900

Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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/Form990PF for instructions and the latest information 200/

• beginning 7/01/19 and ending 06/30/20

Open to Public Inspection

| | | undation | and ending Obj | /30/20_ | A Empi | oyer identification number | |
|------------------------------|--|--|--|---|---------------|---|--|
| В | LUE | OCEAN INC | | | 20 | -4360719 | |
| Nu | mber an | d street (or P O box number if mail is not delivered to street address) | | Room/suite | B Telep | hone number (see instruction | is) |
| | | 0 VAUGHN LANDING DRIVE | | | 66 | <u>7-444-2367 </u> | |
| | | n, state or province, country, and ZIP or foreign postal code IANTOWN MD 20874 | | | C If exe | mption application is pending | , check here |
| | | | ırn of a former pub | lic charity | D 1 Fo | oreign organizations, check hi | ere 🕨 |
| • | , ICON | Final return Amended | • | nio orianty | | preign organizations meeting | |
| | | Address change Name cha | • | | | i% test, check here and attac | |
| HC | heck | type of organization X Section 501(c)(3) exempt priva | | po nou | E If priv | ate foundation status was ten | minated under |
| | Sectio | n 4947(a)(1) nonexempt charitable trust Other taxab | ole private foundati | ion 04 | section | n 507(b)(1)(A), check here | ▶ [_ |
| | | rket value of all assets at vear (from Part II, col. (c), | Cash HYBRID | Accrual | 1 | foundation is in a 60-month to section 507(b)(1)(B), check to | · I |
| | ie 16) | * | | s) | | | |
| | art I | Analysis of Revenue and Expenses (The total of | (a) Revenue and | | L | | (d) Disbursements |
| | | amounts in columns (b) (c) and (d) may not necessarily equal the amounts in column (a) (see instructions)) | expenses per books | (b) Net inv | | (c) Adjusted net income | for chantable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received (attach schedule) | | | | | |
| | 2 | Check ► X if the foundation is not required to attach Sch. | | | | | |
| | 3 Interest on savings and temporary cash investments | | 57,9 | 56 | <u>57,956</u> | 57,956 | |
| | 4 | Dividends and interest from securities | | | | | |
| | 5a | Gross rents | | | | | |
| ne | b | Net rental income or (loss) | EIVED T | | | | |
| en | 6a | Net gain or (loss) from sale of assets not on line 10 | | | | ************** | ************************************** |
| Revenue | 7 | Gross sales price for all assets on line 6a Capital gain net income (from Part IV, Re 2) AUG 1 | g 2021 Q | | 0 | | |
| Œ | 8 | Net short-term capital gain | 3 404 100 | | | 0 | *************************************** |
| | 9 | | 10000000000000000000000000000000000000 | | | | |
| | 10a | Income modifications Gross sales less returns and allowances | N, UT | | | | |
| | b | Less Cost of goods sold | | | | | |
| | С | Gross profit or (loss) (attach schedule) | | 111111111111111111111111111111111111111 | ************ | | |
| | 11 | Other income (attach schedule) STMT 1 | 7,00 | 00 | 7,000 | 7,000 | |
| | 12 | Total. Add lines 1 through 11 | 64,9 | | 64,956 | 64,956 | |
| Expenses | 13 | Compensation of officers, directors, trustees, etc | 42,8 | 40 | | | 42,840 |
| eü | 14 | Other employee salaries and wages | | | | | |
| _ dx | 15 | Pension plans, employee benefits | | | | | |
| | 16a | Legal fees (attach schedule) | 3,9 | EO | | | 3,950 |
| . <u>×</u> | b | Accounting fees (attach schedule) STMT 2 | 3,9 | - | | | |
| ra | 17 | Other professional fees (attach schedule) Interest | | | | | |
| ist | 18 | Taxes (attach schedule) (see instructions) STMT 3 | 10,9 | 71 | 2,041 | | 8,930 |
| Ē | 19 | Depreciation (attach schedule) and depletion STMT 4 | 13,9 | | 13,911 | | ······································ |
| þ | 20 | Occupancy | • | | | | |
| þ | 21 | Travel, conferences, and meetings | | | | | |
| a | 22 | Printing and publications | 11,10 | | | | 11,165 |
| БĽ | 23 | Other expenses (att sch) STMT 5 | 8,2 | 56 | 3,814 | | 4,442 |
| Operating and Administrative | 24 | Total operating and administrative expenses. | | | | _ | 8. 66- |
| ē | | Add lines 13 through 23 | 91,09 | | 19,766 | 0 | 71,327 |
| Ö | 25 | Contributions, gifts, grants paid | 296,73 | | 0 766 | | 296,711 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 387,80 | U4 . | 19,766 | 0 | 368,038 |
| | 27 | Subtract line 26 from line 12 Excess of revenue over expenses and disbursements | -322,84 | 4.0 | | | |
| | a b | Net investment income (if negative, enter -0-) | -322,84 | | 15,190 | | |
| | Ċ | Adjusted net income (if negative, enter -0-) | | | -5, 190 | 64,956 | |
| For | | work Reduction Act Notice, see instructions. | | | | | Form 990-PF (2019) |
| | • | A11 | 9-21 | | | | 1 |

DAA

| ł | Part I | Ralance Shoots Attached schedules and amounts in the description column | Beginning of year | End of | year |
|-----------------------------|----------------|---|-------------------|----------------|-----------------------|
| _ | - | Bajance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash – non-interest-bearing | 65,793 | 58,199 | 58,199 |
| - | 2 | Savings and temporary cash investments | 5,498,690 | 5,190,677 | 5,190,677 |
| 1 | 3 | Accounts receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| - 1 | 4 | Pledges receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see | | | |
| | | instructions) | | | |
| | 7 | Other notes and loans receivable (att. schedule) | | | · |
| | | Less allowance for doubtful accounts ▶ 0 | | | |
| ध | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| AS | 10a | Investments – U S and state government obligations (attach schedule) | | | |
| | b | Investments – corporate stock (attach schedule) | | | |
| | C | Investments – corporate bonds (attach schedule) | | | |
| | 11 | Investments – land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation (attach sch.) | | | |
| | 12 | Investments – mortgage loans | | | |
| | 13 | Investments – other (attach schedule) SEE STATEMENT 6 | 1,130,000 | 1,130,000 | |
| ŀ | 14 | Land, buildings, and equipment basis ► 497,024 | | | |
| | | Less accumulated depreciation (attach sch) ▶ STMT 7 25,454 | 481,887 | 471,570 | 497,024 |
| | 15 | Other assets (describe > SEE STATEMENT 8) | | 549 | 549 |
| | 16 | Total assets (to be completed by all filers – see the | | | |
| \perp | | instructions. Also, see page 1, item I) | 7,176,370 | 6,850,995 | 5,746,449 |
| 1 | 17 | Accounts payable and accrued expenses | 9,597 | 7,070 | |
| ,, | 18 | Grants payable | | | |
| <u>ĕ</u> | 19 | Deferred revenue | | | ····· |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| <u>.</u> | 21 | Mortgages and other notes payable (attach schedule) | | | ······ |
| - | 22 | Other liabilities (describe ▶) | | | |
| \downarrow | 23_ | Total liabilities (add lines 17 through 22) | 9,597 | 7,070 | |
| S | | Foundations that follow FASB ASC 958, check here | | | |
| Net Assets or Fund Balances | | and complete lines 24, 25, 29, and 30. | | | |
| 티 | 24 | Net assets without donor restrictions | 7,166,773 | 6,843,925 | • |
| Ba | 25 | Net assets with donor restrictions | ļ <u>.</u> | | |
| 밀 | | Foundations that do not follow FASB ASC 958, check here | | | |
| Ξ | | and complete lines 26 through 30. | | | |
| ō | 26 | Capital stock, trust principal, or current funds | | | |
| ţ | 27 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | |
| Se | 28 | Retained earnings, accumulated income, endowment, or other funds | | | |
| ĕ | 29 | Total net assets or fund balances (see instructions) | 7,166,773 | 6,843,925 | |
| é | 30 | Total liabilities and net assets/fund balances (see | 7 456 050 | 6 050 005 | |
| _ | Maria and a de | instructions) | 7,176,370 | 6,850,995 | |
| | Part I | | | | |
| 1 | | net assets or fund balances at beginning of year – Part II, column (a), line 29 | (must agree with | | 7 166 772 |
| _ | | of-year figure reported on prior year's return) | | 1 1 | 7,166,773 -322,848 |
| _ | | amount from Part I, line 27a | | 2 | -322,548 |
| 3 | | increases not included in line 2 (itemize) | | 3 | 6,843,925 |
| _ | | nes 1, 2, and 3 | | 4 | 0,043,923 |
| 5 | | eases not included in line 2 (itemize) | an (h) lina 20 | 5 | 6,843,925 |
| 0 | rotal | net assets or fund balances at end of year (line 4 minus line 5) – Part II, colun | in (b), line 29 | 10 | Form 990-PF (2019) |

20-4360719 Form 990-PF (2019) BLUE OCEAN INC Page 3 Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold (for example, real estate, (c) Date acquired (d) Date sold P - Purchase 2-story brick warehouse, or common stock, 200 shs MLC Co) (mo , day, yr) (mo, day, yr) D - Donation N/A C е (h) Gain or (loss) (f) Depreciation allowed (q) Cost or other basis (e) Gross sales price ((e) plus (f) minus (g)) (or allowable) plus expense of sale а b C d е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col (i) (i) FMV as of 12/31/69 Losses (from col (h)) as of 12/31/69 over col (j), if any а þ C d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) See instructions. If (loss), enter -0- in Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e) Do not complete this part Enter the appropriate amount in each column for each year, see the instructions before making any entries (b) Distribution ratio Base period years Adjusted qualifying distributions Net value of nonchantable-use assets (col (b) divided by col (c)) Calendar year (or tax year beginning in) 18,111,426 920,701 0.050835 2018 263,224 15,212,197 0.017303 2017 2016 2015 2014 0.068138 2 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period – divide the total on line 2 by 5 0, or by 0.034069 3 the number of years the foundation has been in existence if less than 5 years 5,656,171 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 4 192,700 5 Multiply line 4 by line 3 5 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 452

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

193,152

401,538

7

7 Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

3

| | n 990-PF (2019) BLUE OCEAN INC 20-4360719 | | | age 4 |
|----|---|-------------|---------|--|
| P | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – s | ee ins | truc | tions) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary—see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | <u>452</u> |
| | here ▶ X and enter 1% of Part I, line 27b | | | |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of | | | |
| | Part i, line 12, col (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | | | 0 |
| 3 | Add lines 1 and 2 | | | 452 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | | | 0 |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | | | 452 |
| 6 | Credits/Payments | | | |
| a | 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 1,000 | | | |
| b | Exempt foreign organizations – tax withheld at source | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c | | | |
| _d | Backup withholding erroneously withheld | | _ | |
| 7 | Total credits and payments Add lines 6a through 6d | | 1, | <u>000</u> |
| 8 | Enter any penalty for underpayment of estimated tax. Check hei x if Form 2220 is attached | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | - 40 |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | <u>548</u> |
| 11 | Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 548 Refunded ▶ 11 Left VII-A Statements Regarding Activities | | | |
| 1a | | | 1,4 | T |
| ıa | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | 4- | Yes | No X |
| b | participate or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the | 1a | + | |
| U | instructions for the definition | 1 | | x |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | 1b | _ | ^ |
| | published or distributed by the foundation in connection with the activities | | | |
| С | Did the foundation file Form 1120-POL for this year? | 1c | | x |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | " | · | |
| | (1) On the foundation ▶ \$ (2) On foundation managers ▶\$ | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| | on foundation managers > \$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | 1 | x |
| | If "Yes," attach a detailed description of the activities | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | ŀ | | |
| | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | |
| | By language in the governing instrument, or | | | |
| | ● By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | |
| _ | conflict with the state law remain in the governing instrument? | 6 | Ļ | _X_ |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | 7 | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions MD | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | |
| | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | |
| | 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes," | | | • |
| | complete Part XIV | 9 | | _x_ |
| | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | |
| | names and addresses | 10 | لـــــا | <u>X</u> |
| | | Form 99 | 0-PF | (2019) |

| Pa | art VII-A Statements Regarding Activities (continued) | | | |
|----|--|--|------|------------|
| |) | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule See instructions | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified | | | |
| - | person had advisory privileges? If "Yes," attach statement. See instructions | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | _== |
| | Website address ► WWW . BLUEOCEANUSA . ORG | ــــــــــــــــــــــــــــــــــــــ | | |
| 14 | The books are in care of ▶ HYUN JOO LEE Telephone no ▶ 667-4 | 44- | 236 | 57 |
| | 19700 VAUGHN LANDING DRIVE | | | |
| | Located at ▶ GERMANTOWN MD ZIP+4 ▶ 2087 | 4 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here | | | ▶ □ |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| 16 | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | X | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of | | | |
| | the foreign country ► KOREA (SOUTH) | <u> </u> | | |
| Pε | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year, did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | |
| | disqualified person? Yes X No | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | | | |
| | the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | | | |
| | foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days) | | | |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in | | | |
| | Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A | 1b | | |
| _ | Organizations relying on a current notice regarding disaster assistance, check here | | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? N/A | | İ | |
| 2 | | 1c | | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| а | At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines | | | |
| u | 6d and 6e) for tax year(s) beginning before 2019? Yes No | | | |
| | If "Yes," list the years ▶ 20 , 20 , 20 , 20 | | | |
| ь | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| _ | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | | |
| | all years listed, answer "No" and attach statement – see instructions) N/A | 2b | ĺ | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | ▶ 20 , 20 , 20 , 20 | | - | |
| 3a | | | | |
| | at any time during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or | | | |
| | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | | [| |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of | | [| |
| | the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the | | | |
| | foundation had excess business holdings in 2019) N/A | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019? | 4b | | <u>X</u> |
| | F. | m 991 | J-PF | (2019) |

| | 1990-PF (2019) BLUE OCEAN INC | | 1360719 | | | | age t |
|---------|---|---|---------------------------------------|---|---------|-----------------------|---------|
| Pa | art VII-B Statements Regarding Activities for Which For | m 4720 May B | e Required (| <u>(continued)</u> | | | |
| 5a | During the year did the foundation pay or incur any amount to | | | | | Yes | No |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (sect | on 4945(e))? | | Yes 🗓 No | | | |
| | (2) Influence the outcome of any specific public election (see section 4955) | or to carry on, | | | | | |
| | directly or indirectly, any voter registration drive? | | | Yes X No | | | |
| | (3) Provide a grant to an individual for travel, study, or other similar purpose | s? | | Yes 🗶 No | | | |
| | (4) Provide a grant to an organization other than a charitable, etc., organization | tion described in | | | | | |
| | section 4945(d)(4)(A)? See instructions | | | Yes 🕱 No | | | |
| | (5) Provide for any purpose other than religious, charitable, scientific, literar | y, or educational | _ | | | | |
| | purposes, or for the prevention of cruelty to children or animals? | | | Yes 🕱 No | | | |
| b | If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify | under the exception | ns described | | | | |
| | in Regulations section 53 4945 or in a current notice regarding disaster assi | stance? See instru | ctions | N/A | 5b | | |
| | Organizations relying on a current notice regarding disaster assistance, che | | | ▶ [] | | | |
| С | If the answer is "Yes" to question 5a(4), does the foundation claim exemption | n from the tax | | | | | |
| | because it maintained expenditure responsibility for the grant? | | N/A 🦳 | Yes No | | | |
| | If "Yes," attach the statement required by Regulations section 53 4945-5(d) | | <u></u> | _ | | | |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, | o pay premiums | | | | | |
| | on a personal benefit contract? | | | Yes 🕱 No | | | |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a | personal benefit | contract? | | 6b | L | X |
| | If "Yes" to 6b, file Form 8870 | | | | | | |
| 7a | At any time during the tax year, was the foundation a party to a prohibited ta | x shelter transaction | on? | Yes 🕱 No | | | |
| b | If "Yes," did the foundation receive any proceeds or have any net income at | | | N/A | 7b | | L _ |
| 8 | Is the foundation subject to the section 4960 tax on payment(s) of more than | | | · | | | |
| | remuneration or excess parachute payment(s) during the year? | , , , , , | | Yes 🛣 No | | | |
| Pε | ert VIII Information About Officers, Directors, Trustees, | Foundation M | anagers, Hig | hly Paid Em | oloye | es, | |
| | and Contractors | | , , , , , , , , , , , , , , , , , , , | | | • | |
| 1 L | ist all officers, directors, trustees, and foundation managers and their o | ompensation. Se | e instructions. | | | | |
| | | (b) Title, and average | (c) Compensation | (d) Contributions to | | | |
| | | | | | | | |
| | (a) Name and address | hours per week | (if not paid, | employee benefit | | pense ao er allowa | |
| | (a) Name and address | | | employee benefit plans and deferred compensation | | pense ad er allowa | |
| SE | (a) Name and address E STATEMENT 9 | hours per week | (if not paid, | plans and deferred | | | |
| SE | <u> </u> | hours per week | (if not paid, | plans and deferred | | | |
| SE | <u> </u> | hours per week | (if not paid, | plans and deferred | | | |
| SE | <u> </u> | hours per week | (if not paid, | plans and deferred | | | |
| SE | <u> </u> | hours per week | (if not paid, | plans and deferred | | | |
| SE | <u> </u> | hours per week | (if not paid, | plans and deferred | | | |
| SE | <u> </u> | hours per week | (if not paid, | plans and deferred | | | |
| SE | <u> </u> | hours per week | (if not paid, | plans and deferred | | | |
| | <u> </u> | hours per week devoted to position | (If not paid, enter -0-) | plans and deferred compensation | | | |
| | E STATEMENT 9 | hours per week devoted to position | (If not paid, enter -0-) | plans and deferred compensation | | | |
| | E STATEMENT 9 Compensation of five highest-paid employees (other than those include | hours per week devoted to position ed on line 1 – see | (If not paid, enter -0-) | plans and deferred compensation If none, enter (d) Contributions to | othe | er allowa | nces |
| | E STATEMENT 9 Compensation of five highest-paid employees (other than those include | hours per week devoted to position ed on line 1 – see (b) Title, and average hours per week | (If not paid, enter -0-) | plans and deferred compensation If none, enter (d) Contributions to employee benefit | (e) Exp | pense ac | ccount, |
| | E STATEMENT 9 Compensation of five highest-paid employees (other than those includ "NONE." | hours per week devoted to position ed on line 1 – see (b) Title, and average | (If not paid, enter -0-) | plans and deferred compensation If none, enter (d) Contributions to | (e) Exp | er allowa | ccount, |
| | Compensation of five highest-paid employees (other than those includ "NONE." | hours per week devoted to position ed on line 1 – see (b) Title, and average hours per week | (If not paid, enter -0-) | plans and deferred compensation If none, enter (d) Contributions to employee benefit plans and deferred | (e) Exp | pense ac | ccount, |
| 2 | Compensation of five highest-paid employees (other than those includ "NONE." | hours per week devoted to position ed on line 1 – see (b) Title, and average hours per week | (If not paid, enter -0-) | plans and deferred compensation If none, enter (d) Contributions to employee benefit plans and deferred | (e) Exp | pense ac | ccount, |
| 2 | Compensation of five highest-paid employees (other than those includ "NONE." | hours per week devoted to position ed on line 1 – see (b) Title, and average hours per week | (If not paid, enter -0-) | plans and deferred compensation If none, enter (d) Contributions to employee benefit plans and deferred | (e) Exp | pense ac | ccount, |
| 2 | Compensation of five highest-paid employees (other than those includ "NONE." | hours per week devoted to position ed on line 1 – see (b) Title, and average hours per week | (If not paid, enter -0-) | plans and deferred compensation If none, enter (d) Contributions to employee benefit plans and deferred | (e) Exp | pense ac | ccount, |
| 2 | Compensation of five highest-paid employees (other than those includ "NONE." | hours per week devoted to position ed on line 1 – see (b) Title, and average hours per week | (If not paid, enter -0-) | plans and deferred compensation If none, enter (d) Contributions to employee benefit plans and deferred | (e) Exp | pense ac | ccount, |
| 2 | Compensation of five highest-paid employees (other than those includ "NONE." | hours per week devoted to position ed on line 1 – see (b) Title, and average hours per week | (If not paid, enter -0-) | plans and deferred compensation If none, enter (d) Contributions to employee benefit plans and deferred | (e) Exp | pense ac | ccount, |
| 2 | Compensation of five highest-paid employees (other than those includ "NONE." | hours per week devoted to position ed on line 1 – see (b) Title, and average hours per week | (If not paid, enter -0-) | plans and deferred compensation If none, enter (d) Contributions to employee benefit plans and deferred | (e) Exp | pense ac | ccount, |
| 2 | Compensation of five highest-paid employees (other than those includ "NONE." | hours per week devoted to position ed on line 1 – see (b) Title, and average hours per week | (If not paid, enter -0-) | plans and deferred compensation If none, enter (d) Contributions to employee benefit plans and deferred | (e) Exp | pense ac | ccount, |
| 2 | Compensation of five highest-paid employees (other than those includ "NONE." | hours per week devoted to position ed on line 1 – see (b) Title, and average hours per week | (If not paid, enter -0-) | plans and deferred compensation If none, enter (d) Contributions to employee benefit plans and deferred | (e) Exp | pense ac | ccount, |
| 2 | Compensation of five highest-paid employees (other than those includ "NONE." | hours per week devoted to position ed on line 1 – see (b) Title, and average hours per week | (If not paid, enter -0-) | plans and deferred compensation If none, enter (d) Contributions to employee benefit plans and deferred | (e) Exp | pense ac | ccount, |
| 2 NO | Compensation of five highest-paid employees (other than those includ "NONE." | hours per week devoted to position ed on line 1 – see (b) Title, and average hours per week | (If not paid, enter -0-) | plans and deferred compensation If none, enter (d) Contributions to employee benefit plans and deferred | (e) Exp | pense ac | ccount, |

| Form 990-PF | (2019) BLUE OCEAN INC | 20-4360719 | Page 7 |
|------------------|--|--|---------------------------|
| Part VIII | Information About Officers, Directors, Trustees, F and Contractors (continued) | | id Employees, |
| 3 Five hi | ghest-paid independent contractors for professional services. Se | e instructions. If none, enter "NONE." | |
| | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | | |
| | | | |
| Total number | r of others receiving over \$50,000 for professional services | <u> </u> | • |
| Part IX-A | | | |
| List the foundat | ion's four largest direct chantable activities dunng the tax year. Include relevant statistical info nd other beneficiaries served, conferences convened, research papers produced, etc | rmation such as the number of | Expenses |
| SCHC 40~5 | VERSITY OF THE NATIONS KONA CLARSHIPS FOR STUDENTS FROM DEVELOR SO STUDENTS HAVE BEEN BENEFITTED EVERTIES STATEMENT 10 | * | 51,200 |
| | | | 40,000 |
| TO S | SAN CHURCH SUPPORT BALI VOCATIONAL SCHOOL AND | COVID-19 STUDENT | 30,000 |
| AID | | | 30,000 |
| SUPI | J CULTURE CENTER PORT FOR EMPOWERING WOMEN IN POVER! PORT IN MOROCCO | ry / COVID-19 CRISIS | 30,000 |
| Part IX-B | | instructions) | |
| Describe the tw | o largest program-related investments made by the foundation during the lax year on lines 1 | and 2 | Amount |
| 1 N/A | | | |
| 2 | | | |
| All other progra | m-related investments See instructions | | |
| 3 | | | |
| Total. Add lin | es 1 through 3 | > | 000 PF |
| | | | Form 990-PF (2019) |

Form 990-PF (2019)

33,500

401,538

401,086

452

3a

3b

4

5

6

а

b

4

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b See instructions

Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

| P | ert XIII Undistributed Incom | e (see instruction | s) | | | |
|----|---|---------------------|---|---|---|---------------------------------|
| | , , | | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2019 from Par | t XI, | Corpus | Years prior to 2018 | 2018 | 2019 |
| | line 7 | | | -1.3244-14-14-14-14-14-14-14-14-14-14-14-14-1 | | 282,357 |
| 2 | Undistributed income, if any, as of the | end of 2019 | | | | |
| а | Enter amount for 2018 only | ļ | · | | 393,643 | |
| b | Total for prior years 20 , 20 | | | | | |
| 3 | Excess distributions carryover, if any, t | o 2019 | | | | |
| а | From 2014 | | | | | |
| b | From 2015 | _ | | | | |
| С | From 2016 | | | | | |
| d | From 2017 | ` | | | | |
| е | From 2018 | | | | | |
| f | Total of lines 3a through e | | , | , | | |
| 4 | Qualifying distributions for 2019 from F | art XII, | | İ | | |
| | line 4 ▶ \$ 401,538 | | | | 202 643 | |
| а | Applied to 2018, but not more than line | : 2a | | | 393,643 | ····· |
| b | Applied to undistributed income of prio | r years | | | | |
| | (Election required – see instructions) | | | | | |
| C | Treated as distributions out of corpus (| Election | | | | |
| | required see instructions) | | | | | 7,895 |
| | Applied to 2019 distributable amount | | | | | 1,695 |
| | Remaining amount distributed out of co | | | | | |
| 5 | Excess distributions carryover applied | | | | | |
| | (If an amount appears in column (d), the | , | | | | |
| | amount must be shown in column (a)) | ſ | | | | |
| 6 | Enter the net total of each column a | S | | | | |
| | indicated below: | | | | 1 | |
| | Corpus Add lines 3f, 4c, and 4e Subti | | | | | ******************************* |
| b | Prior years' undistributed income Subf | ract | | | | |
| | line 4b from line 2b | . I d d | | | *************************************** | |
| С | Enter the amount of prior years' undist | | | | | |
| | income for which a notice of deficiency | | | | | |
| | been issued, or on which the section 4 | 9 4 2(a) | | | | |
| | tax has been previously assessed | | ······ | | | |
| a | Subtract line 6c from line 6b Taxable | | | | | |
| _ | amount – see instructions | -4 1 | ., | | | |
| е | Undistributed income for 2018 Subtract 4a from line 2a Taxable amount – see | | | | | |
| | | | | | | |
| E | Instructions Undistributed income for 2019 Subtractions | et lines | | | | |
| ' | 4d and 5 from line 1. This amount mus | 1 | | | | |
| | distributed in 2020 | i be | | | | 274,462 |
| 7 | Amounts treated as distributions out of | cornus | | | | |
| • | to satisfy requirements imposed by sec | • | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (Election ma | | | | | |
| | required—see instructions) | . | | | | |
| 8 | Excess distributions carryover from 20 | 14 not | | | | |
| ~ | applied on line 5 or line 7 (see instruct | | | | | |
| 9 | Excess distributions carryover to 20 | | | | | |
| - | Subtract lines 7 and 8 from line 6a | | | | | |
| 10 | Analysis of line 9 | | | | | |
| a | Excess from 2015 | 1 | | | | |
| b | Excess from 2016 | | | | Į. | |
| C | Excess from 2017 | | | | Į. | |
| d | Excess from 2018 | | | | | |
| e | | | | | | |
| | | | | | | 444 DE |

factors N/A

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to Amount status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHILDREN OF LIGHT 27 WT 502, PHNOM PENH NONE NC PHNOM PENH 15,000 CHILDREN EDUCATION & AIDS PREVENTION DALAT INTERNATIONAL SCHOOL TANJUNG BUNGAH , 11200 I NONE SCHOLARSHIP 22,731 PINANG GLOBAL COMMUNITY CHURCH 475 GRAND AVE PC NONE ENGLEWOOD NJ 07631 SUPPORT 22,500 GLOBAL MINISTRY NETWORK 74-19 MIGEUM 1-RO, BUNDAN NONE NC SUPPORT SEMINAR IN ISRAEL AFFILIATE **SEONGNAM** 40,000 GLOBAL MISSIONARY FELLOWSHIP P.O. BOX 1052 NC NONE SUPPORT GLOBAL MISSIONARY FELLOWSHIP 1,200 SEOUL GRACE HOME 111 MOO 7, CHIANGMAI-HANTNONE NC HANDONG SUPPORT GRACE HOME ORPHANAGE 27,130 SOCIETE HUMANITARIAN BLUE OCEAN BP 5241 NOUAKCHOTT NONE NC SUPPORT REST & RESTORATION CENTER 16,000 NOUAKCHOTT SUMMERLIN COMMUNITY BAPTISH CHURCH 2100 SNOW TRAIL PC NONE LAS VEGAS NV 89134 CHILDREN EDUCATION 10,000 UNIVERSITY OF THE NATION KONA 75-5851 KUAKINI HWY #256 NONE PC KAILUA KONA HI 96740 SCHOLARSHIPS FOR STUDENTS 51,200 YUMI CARES PC 5 POTOMAC MANORS CT NONE SUPPORT 4,000 POTOMAC MD 20854 296,711 ▶ 3a Total **b** Approved for future payment N/A ▶ 3b Total

Part XV **Supplementary Information** (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year YWAM B. W. 10 GATE POST CT PC NONE 6,000 POTOMAC MD 20854 SUPPORT DONGAN CHURCH HEOGI-RO 25-GIL 67, NONE 30,000 SEOUL SUPPORT BALI VACATIONAL SCHOOL GOOD SHEPHERD MISSION 1 405 S. 328 TH PL NONE PC SUPPORT 10 FIELD WORKER FAMILY 12,000 FEDERAL WAY WA 98003 MARU CULTURE CENTER 10 RUE OULED AMRANE, 100 NONE SUPPORT FOR EMPOWERING WOMAN RABAT 30,000 WILLAMETTE UNIVERSITY PC 900 STATE ST NONE **SALEM OR 97301** SCHOLARSHIPS 4,000 YEJI CHOI 504 MONROE STREET . NONE I SCHOLARSHIPS 1,200 ROCKVILLE MD 20850 JUN MIN HEE I 40, SAECHEONNYEON-RO NONE SCHOLARSHIPS YONGIN-SI 3,750 Total **▶** 3a b Approved for future payment N/A 3b Total

| Part XVI-A Analysis of Income-Producing A | ativition | | 13007 | | rage 12 |
|---|-------------------|------------------------------|--------------------------|------------------------------------|---------------------------------------|
| | 1 | d b | Evaludad | by socion 512 513 or 514 | |
| Enter gross amourits unless otherwise indicated | (a) Business code | d business income (b) Amount | (c) Exclusion code | (d) Amount | (e) Related or exempt function income |
| 1 Program service revenue | | <u> </u> | Code | | (See instructions) |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | · | 14 | 57,956 | |
| 4 Dividends and interest from securities | | | | | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | <u></u> | ļl | | |
| 6 Net rental income or (loss) from personal property | | | ļl | | |
| 7 Other investment income | | | 16 | 7,000 | |
| 8 Gain or (loss) from sales of assets other than inventory | | | ļ | | |
| 9 Net income or (loss) from special events | | | ļļ | | |
| 10 Gross profit or (loss) from sales of inventory | | | ├ | | |
| 11 Other revenue a | | | <u> </u> | | |
| b | | | | | |
| c | | | \vdash | | |
| d | | | | | |
| e | | | | 21 272 | |
| | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | 0 | ll | 64,956 | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | l | 13 | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) | | | | 13 | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the A | | ment of Exemp | t Purpo | 13 | 64,956 |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the A Line No. Explain below how each activity for which income | ne is reported in | ment of Exemp | t Purpo | 13 DSes ntributed importantly to | 64,956 o the |
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| Form 990 | 0-PF (20 | 19) BLUE OCE | AN INC | | | 20-4: | 360719 | | | Pag | ge 13 |
|------------------|--------------|--|------------------|--------------------------|--------------------|-------------------------|---------------------|---|----------------|------------|----------|
| Part | XVII | Information Reg Organizations | arding Tr | ansfers To an | d Transactio | ons and Relatio | nships Wi | th Noncharitabl | e Exe | | |
| 1 Dic | d the orga | nization directly or ind | liroctly enga | go in any of the fo | llowing with any | other organization d | escribed | | | Yes | No |
| | | 01(c) (other than section | on 501(c)(3) | organizations) or | in section 527, re | elating to political | | ı | | | - |
| | ganization | | | | | | | | | | |
| | | om the reporting found | iation to a no | oncharitable exem | pt organization of | ot: | | | | | |
| • • | Cash Other a | oo ato | | | | | | | 1a(1) 1a(2) | | X |
| | her transa | • | | | | | | | 10(2) | | <u> </u> |
| | | f assets to a noncharit | able exempt | organization | | | | | 16(1) | | X |
| • • | | ses of assets from a no | | • | ion | | | | 1b(2) | | X |
| | | of facilities, equipment | | | | | | • | 16(3) | | X |
| (4) | Reimbu | rsement arrangements | S | | | | | | 1b(4) | | X |
| (5) | Loans o | r loan guarantees | | | | | | | 16(5) | | X |
| (6) | Perform | ance of services or me | ombership o | r fundraising solic | itations | | | | 1b(6) | | X |
| | - | acilities, equipment, m | - | • | | | | į | 1c | 1 | X |
| | | er to any of the above i | | • | - | • • • | | | | | |
| | | goods, other assets, or transaction or sharing | _ | • | - | | | | | | |
| (a) Lir | | (b) Amount involved | | e of nonchantable exem | | | | insactions, and sharing arri | angemen | its | |
| N/A | | | | | · | | | <u>-</u> | | | |
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| | | ation directly or indirec | - | | | e-exempt organization | ons | ٦ | Yes | _ T | |
| | | section 501(c) (other | | 501(c)(3)) or in s | ection 527? | | | L | 10: | s 🔼 | No |
| | | Name of organization | iledule. | (b) Type of o | organization | | (c) Descript | ion of relationship | | | |
| N/2 | A. | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
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| | Lindor nor | alties of perjury, I declare the | at I have everal | and this sature, and adm | n necessary selven | adulas and statements a | nd to the heat of a | ny knowledge and belief | t le true | | |
| | | nd complete Declaration of p | | | | | | | | | |
| Sign | | - | _ | | | | | May the IRS discus with the preparer s | | | _ [|
| Here | | | 1/1 | lee | | | | See instructions | | /es | No |
| | | Kua | Mh | lee | 105 | 110/2021 | PRES | IDENT | | | |
| | Signa | ature of officer or trustee | | | Date | | Title | | | | |
| | Print/Ty | pe preparer's name | | | Prepaper's signatu | re | | Date | | Check | |
| Paid | | | | | Charles | o C Gall. | | 1 |] : | self-em | oloyed |
| Paid Preparer | CHARI | LES C. GILL | | | CHARLES C | | | 05/07 | | | |
| Use Only | Eigen'e n | | | | HAE & CO | ., P.A., C | PAS | | 951 | | |
| | Firm's a | | | VENUE SUI | | 61 | } | Firm's EIN ▶ 52 - | | | |
| | <u> </u> | SITAF | R SPRI | NG, MD | 20910-33 | <u>. T</u> | | | - 589 m 990 | | |
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MNJ001PF Blue Ocean Inc

20-4360719

FYE: 6/30/2020

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

| Description | Reve Br | Revenue per Books | Net Ir | Net Investment Income | Adju | Adjusted Net Income . |
|---------------|------------|----------------------|--------|--------------------------|--------|--------------------------|
| RENTAL INCOME | တ | 7,000 | ጭ | 7,000 | တ | 7,000 |
| TOTAL | ς, I | 7,000 | S | 7,000 | w W | 7,000 |
| | | | | | ` | |

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

| Charitable Purpose | \$ 3,950 | \$ 3,950 |
|-----------------------|-------------------|----------|
| Adjusted Net | \$ | \$ |
| Net Investment | \$ | 8 |
| Total | \$ 3,950 | \$ 3,950 |
| Description | PROFESSIONAL FEES | TOTAL |

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

| Description | 1 | Total | - I | Net Investment | Ad | Adjusted Net | O.E. | Charitable Purpose |
|---|----|------------|-----|-------------------|-----|-----------------|------|-----------------------|
| PROPERTY TAX BUSINESS REGISTRATION FEE | s | 5,324 | ν· | | \$ | | v | 5,324 |
| EXCISE TAX PAYROLL TAX | | 2,0413,303 | | 2,041 | | | | 3,303 |
| TOTAL | w. | 10,971 | w. | 2,041 | w w | 0 | ω, | 8,930 |

Statement 4 - Form 990-PF, Part I, Line 19 - Depreciation

| | Adjusted Net Income | | |
|-------------|---------------------------------|---------------------------------|---------|
| | Net Investment / | 192 \$ | |
| | Current Year Ne Depreciation | 13,192 \$ | |
| | File | 27.5 \$ | |
| | Method | STRAIGHT LINE | • |
| | Prior Year Depreciation | 13,192 s | |
| Description | Cost Basis D | 362,778 \$ | 130,652 |
| | Date Acquired | BUILDING 8/10/18 \$ 1.AND | 8/10/18 |

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MNJ001PF Blue 20-4360719 FYE: 6/30/2020

Federal Statements

Statement 4 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

| | Adjusted Net Income | | 0 | |
|-------------|------------------------------|---------------|-----------|---|
| | Net Investment Income | 719 \$ | 13,911 \$ | |
| | ž | ۍ ا | ္စ္။ | |
| | Current Year Depreciation | 719 | 13,911 | |
| | | <u></u> က | က ျ | |
| | Life | Ŋ | | |
| | Method | STRAIGHT LINE | | |
| nc | Prior Year Depreciation | 40. | \$ 13,192 | , |
| Description | Cost Basis | 3, 594 | 497,024 | |
| | Date Acquired | _የ | ᇧ | |

Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

| Charitable Purpose | 7 | 1/1 | 671 | 1,143 | 323 | | 2,128 | \$ 4,442 |
|-----------------------|---|---------|------------------|-----------------|-----------|-----------|-------|----------|
| Adjusted Net | | | | | | | | 0 |
| Net Investment | | | | | | 3,814 | | \$ 3,814 |
| Total | !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! | 177 | 671 | 1,143 | 323 | 3,814 | 2,128 | \$ 8,256 |
| Description | EXPENSES | POSTAGE | BANK SERVICE FEE | OFFICE SUPPLIES | TELEPHONE | INSURANCE | ноя | TOTAL |

Statement 6 - Form 990-PF, Part II, Line 13 - Other Investments

| Fair Market Value | \$ | \$ |
|----------------------|-----------------------|--------------|
| Basis of Valuation | MARKET | |
| End of Year | \$ 1,130,000 | \$ 1,130,000 |
| Beginning of Year | \$ 1,130,000 | \$ 1,130,000 |
| Description | SECURITIES- TISSUGENE | TOTAL |

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Federal Statements

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| Description | | Beginning Net Book | ŏ | End ost / Basis | End A Deg | End Accumulated Depreciation | | Net FMV |
|---|----|-----------------------|---|-----------------------------|--------------|---------------------------------|----|-----------------------------|
| RESIDENTIAL BUILDING EQUIPMENT LAND | | 351,235 | φ | 362,778 3,594 130,652 | ·γ· | 24,735 | w. | 362,778 3,594 130,652 |
| TOTAL | y. | 481,887 | က | 497,024 | တ | 25,454 | က | 497,024 |

MNJ001PF Blue Ocean Inc

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Federal Statements

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Statement 8 - Form 990-PF, Part II, Line 15 - Other Assets

| Description | Beginning of Year | | End of Year | F | air Market Value |
|---------------|-------------------|------|----------------|-------|---------------------|
| PREPAID TAXES | \$ | \$ | 549 | \$ | 549 |
| TOTAL | \$ (|) \$ | 549 | \$ | 549 |

Foreign Country in which Financial Account is Held

Foreign Country
___Code

Foreign Country Name

KS

KOREA (SOUTH)

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MNJ001PF Blue Ocean Inc 20-4360719 FYE: 6/30/2020

Federal Statements

| , | Expenses | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|---------------------|---|---|---|--|--|---|---|
| tees, Etc. | Benefits | 0 | 0 | 0 | 0 | 0 . | 0 | 0 |
| cers, Directors, Trus | Compensation | 0 | 0 | 0 | 0 | 0 | 42,840 | 0 |
| I - List of Offic | Average Hours | 2.00 | 1.00 | 1.00 | 2.00 | 1.00 | 40.00 | 1.00 |
| -PF, Part VIII, Line | Title | PRESIDENT | SECRETARY | TREASURER | EVP & STRATE | DIR OF ADMIN | PUBLIC RELAT | TRUSTEE |
| Statement 9 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. | Name and Address | KWAN HEE LEE 19700 VAUGHN LANDING DRIVE GERMANTOWN MD 20874 | SEOUNG CHUL PARK 19700 VAUGHN LANDING DRIVE GERMANTOWN MD 20874 | HYUNG JOON KIM 19700 VAUGHN LANDING DRIVE GERMANTOWN MD 20874 | HO JUNE LEE 19700 VAUGHN LANDING DRIVE GERMANTOWN MD 20874 | HEY RAN LEE 19700 VAUGHN LANDING DRIVE GERMANTOWN MD 20874 | HYUN JOO LEE 19700 VAUGHN LANDING DRIVE GERMANTOWN MD 20874 | MIYOUNG JU LEE 19700 VAUGHN LANDING DRIVE GERMANTOWN MD 20874 |

MNJ001PF Blue Ocean Inc

20-4360719 FYE: 6/30/2020

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Statement 10 - Form 990-PF, Part IX-A, Line 2 - Summary of Direct Charitable Activities

Description

GLOBAL MINISTRY NETWORK
REHABILITATION EDUCATION OF FIELD WORKERS FOR FOUR DAYS IN
RETREAT CENTER IN KOREA. MORE THAN FIFTY FIELD WORKERS
HAVE BEEN BENEFITED WITH THIS YEAR PROGRAM. PUBLICAITON OF
BOOKS FOR FIELD WORKERS