable and accrued expenses		17	0.2.2 / 250
18	Grants payable	W. 1997. W. W. W. W. W. W. W. W. W. W. W. W. W.	18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
φ 22	Loans and other payables to current and former officers, directors, trustees,			
ē	key employees, highest compensated employees, and disqualified persons.			
Lrabilities 8	Complete Part II of Schedule L		22	
تا 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of		-	
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	25	0
	Organizations that follow SFAS 117 (ASC 958), check here	0.	20	
φ.	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	482,576.	27	409,669
g 28	Temporarily restricted net assets	0.		102,787
29	- u		29	102,707
§ ~	Organizations that do not follow SFAS 117 (ASC 958), check here		25	
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund			
32	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances		400 ETC	32	E15 4FC
34	Total her assets or fund balances	482,576.	33	512,456
1 34	Total liabilities and net assets/fund balances	482,576.	34	512,456

Form	990 (2018) BLUESKY GLOBAL MINISTRIES, INC.	<u>33-1080</u>	<u>972</u>	Pag	e 12
Par	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	792		
2	Total expenses (must equal Part IX, column (A), line 25)	2	763		
3	Revenue less expenses. Subtract line 2 from line 1	3			80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	482	2,5	<u> 76.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	512	2,4!	<u> 56.</u>
Pai	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · <u>· · · · · · · · · · · · · · · </u>			<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		.		
2 a	Were the organization's financial statements compiled or reviewed by an Independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i 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	\dashv	X
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		İ	
	consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		1	- 1	
	review, or compilation of its financial statements and selection of an independent accountant?		20		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		}		- 1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-138?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
	o a		Form	990 ((2018)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1645-0047

Name of the organization

Employer Identification number

Б.			POVI GLOBAL	<u>MINISTRIES,</u>	INC.			3	3-1080972
-	irt I	Reason for Public	Charity Status	All organizations must c	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	dation because it is:	(For lines 1 through 12,	check only	one box.)		
1		A church, convention of ch	nurches, or associati	on of churches describe	d in sectio	on 170(b)/	1)(AVI).		
2		A school described in section 170(b)(1)(A)(li), (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative	hospital service org	anization described in a	notion 17	00 LZJ.J Mb3/43/63/	1111		
4	\Box	A medical research organiz	ation onersted in a	minaction with a beenite	ection 17	U(D)(T)(A)(I	III).		
•		A medical research organize city, and state:	ention operated in co	injunction with a nuspita	i describe	o in section	(H)(A)(F)(C)(U)(F NC). Enter	the nospital's name,
-			Carried Street, Ptr. 18						
5		An organization operated f		llege or university owne	d or opera	ited by a g	overnmental unit	descrit	oed in
		section 170(b)(1)(A)(iv). (0	, ,						
6		A federal, state, or local go	vernment or govern	mental unit described in	section 1	70(b)(1)(A))(v).		
7	LX	An organization that norme	ally receives a substa	antial part of its support	from a gov	ernmenta/	unit or from the	general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						•
8	\Box	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operat	ed in conir	inction with a land	d-orant	college
		or university or a non-land-	grant college of agric	ulture (see instructions)	Enter the	nama ait	v and state of the	u grani	College
		university:	g	Tartara (ada manadadia)		name, ca	y, and otate of the	a coned	e oi
10		An organization that norma	lly receives: (1) more	thon 22 1/20/ of the ave				-	
	_	activities related to its ever	not functions audio	ot to sector expections	pport from	contributi	ons, membership	tees, a	ind gross receipts from
		activities related to its exer	npriunctions - subje	di to certain exceptions,	and (2) no	o more tha	in 33 1/3% of its s	suppor	t from gross investment
		income and unrelated business.		(less section 511 tax) fr	om busine	sses acqu	rired by the organ	ization	after June 30, 1975.
		See section 509(a)(2). (Co							
11	\vdash	An organization organized	and operated exclus	ively to test for public sa	ifety. See	section 50	09(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry	out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509((a)(3). (heck the box in
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, and 12	⊵g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typic	cally by	aivina
		the supported organization	on(s) the power to re	gularly appoint or elect a	a maiority	of the dire	ctors or trustees	of the s	upporting
		organization. You must d	complete Part IV. Se	ections A and B.					- Fr
b		Type II. A supporting org			tion with i	ts sunnort	ed organization(s)	huha	vina
		control or management of	of the supporting ora	anization vested in the s	ame nem	ane that or	et organization(s)	ho au	ving
		organization(s). You mus	t complete Dart IV	Sastians A and C	anie perat	mo mai ci	ontrol of manage i	ine sup	ported
C					:	4ttal-			
	_	Type III functionally inte	rgrateu. A supportir	y organization operated	in connec	tion with,	and functionally in	itegrate	ed with,
.1		its supported organizatio	rigs) (see instructions	7 You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported	organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must saf	lisfy a dist	ribution re	quirement and an	attent	veness
		requirement (see instruct							
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, T	ype III	
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ing organi	zation.			
f	Ente	r the number of supported of	organizations ,,,,,,,,	*****************************	************				
9	Prov	ide the following information	n about the supporte	d organization(s).					
	(i)	Name of supported	(II) EIN	(ill) Type of organization	spio edi si (vi) Intevop thoy ni	nizavon listed	(v) Amount of mor	netary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instru	ctions)	support (see instructions)
				444					
									·
	1								

fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	562,790.	561,202.	547,524.	901,196.	792,964.	3365676.			
2	Tax revenues levied for the organ-									
	ization'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	F.50 F.00	F.64 000	F 4 5 5 6 4	001 106	F00 064	2265686			
	Total. Add lines 1 through 3	562,790.	561,202.	547,524.	901,196.	792,964.	3365676.			
5	The portion of total contributions									
	by each person (other than a	7								
	governmental unit or publicly									
	supported organization) included on line 1 that exceeds 2% of the		F 52							
	amount shown on line 11,									
		. *	- 1							
	Column (f) Public support. Subtract line 5 from line 4.						3365676.			
	etion B. Total Support			I			33030701			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 4	562,790.	561,202.	547,524.		792,964.	3365676.			
	Gross income from interest,									
•	dividends, payments received on									
	securities loans, rents, royaltles,									
	and income from similar sources			150.			150.			
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	į								
	assets (Explain in Part VI.)			834.			834.			
11							3366660.			
12	Gross receipts from related activities,	etc. (see instructi	ons)			12				
13	First five years. If the Form 990 is fo	r the organization's	s first, second, this	rd, fourth, or fifth to	ax year as a sectio	n 501(c)(3)				
	organization, check this box and sto			************	*******************					
Se	ction C. Computation of Publ	ic Support Pe	rcentage			· · · · · · · · · · · · · · · · · · ·				
	Public support percentage for 2018 (14	99.97 %			
15	Public support percentage from 2017	7 Schedule A, Part	II, line 14	***********		15	99.97 %			
16a	33 1/3% support test - 2018. If the									
	stop here. The organization qualifies									
k	33 1/3% support test - 2017. If the						s.			
	and stop here. The organization qua									
178	10% -facts-and-circumstances tes									
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"									
t	10% -facts-and-circumstances tes									
	more, and if the organization meets t									
	organization meets the "facts-and-cir									
<u>18</u>	Private foundation. If the organization	on did not check a	pox on line 13, 16	a, 160, 1/a, or 17						
		Schedule A (Form 990 or 990-EZ) 2018								

(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

Se	ction A. Public Support	lelow, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and				(9) - 5.7	(0) 2010	(1) 10101
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions.						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose					ļ	
2	Gross receipts from activities that						
φ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						l
	Public support. (Subtract line 7c from Ilas 6.)						
	otion B. Total Support				1		I
	ndar year (or fiscal year beginning in)	(a) 2014	/h1 0015	(-) 0016	4.0.0047	1.10040	res Manada
	Amounts from line 6	(a) 20 !4	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
400	Gross income from interest,						
IOH	dividends, payments received on						
	securities loans, rents, royalties.	į			,		
	and income from similar sources						
b	Unrelated business taxable income		0	,			
	(less section 511 taxes) from businesses	2	1				
	acquired after June 30, 1975			,			
¢	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						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		- fluid managed (I.)		1		
1-4	First five years. If the Form 990 is for						
200	check this box and stop here	in Cumpart Da					
							
15	Public support percentage for 2018 (I	ine 8, column (1), c				15	%
	Public support percentage from 2017				********************	16	%
	tion D. Computation of Inves				<u></u>	1	
	Investment income percentage for 20			ne 13, column (f))	******************	17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2018, if the	organization did r	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
þ	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14 19	or 19h check th	nis hox and see in	etrictione	
	2 40-41-42	THE STREET IN		a si roo, orieun ti	IIO DON ELIU SEE III	ondonona	

1 20

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

-		Yes	No
			:
	1		
			:
	2		
ŀ	3a		
	3b		
	3c		
	4a		
	4b		
	•		:
	4c		
	5a		
	5b_		
	5c_		
			- 2
	6_		
	7	-	
	8		
i	9a		
	_9b	<u> </u>	-
	9c		-
	10a		
m 0	10b 90 or 9	00_E7	1 2012

Sch	edule A (Form 990 or 990 EZ) 2018 BLUESKY GLOBAL MINISTRIES, INC. 33	-108097	2 P	age 5
Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
Coo	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	District the second sec		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Ì		
	regularly appoint or elect at least a majority of the organization's 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	1	}	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	ŀ		
	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,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
2	Many and the same		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			ļ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
3ec	tion D. All Type III Supporting Organizations			
	District the second state of the second state		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	į į		!
	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 (lii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	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		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instruction)	tions),		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions	3).	
2	Activities Test. Answer (a) and (b) 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			:
	that these activities constituted substantially all of its activities.	2a		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	94		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		:
32025	10-11-18 Schadule A /Fe		ヘーピント	20140

	dule A (Form 990 or 990-EZ) 2018 BLUESKY GLOBAL MINISTRI			33-1080972 Page 6
Pal	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		, ,	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must con	mplete 5	Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1 1		
	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			·
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting or	ganization (see
	inetractions	_		

	rt V Type III Non-Functionally Integrated 509	L MINISTRIES,	INC. 3	33-1080972 Page
Sect	Ion D - Distributions	(a)(o) Supporting Orga	anizacions (continued)	0
1	Amounts paid to supported organizations to accomplish exe	mot purposee		Current Year
2	Amounts paid to perform activity that directly furthers exemp			
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ns of cumported examination		
4	Amounts paid to acquire exempt-use assets	es of supported organization	18	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions, Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which ti	no proprietion is respensible		
_	(provide details in Part VI). See instructions.	na organization is responsive	,	
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
10	End o amount divided by fine 3 amount	m	7773	2=+25
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	, ,		
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			ļ
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
e	From 2017			
Ť	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
. i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D.			
	line 7: \$	·		
а	Applied to underdistributions of prior years			Apr., alaska and a last
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in		•	
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
-	and 4c.	decision		
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017		<u> </u>	
	Excess from 2018		· · · · · · · · · · · · · · · · · · ·	

OCHRONIS W	tromi aan or aai	U-EZ) 2018	BLUESK	Y GLOBAL	L MINIST	RIES,	INC.	33-1080972 Page 8
Part VI	Supplement Part IV, Section line 1: Part IV, S	tal Infor A, lines 1, Section D.	mation. Pro , 2, 3b, 3c , 4b lines 2 and 3;	ovide the explai , 4c, 5a, 6, 9a, Part IV, Section	nations required 9b, 9c, 11a, 11b n E, lines 1c, 2a,	by Part II, , and 11c 2b, 3a, a	, line 10; Part II, line 1 ; Part IV, Section B, I nd 3b; Part V, line 1;	17a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, dditional information.
	(See instruction	ons ,o, c	e; and Part V,	Section E, line	s 2, 5, and 6. Al	so comple	te this part for any a	oditional information.
V-1798								
				<u> </u>				
			·		<u></u>			
								
				·				
				-				
					<u> </u>			
							Σ)	
				_ :				
(4)								

Schedule B

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

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization Employer identification number BLUESKY GLOBAL MINISTRIES, INC 33-1080972 Organization type (check one): Filers of: Section: 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 filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part Vill, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II. and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______ > \$_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of o	erganization			Employer identification number				
BLUES	KY GLOBAL MINISTRIES, IN	C		33-1080972				
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, charuse duplicate copies of Part III if additional sp	prough (e) and the following line e critable, etc., contributions of \$1,000 c	entry. For organizations					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
		(e) Transfer of g	ift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
		(e) Transfer of g	ift					
	Transferee's name, address, and	Z!P + 4	Relationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	ft (d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, and	ZiP + 4	Relationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
		(e) Transfer of g	gift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1645-0047 Open to Public Inspection

Name of the organization BLUESKY GLOBAL MINISTRIES

Employer identification number 33-1080972

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Pai	t II Conservation Easements. Complete If the org	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired		
	listed in the National Register	***************************************	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	***************************************	Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	3C 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of put	olic 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	<u></u>	> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X	***************************************	> \$

		GLOBAL M								Page 2
Par	t III: Organizations Maintaining C	ollections of	<u> Art, Hist</u>	torical T	reasures, o	or Othe	r Simila	ar Asse	ts(continu	ued)
3	Using the organization's acquisition, accessi	on, and other reco	rds, checl	any of th	e following tha	at are a sig	gnificant (use of its	collection	items
	(check all that apply);									
а	Public exhibition		d \square	Loan or ex	change progr	ams				
b	Scholarly research			Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	lections and expl	ain how th	ev further	the organizati	ion's exem	not purpa	se in Par	t XIII.	
5	During the year, did the organization solicit or				_					
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Par			Ψ					·	
1a	Is the organization an agent, trustee, custodi		ediany for	contributio	ons or other as	sets not i	ncluded			
	on Form 990, Part X?								Yes	No
h	If "Yes," explain the arrangement in Part XIII	and complete the	following :	lahla:					_ 100	
D	i rea, explain the alterigement is real Alle	and complete the	ionoving i	aois.					Amount	·
_	Paginning halange						1c		731100011	
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
T	Ending balance								7	No.
	Did the organization include an amount on Fo								_ Yes	III NO
	if "Yes," explain the arrangement in Part XIII. To be a stronger of the stron							***********		
rai	L V Endownient Funds, Complete							بمد	() [unnun hank
		(a) Current year	(b) F	rior year	(c) Two yea	rs dack (d) Inree y	ears dack	(e) Four	years back
1a	Beginning of year balance		-						 	
	Contributions		-						 	
	Net investment earnings, gains, and losses	-	-						ļ	
d	Grants or scholarships								 	
е	Other expenditures for facilities					1				
	and programs									
f	Administrative expenses						_			
g	End of year balance					1_			<u> </u>	
2	Provide the estimated percentage of the curr	rent ye <mark>ar end</mark> bala	nce (line 1	g, column	(a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		ization the	at are held	and administe	ered for th	e organiz	ation	_	
	by:						-		· ·	Yes No
	(i) unrelated organizations								. 3a(i)	
	(ii) related organizations									
h	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the				** ***********	************				<u></u>
7	t VI Land, Buildings, and Equipm		CIC SALLICITY	iono.						
1 441	Complete if the organization answere		On Dart P	V line 11a	See Form 99	n Part Y	line 10			
_					st or other		cumulate	- d	(d) Book	, volue
	Description of property	(a) Cost of basis (investigation)			is (other)		reciation		(a) Book	value
_	Lord		aunorių	Das	io (ontot)	ueh	,, 3012(10)1			
	Land			-				-		
b	Buildings					-				
	Leasehold improvements	-1 40	EAA				17 4	00	4 4	1 100
	Equipment		,50 0.			-	7,4	00.	L]	L,100.
	Other				14.			_ +		1.100.
Total	Add lines to through to Column Idl must a	augi Form 000 Pr	art X coliu	mo (R) line	7/10:1				1.7	

Sched	ule D (Form 990) 2018 BLU	ESKY GLO	BAL MINISTRI	ES,	INC.	33	-1080972	Page 3
Pari	Investments - Other S							
(2) [Complete if the organization a escription of security or category (Including	answered "Yes"	on Form 990, Part IV, line	11b	See Form 990	, Part X, line 12.		
			(b) Book value	-	(c) Method of	valuation: Cost or end	i-of-year market v	alue
(1) [1]	nancial derivatives	****************		-				
(3) Ot	osely-held equity interests			-			,	
	ner			+				
(A) (B)				-				
(C)				-				
(D)				+				
(E)				+				
(F)				+-				
(G)				1				
(H)								
	Col. (b) must equal Form 990, Part X, co	I (B) line 12)		+				
Part	VIII Investments - Program	n Related.	I .					
	Complete if the organization a		on Form 990 Part IV line	110	See Form 000	Dort V. Kno. 10		
	(a) Description of investmen	nt	(b) Book value	1 10.	(c) Method of	valuation: Cost or end	i-of-vear market v	aluo.
(1)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+	(a) modica or	Value (10)	roryear market v	aluo
(2)				+				
(3)		107.0		+-				
(4)				+				
(5)				+		· · · · · · · · · · · · · · · · · · ·	·····	
(6)								
(7)				1				-
(8)				+				
(9)				+			W.+b	
	Col. (b) must equal Form 990, Part X, co	l. (B) line 13.)		†			· · · · · · · · · · · · · · · · · · ·	
Part	IX Other Assets.							
	Complete if the organization a	inswered "Yes"	on Form 990, Part IV, line	11d.	See Form 990.	Part X. line 15.		
			Description				(b) Book val	ue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)_								
Total.	(Column (b) must equal Form 990, P	art X, col. (B) line	9 15.)		***********			-
Part								
	Complete if the organization a	inswered "Yes"	on Form 990, Part IV, line	11e	or 11f. See Fors	m 990, Part X, line 25		
1.	(a) Description of	of liability		(b) B	ook value			
(1)	Federal income taxes							
(2)								
(3)	-t							
(4)								
(5)								
(6)			7/1/2					
(7)								
(8)								
(9)								
Total.	Column (b) must equal Form 990, Pa	art X, col. (B) line	25.)					
	bility for uncertain tax positions. In F							
org	anization's liability for uncertain tax	positions under	FIN 48 (ASC 740), Check	here	If the text of th	e fontnote has been	arouddod in Dart V	111

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 BLUESKY GLOBAL MINISTRIES,	INC.	33-1080972	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		-	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
_	Net unrealized gains (losses) on investments	2a		
EL				
D	Donated services and use of facilities			
C	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	t 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
¢	Add lines 4a and 4b		4c	
. 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 1114-4		
Pai	t XII Reconciliation of Expenses per Audited Financial Statement	ents With Exp	enses per Return.	
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	•	
1	Total expenses and losses per audited financial statements			
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	*************************	1	
2				
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	\	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part Vill, line 75	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5				
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	NJ Casa 4h and Ob	- Dort V. Box 4: Dort V. Box 0: Dort VI	
				7
unes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	itional information.		
SCI	HEDULE D, PART IX, LINE 1			
BLU	JESKY GLOBAL MINISTRIES INC OWNS A ONE PER	CENT (18)	SHARE IN LUKENYA	
GE?	PAWAY LTD IN KENYA WHICH ALLOWS BLUESKY'S	SUMMER CAI	MP TO BE HOSTED	
	A STATE OF THE PARTY OF THE PAR			
2) NTN	WALLY AT LUKENYA'S FACILITY.			
STAT	TOWNER RI DONEMIN & PACIFIEL.			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

2018

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

BLUESKY GLOBAL MINISTRIES, INC. 33-1080972 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (c) Number of (d) Activities conducted in the region (b) Number of (e) If activity listed in (d) (f) Total employees, agents, and offices (by type) (such as, fundraising, proexpénditures is a program service, for and in the region gram services, investments, grants to describe specific type independent contractors in the region investments recipients located in the region) of service(s) in the region in the region SUB-SAHARAN AFRICA PROGRAM SERVICES, GRANTS 592 110,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

15

0

Schedule F (Form 990) 2018

592,110,

592 110.

0.

3 a Subtotal

c Totals (add lines 3a

and 3b)

b Total from continuation sheets to Part I

Page 2

Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

N						<u>a</u>
Enter total number of						(a) Name of organization
f recipient organizatio				· .		(b) IRS code section and EIN (if applicable)
ns listed above that are					SUB-SAHARAN AFRICA	(c) Region
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as hy the IDS or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter					CASH GRANTS PROVIDED FOR PURCHASING CONSTRUCTION MATERIALS USED TO	(d) Purpose of grant
) foreign country er					46,865	(e) Amount of cash grant
recognized as					46, 865, CASH PAYMENTS	(f) Manner of cash disbursement
tax-exempt					0.	(g) Amount of noncash assistance
						(h) Description of noncash assistance
						(i) Method of valuation (book, FMV, appraisal, other)

Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States, Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

					(a) Type of grant or assistance (b) Region
					(b) Region
					c) Number of recipients
					(d) Amount of cash grant
					(e) Manner of cash disbursement
					(f) Amount of noncash assistance
					(g) Description of noncash assistance
Salada F (Famous) Codo					(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2018 BLUESKY GLOBAL MINISTRIES, INC. Part V Supplemental Information	33-1080972 F	Page 5
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acconting method); Part III (accounting method); Part III (accounting method); Part III (accounting method); Part III (accounting method);	counting method; amounts of	
(estimated number of recipients), as applicable. Also complete this part to provide any additional in	nformation. See instructions.	
PART I, LINE 2:		
BLUESKY GLOBAL MINISTRIES INC PROVIDES CASH ASSISTANCE	TO MOIDING TH	
MINISTRIES. THE CASH ASSISTANCE IS USED TO PROVIDE ACC	OMMODATIONS,	
TRAVEL, AND OFFICES TO MISSIONARIES SERVING IN KENYA WO	RKING TO BUILD	
RELATIONSHIPS IN THE COMMUNITY. ASSISTANCE ALSO USED TO	FUND THE BUILDIN	NG_
OF FACILITIES AND ACTIVITY CENTERS TO FACILITATE RELATION	ONAL MINISTRY	
WITHIN THE COMMUNITY. MONITORING OF FUNDS GIVEN TO ENSU	URE THE ASSISTANO	CE_
IS PROPERLY USED IS DONE THROUGH ROUTINE VISITS BY BLUE	SKY GLOBAL	
MINISTRIES INC EMPLOYEES TO THE COMMUNITIES WHICH ARE ST	UPPORTED.	
PART II, COLUMN (D):		
REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: CASH GRANTS PROVIDED FOR PURCHASIN	NG CONSTRUCTION	
MATERIALS USED TO BUILD FACILITIES WHERE COMMUNITY GATH	ERING AND	
COMMUNITY MINISTRY CAN OCCUR.		

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection Employer identification number

Name of the organization BLUESKY GLOBAL MINISTRIES, INC.	Employer identification number 33-1080972					
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:					
THROUGH EXPERIENTIAL PROGRAMS.						
FORM 990, PART VI, SECTION A, LINE 8B:						
THE ORGANIZATION DID NOT HAVE ANY COMMITTEES DURING 2013						
FORM 990, PART VI, SECTION B, LINE 11B:						
THE BLUESKY GLOBAL MINISTRIES'S BOARD OF DIRECTORS IS PRO	VIDED A COPY OF					
THE ANNUAL FORM 990 PRIOR TO ITS FILING. THE BOARD MEMBE	RS' REVIEW IS					
DOCUMENTED IN THE MINUTES OF THE BOARD OF DIRECTORS.						
FORM 990, PART VI, SECTION C, LINE 18:						
THE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST.						
FORM 990, PART VI, SECTION C, LINE 19:						
THE ORGANIZATION MAKES ITS FULL-YEAR FINANCIAL RESULTS AV	AILABLE ANNUALLY					
TO THE PUBLIC THROUGH ITS WEBSITE, INCLUDING DONATIONS AN	D EXPENSES BY					
PROGRAM AND PROJECT, AS WELL AS ADMINISTRATIVE COSTS.						