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# 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 2013

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

Inspection For the 2013 calendar year, or tax year beginning , 2013, and ending D Employer Identification Number C Name of organization BOAT PEOPLE SOS, INC. Check if applicable Address change Doing Business As 54-1563619 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 6066 LEESBURG PIKE 100 Initial return (703) 538-2190 City or town, state or province, country, and ZtP or foreign postal code Terminated FALLS CHURCH G Gross receipts \$3,678,845. Amended return Application pending F Name and address of principal officer Is this a group return for subordinates? Yes Are all subordinates included?

If 'No,' attach a list (see instructions) NGUYEN D. THANG 6066 LEESBURG PIKE FALLS CHURCH VA 501(c) ( Tax-exempt status X 501(c)(3) ) ◀ (insert no ) 4947(a)f1) or [ [527 Website: ► WWW.BPSOS.ORG H(c) Group exemption number Other • Form of organization X Corporation Trust Association L Year of formation 1991 M State of legal domicite VA Part I Summary Briefly describe the organization's mission or most significant activities. TO ASSIST VIETAMESE REFUGEES AND SCANNED NOV 0 3 2015 IMMIGRANTS IN THEIR SEARCH FOR LIFE IN LIBERTY AND DIGNITY BY EMPOWERING AND ORGANIZING VIETAMESE AMERICAN COMMUNITIES IN THEIR PROGRESS TOWARDS SELF-SUFFICIENCY Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2013 (Part V. line 2a) . . 5 Total number of volunteers (estimate if necessary) . . . . . . . . . 6 281 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 4,549,144 3,257,520. Revenue Program service revenue (Part VIII, line 2g) 258,982 295,610 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 10 420. 133. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 14e) 11 282,252 125,582. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,090,798 3,678,845. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) . 2,860,096 2,237,327. 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 8900 b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 2,003,896 1,693,563. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . 4,863,992 3,930,890. Revenue less expenses. Subtract line 18 from line 12 . . . . . . 226,806 -252,045. End of Year **Beginning of Current Year** Total assets (Part X, line 16) . . 967,566. 1,381,113. Total liabilities (Part X, line 26) . . 297,996 136,494. Net assets or fund balances Subtract line 21 from line 20 1,083,117 831,072. Part II Signature Block Under penalties of pergury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and behef, it is true correct, and complete. Declaration of preparer (other than officer) is pased on a linformation of preparer has any knowledge. Sign Here Trang Khanh Tran COO Type or print name and title Print/Type preparers name Preparer's signature Dale Check Gregory Law Gregory Law 11/17/14 setf-employed P01705630 Paid Garland Group LLC Preparer Firm's name Use Only Firms EIN - 41-2075351 Firm's address 1 Research Ct. Ste 450 ROCKVILLE MD 20850 Phone no (301) 493-4010 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 11/08/13

Form 990 (2013) 628to40

1	Briefly describe the organization's mission		
	TO ASSIST VIETNAMESE REFUGEES AND IMMIGRANTS IN THEIR SEARCH FO	R_LIFE	
	IN LIBERTY AND DIGNITY BY EMPOWERING AND ORGANIZING VIETNAMESE		
	AMERICAN COMMUNITIES IN THEIR PROGRESS TOWARD SELF-SUFFICIENCY.		
2	Did the organization undertake any significant program services during the year which were not listed on the	prior	
	Form 990 or 990-EZ?	· · · · · · · · · · · · · · · Ye	s X No
	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 service if 'Yes,' describe these changes on Schedule O	es? Ye	s X No
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported	, as measured by exper nt of grants and allocation	nses ons to
4 a	(Code) (Expenses \$ 3,175,831. including grants of \$ 1,691,960.)		373,006.)
	WITH TEAMS OF QUALIFIED STAFF AND PASSIONATE VOLUNTEERS OPERATIONALLY,		
	EMPOWER INDIVIDUALS, STRENGTHEN FAMILIES, AND BUILD COMMUNITIES THROUGH:		
	- DIRECT_SERVICES		
	- ADVOCACY		
	- COMMUNITY ORGANIZING & DEVELOPMENT		
	- MEDIA		
	- RESEARCH		
	- LEADERSHIP DEVELOPMENT See Form 990, Page 2, Part III, Line 4a (continued)		
	See Form 950, Fage 2, Fait III, Line 4a (Continued)		
4 t	(Code) (Expenses \$ including grants of \$)	(Revenue \$	)
4 0	: (Code ) (Expenses \$ including grants of \$ )	(Revenue \$	)
	*		
40	Other program services (Describe in Schedule O )		<del> </del>
	(Expenses \$ including grants of \$ ) (Revenue ■ Total program service expenses ► 3,175,831.	\$	)

Page 3

Form 990 (2013) BOAT PEOPLE SOS, INC.

Part IV | Checklist of Required Schedules

54-1563619

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Schedule A. . . . . Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . 2 3 x X 4 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 . . . Х 5 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, 6 Х 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, complete Schedule D. Part III. Х 8 Х Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D. Parts VI. VII. VIII. IX. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a Χ 11 b X 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.... 11 e 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 . . Х 11 f X 12a 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 Х 12 b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . . Х 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?...... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Х 14b X 15 Х 16 Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 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 Х Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . . . . 20 20 b

Pa	THING Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
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		х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, go to line 25a	24a		х
1	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	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		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
I	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		х
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 so, complete Schedule L, Part II	26		х
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 of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
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)			
;	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	L	Х
I	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
1	c 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	1	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		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? If 'Yes,' complete Schedule N, Part I	31		X
32	The state of the s	32	-	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	

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Form **990** (2013)

Olim 930 (2013) BOAT PEOPLE SOS, INC. 54-156361	.9		age :
Part V Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response or note to any line in this Part V	• • • •	Yes	·
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	, r	res	No
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>⊣</b>		11.
	-	,	* `
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 2 a			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule $O \cdot $	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١.		
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
b If 'Yes,' enter the name of the foreign country	4 🐠	: j = 2	1
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		ļ	X
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		x
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 c		_^
	36		-
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			x
,	6 a		
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).	W 3	i114 #	. 34
·	, ,		
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?	7 a	* A A	X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		ļ
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year		Hi_	بنالا
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	1 9		├
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	,		This
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	<u> </u>		122
holdings at any time during the year?	8	<u> </u>	ļ
9 Sponsoring organizations maintaining donor advised funds.	1-2-	<u> </u>	ļ
a Did the organization make any taxable distributions under section 4966?	9 a	ļ	<b>!</b>
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b	-	24
10 Section 501(c)(7) organizations. Enter			ļ.`.
a Initiation fees and capital contributions included on Part VIII, line 12	<b>-</b>   *		> *:
	-   ∦ .	4	1
11 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders		ľ	
<u></u>	-	· #	2 4
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		1	1
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	1	<u> </u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12 b		Г	1
13 Section 501(c)(29) qualified nonprofit health insurance issuers	1		
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		Ī
Note. See the instructions for additional information the organization must report on Schedule O			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in			1
which the organization is licensed to issue qualified health plans	4		
c Enter the amount of reserves on hand	<del> </del>	<b> </b>	<b> </b>
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	1	ı X

**b** If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule* O . . . . . . . . . . .

14 b

	A second of the			<u> </u>
Par	TVI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	, and n	for	
	Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
		- «.	Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year	- 4	^	
	of the governing body, or if the governing body delegated broad	1		
	authority to an executive committee or similar committee, explain in Schedule O		š	ria.
ŀ	b Enter the number of voting members included in line 1a, above, who are independent	**	*	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			<u>                                     </u>
	officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents			
	since the pnor Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7 :	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			$\vdash$
- '	members of the governing body?	7 a		Х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members,			
ļ	stockholders, or other persons other than the governing body?	7 b		X
	· · · · · · · · · · · · · · · · · · ·	*1(1)	* 8 8	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	9,5	9	id C
	a The governing body?	8 a	X	
	b Each committee with authority to act on behalf of the governing body?	8 b	X	$\vdash$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			<del> </del>
•	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.,	)
			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10 a	Х	
	b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their			
	operations are consistent with the organization's exempt purposes?	10 b	Х	
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12 b	Х	<u> </u>
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in			
	Schedule O how this was done	12 c	X	<b>Ļ_</b>
13	Did the organization have a written whistleblower policy?	13	Х	ــــــ
14	· ·	14	X	$oxed{oxed}$
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	~ ~	,
	a The organization's CEO, Executive Director, or top management official	15 a	X	<b></b>
	b Other officers of key employees of the organization	15 b	X	-
		130	_^	-
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions )			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
				<del>  ^</del>
	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 taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16 b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply	for pu	ıblıc	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19		le to		
19	the public during the tax year	.5 10		
20		n		
	THE ORGANIZATION 6066 LEESBURG PIKE, SUITE 100 FALLS CHURCH VA 22041-2234 (70		538-	2190
ВА				(2013)

•										
Form <b>990</b> (2013) BOAT PEOPLE SOS	, INC.								54-1563	619 <b>Pa</b> ge <b>7</b>
Part VIII Compensation of Officers Independent Contractors	, Direct	ors,	Tru	ste	es,	Key	En	nployees, Highes	t Compensated E	mployees, and
Check if Schedule O contains a re	sponse or	note t	o an	ıv lın	e in	this Pa	art \	/		
Section A. Officers, Directors, Tru										
1 a Complete this table for all persons required organization's tax year	to be liste	d Rep	ort	com	pens	ation	for t	he calendar year endir	ng with or within the	
<ul> <li>List all of the organization's current office compensation Enter -0- in columns (D), (E), are</li> </ul>							ividi	uals or organizations),	regardless of amount	of
<ul> <li>List all of the organization's current key</li> </ul>	employees	s, if any	y Se	ee in	stru	ctions	for (	definition of 'key emplo	yee '	
<ul> <li>List the organization's five current higher who received reportable compensation (Box 5 organization and any related organizations</li> </ul>	st compen of Form W	sated /-2 and	emp I/or i	loye Box	es ( 7 of	other t Form	han 109	an officer, director, tru 9-MISC) of more than	istee, or key employee \$100,000 from the	)
<ul> <li>List all of the organization's former office of reportable compensation from the organization</li> </ul>							mpe	nsated employees who	o received more than \$	5100,000
<ul> <li>List all of the organization's former directorganization, more than \$10,000 of reportable</li> </ul>										
List persons in the following order individual tremployees, and former such persons	ustees or o	directo	rs, II	nstiti	utior	al trus	tees	s, officers, key employe	ees, highest compensa	ated
Check this box if neither the organization r	or any rela	ated or	gan	ızatı	on c	omper	nsate	ed any current officer,	director, or trustee	
				(C	C)					
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both a	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NGUYEN D, THANG	40.00								_	_
CEO & PRESIDENT	1 00	X		Х				102,000.	0.	0.
(2) Angeline Vuong BOARD MEMBER	1.00	х						0.	0.	0.
(3) Chi B. Chung	1.00				H			0.	<u> </u>	
BOARD MEMBER	_ =	х						0.	0.	0.

Х

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78,750.

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(4) Newton Hoang

CHIEF OPERATING OFFICER

BOARD MEMBER

BOARD MEMBER

(6) TRAN, TRANG-KHANH

(5) Huy Pham

\_1.00

1.00

40.00

Х

Part VII Section A. Officers, Directors, T	rustees	Κεν	Fm	nnla	OVE	29	and	Highest Com	nensated E	619 Page 8
Tatt via position xi. Simoolo, Biroctors, 1	(B)			<u>(C</u>		<del>00, (</del>		i ingliest con	iperisateu Li	inployees (conunceu)
(A) Name and title	Average hours per	ours box, unless person is both a per officer and a director/trustee					an	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organization (W-2/1099-MISC)	s compensation
(15)										
(16)		$\vdash$								
(17)					-			,		
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total							<b>A</b>	180,750.		0. 0.
d Total (add lines 1b and 1c)							eived	180,750. d more than \$100,0		0. 0. compensation
Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such										Yes No
For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	r than \$150,	0002	' If 'Y	'es'	com	plete	Sch	mpensation from nedule J for		4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	e compensat	ion fr Sched	om a	any <i>J for</i>	unre	lated h per	org rson	anization or individ	lual 	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compens	sated indepe	nder	it co	ntrad	ctors	that	rece	eived more than \$1	00,000 of	
compensation from the organization Report com (A)	pensation fo	r the	cale	nda	r yea	ar end	ding	with or within the (B)		x year (C)

\$100,000 of compensation from the organization

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

# Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to any lir	ne in this Part VIII			
*	\$			(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
		, *-	* " * *		function revenue	revenue	under sections 512-514
<u>S</u> <u>S</u>	1 a	Federated campaigns 1 a		<i>i</i>	88 41	/ ; /	% , e. e.
<b>E S</b>	b	Membership dues 1 b		\$ ; X			å, «
泛욁	С	Fundraising events 1 c		*	*	₹*	3. 4
	d	Related organizations 1 d		*	0 1 11 17	,	?· !
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS		Government grants (contributions) 1 e	1,835,004.	<b>*</b> 1. *	* <b>*</b> *	, #	* * *
E E		All other contributions, gifts, grants, and similar amounts not included above 1 f	1,422,516.	3. 🐐 ××	* *	<b>)</b>	<b>*</b>
불일	_	Noncash contributions included in lines 1a-1f \$			: ** ·	7 <b>3</b> 86	· ***
8 <u>8</u>	_h	Total. Add lines 1a-1f	<u> </u>	3,257,520.		, 8 ,4	
\ÿ			Business Code	<u> </u>	Ĭ 1 1 J	1 11 11	** 12
2	2 a	CONTRACTS	900099	115,486.	115,486.	0.	0.
<u>~</u>	b	SERVICES INCOME	900099	177,999.	177,999.	0.	0.
爰	C	PUBLICATION REVENUE	900099	2,125.	2,125.	0.	0.
器	d						
₹	е						
ğ	f	All other program service revenue					
<u>æ</u>	g	Total. Add lines 2a-2f	<u>.</u>	295,610.		M. M	
	3	Investment income (including dividends,	interest and				
		other similar amounts)		133.	133.	0.	0.
	4	Income from investment of tax-exempt b	•				
	5	Royalties		.40 00 00 00 00		. way w	8 62
	٥.		(II) Personal	\$ 34 Jan 19	******	()14.4.3-1	
		Gross rents					\$ A
		Less rental expenses					
		Rental income or (loss)		L_J4i1111		مُنْ النَّمَاءُ النَّاءُ النَّاءُ النَّاءُ النَّاءُ النَّاءُ النَّاءُ النَّاءُ النَّاءُ النَّاءُ ال	العلقة لألك عمه.
	a	Net rental income or (loss)	(II) Other	M 3 2 4 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	7	******	* 5 350* 54
	7 a	Gross amount from sales of assets other than inventory	(ii) Guler				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
ĺ		Net gain or (loss)		##		1	<u> </u>
삘		Gross income from fundraising events			`		*** * * * * * *
VENUE		(not including. \$			· [mile	· :) • () · .	
2		See Part IV, line 18			4	** ***	
OTHER RE	h	Less direct expenses		`*\$^		* ' * 🐙 '	3.79
6		Net income or (loss) from fundraising ev	<u> </u>		4 -		<u> </u>
		Gross income from gaming activities		# × * * * * * * * * * * * * * * * * * *	2 8 3		
	<b>L</b>	See Part IV, line 19	a		'	4.	13
		Less direct expenses	P	*	· · · · · · · · · · · · · · · · · · ·	<u>`</u>	
ļ		Net income or (loss) from gaming activit	les				
		Gross sales of inventory, less returns and allowances	а	y	7	*	· \$
		Less cost of goods sold	b				· · · · · · · · · · · · · · · · · · ·
Ļ	С	Net income or (loss) from sales of inven	<del>,                                    </del>				
	46	Miscellaneous Revenue	Business Code				
		OTHER_INCOME	900099	125,582.	125,582.	0.	0.
1	b						
	С	All all as a supplied to the s			<del>-</del>		
		All other revenue					
		Total. Add lines 11a-11d		125,582.	ļ		
	12	Total revenue. See instructions	<u> </u>	3,678,845.	421,325.	0.	0.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX . . . . (A) Total expenses (**D**) Fundraising (B) (C) Do not include amounts reported on lines Management and general expenses Program service 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV. line 21 . . . . . . . . . . . . . . . . . Grants and other assistance to individuals in the United States See Part IV, line 22 . . . . Grants and other assistance to governments. organizations, and individuals outside the United States See Part IV, lines 15 and 16 . . . Benefits paid to or for members. . . . . . Compensation of current officers, directors. 170,705 249,475 66,870 11,900 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 1,680,532 1,555,105 123,890 1,537. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)...... Other employee benefits . . . . . . 139,718 130,330 9,388 Ο. 167,602 147,115 20,487 0 11 Fees for services (non-employees) e Professional fundraising services See Part IV, line 17 . f Investment management fees . . . . . . . . Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . 23,435 23,435 0 0 13 59,056 47,575 11,481 0. 14 Information technology . . . . . . . . 7,510 14,843 7,333 0. 513,529 325,907 187,622 16 Ο. 17 87,049 72,010 135 14,904. Payments of travel or entertainment expenses for any federal, state, or local 19 Conferences, conventions, and meetings . . . 20 Interest........... 8,581 7,096 1,485 0. Payments to affiliates....... 21 22 Depreciation, depletion, and amortization . . . 29,425 2.782 26,643 0. 23 604 39 38,488 116 0. Other expenses Itemize expenses not covered 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 ) . . . . . . 434.026 a CONTRACTED SERVICES \_ 590,909 156.883 Ω b PROGRAM ACTIVITIES 106,665 105,865 800 Ο. c TRAINING\_\_\_\_\_ 357 37,639 37,282 n d COMMUNICATION \_ \_ 105.191 69.035 36.156 0. 38,937 77,637 21,875 16,825. 25 Total functional expenses. Add lines 1 through 24e. . 3,930,890 3,175,831 709,893 45,166. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► If following SOP 98-2 (ASC 958-720). . . .

Part-X Balance Sheet (A) (B) End of year Beginning of year 1 673,569 606,942. 2 3 4 512,884 230,868. Loans and other receivables from current and former officers, directors, ài. 5 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 instructions) Complete Part II of Schedule L 6 7 8 9 66,865 20,398 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . . . . . . . . . 10a 302<u>,975</u> 44.240 10 c 25,003 11 Investments - other securities See Part IV, line 11 . . . . . . . . 12 12 Investments - program-related See Part IV, line 11 . . . . . . . . 13 13 14 14 15 83,555 15 84,355 16 1,381,113 16 967,566. 17 17 281,102 131,653 18 18 19 19 545 0 20 20 Escrow or custodial account liability Complete Part IV of Schedule D . . . . . . . 21 21 Loans and other payables to current and former officers, directors, trustees, 22 ,ì 22 Secured mortgages and notes payable to unrelated third parties . . . . . . . . . . . . 16,349 23 4,841 24 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 Total liabilities. Add lines 17 through 25............ 297,996 26 136,494 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛛 and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets........ 969,328 27 458,660 113,789 28 372,412 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. FUND 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . . . . . . . . . . 31 31

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32

33

831,072

32

33

1,083,117

381 113

Retained earnings, endowment, accumulated income, or other funds . . . . . . . . .

_ 01111	1990 (2013) BOAT PEOPLE SOS, INC. 54	<u>-13030.</u>	<u> </u>	1 0	90 12
Par	tXI¶ Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,6	78,8	45.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,9	30,8	90.
3	Revenue less expenses Subtract line 2 from line 1	3	-2	52,0	45.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,0	83,1	<u> 17.</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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			_	
	column (B))	10	8	31,0	<u>72.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		, 3	1,110	***
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		_	1.5	V
	in Schedule O			.13	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both	a	4.8		* * *
	Separate basis Consolidated basis Both consolidated and separate basis		2.35.44		اس شك
			0.	<sub>x</sub>	
t	Were the organization's financial statements audited by an independent accountant?		2 b	Λ	4.7 9
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		'		: .
	Separate basis X Consolidated basis Both consolidated and separate basis		1		,
	تات المامة على المامة المامة المامة على الم و If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au-	dit			
,	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	ı
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			3 4	1
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	)			
,	Audit Act and OMB Circular A-133?		. За	Х	
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audıt			i.
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3 b	X	
BAA			Form	1 <b>990</b> (2	2013)

### SCHEDULE A (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.

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number BOAT PEOPLE SOS, INC 54-1563619 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c | Type III - Functionally integrated Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? . . . . . . . 11 g (i) 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . . . . 11 g (III) Provide the following information about the supported organization(s) h (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (i) Name of supported organization (IV) Is the (VII) Amount of monetary (v) Did you notify (vi) Is the he organization in column (i) of your support? organization in column (i) organized in the US? organization in column (i) listed in your g (see instructions)) Yes No Yes No Yes (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2013

Par	Support Schedule for (Complete only if you checked organization fails to qualify un	the box on line 5,	7, or 8 of Part I or	if the organization	(b)(1)(A)(iv) an failed to qualify ur	nd 170(b)(1)(A) nder Part III If the	(vi)
Sec	tion A. Public Support						
Cale: begir	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	(e) 2013	(f) Total
1	Grits, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			<u> </u>			
4	Total. Add lines 1 through 3				/		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		, i.e. 1814 100-1111				
6	Public support Subtract line 5 from line 4						
Sec	tion B. Total Support						_
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	( <b>c</b> ) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4			/			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			,			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10					**	,
12	Gross receipts from related activit	ties, etc (see instru	ctions)			12	
13	First five years. If the Form 990 organization, check this box and	ıs for the organizat stop here	ion's first, second,	third, fourth, or fift	h tax year as a sec	tion 501(c)(3)	
Sec	ction C. Computation of Pu						
14	Public support percentage for 201	13 (line 6, column (	f) divided by line 1	1, column (f))		14	+
15	Public support percentage from 2	012 Schedule A, P	art II, line 14			<u>15</u>	%
16	a 33-1/3% support test – 2013. If and stop here. The organization	the organization d qualifies as a publi	lid not check the bo	ox on line 13, and nization	the line 14 is 33-1/3	3% or more, check	this box
1	b 33-1/3% support test — 2012. If and stop here. The organization	the organization di qualifies as a publ	d not check a box of a classical supported organization	on line 13 or 16a, anization	and line 15 is 33-1.	/3% or more, chec	k this box
17	a 10%-facts-and-circumstances to or more, and if the organization in the organization meets the facts-	neets the 'facts-and	d-circumstances' te	st, check this box	and stop here. Ex	plaın ın Part IV hov	~ _
	b 10%-facts-and-circumstances to or more, and if the organization in organization meets the 'facts-and	neets the 'facts-and I-circumstances' te	d-circumstances' te st The organizatio	st, check this box n qualifies as a pu	and <b>stop here</b> Ex blicly supported or	plain in Part IV horganization	w the ▶ [
18	Private foundation. If the organi	zation did not ched	k a box on line 13,	16a, 16b, 17a, or	17b, check this bo	x and see instructi	ons ▶

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II )

Sect	tion A. Public Support						
Calend	dar year (or fiscal yr beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include	- 10E 011	0.031.044	6 100 200			
2	any 'unusual grants')	7,107,911. 202,567.	215,706.	507,425.			26,870,627.
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .	202,367.	215,706.	307,423.	541,234.		1,466,932.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	7,310,478.	9,246,950.	6,689,753.	5,090,378.		28,337,559.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	·					
	Public support (Subtract line 7c from line 6)			bà A A		4 Jan 18 8	28,337,559.
	tion B. Total Support						
	dar year (or fiscal yr beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	7,310,478.	9,246,950.	6,689,753.	5,090,378.		28,337,559.
b	similar sources	3,498.	5,278.	708.	420.		9,904.
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly camed on	3,498.	5,278.	708.	420.		9,904.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total Support. (Add Ins 9,10c, 11 and 12)	7,313,976.	9,252,228.	6,690,461.	5,090,798.	-	28,347,463.
14	First five years. If the Form 990 is organization, check this box and s	s for the organization top here	on's first, second, t			ion 501(c)(3)	
	tion C. Computation of Pu			<del>_</del>			
	Public support percentage for 201	• • •				1 .	99.97 %
	Public support percentage from 20				<del></del> .	16	99.85 %
	tion D. Computation of Inv				· · ·	<del>-</del> -	<del></del>
	Investment income percentage for			•	• •	<b>⊢</b> —	0.03 %
	Investment income percentage fro						0.15 %
	33-1/3% support tests — 2013. If is not more than 33-1/3%, check the 23-1/3% support tests — 2013. If	his box and <b>stop h</b>	ere. The organizat	tion qualifies as a p	publicly supported (	organization	▶  X
	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%,	check this box and	stop here. The or	rganızatıon qualıfie	s as a publicly sup	ported organizati	on ▶ [_]
20	Private foundation. If the organiz	ation did not check	a box on line 14,	19a, or 19b, check	this box and see i	nstructions	· · · · · · · · <b> </b>

Schedule A	(Form 990 or 990-EZ) 2013	BOAT PEOPLE	SOS, INC.	<u>54-1</u> 563619	Page 4
Partiv	Supplemental Information or 17b; and Part III, line 12 (See instructions)	on. Provide the 2. Also complet	e explanations required te this part for any addit	by Part II, line 10; Part II, line 17a tional information	
		<b></b>		<del>-</del>	
	~				
					- <b></b> -
		<b></b>			
		<b></b>			

## **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2013 ... Open to Public ... Inspecien

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

BOA	AT PEOPLE SOS, INC.			54-1563619	
	Organizations Maintaining Dono	or Advised Funds or Ot	her Similar Fu	nds or Accounts.	
	Complete if the organization answ	ered 'Yes' to Form 990, F	Part IV, line 6.		
		(a) Donor advised	funds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor are the organization's property, subject to the organization	r advisors in writing that the ass ganization's exclusive legal con	ets held in donor a	dvised funds	lo
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writing to the donor or donor advisor, or	hat grant funds can for any other purpo	be used only se conferring Yes N	lo
Par	Conservation Easements. Complete if the organization answ	rered 'Yes' to Form 990, F	Part IV, line 7.	-	
1	Purpose(s) of conservation easements held by t	he organization (check all that a	apply)		
	Preservation of land for public use (e g , rec	reation or education)	Preservation o	f an historically important land area	
	Protection of natural habitat		Preservation o	f a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation of	ontribution in the fo	rm of a conservation easement on the	
				Held at the End of the Tax Y	/ear
6	a Total number of conservation easements			. 2a	
	Total acreage restricted by conservation easeme				
•	Number of conservation easements on a certifie	d historic structure included in	(a)	. 2c	
(	Number of conservation easements included in structure listed in the National Register			. 2 d	
3	Number of conservation easements modified, tratax year ►	ansferred, released, extinguish	ed, or terminated by	the organization during the	
4	Number of states where property subject to cons	servation easement is located	·	_	
5	Does the organization have a written policy rega and enforcement of the conservation easements	arding the periodic monitoring, is st holds?	nspection, handling	of violations,	lo
6	Staff and volunteer hours devoted to monitoring	, inspecting, and enforcing cons	servation easement	s during the year	
7	Amount of expenses incurred in monitoring, insp	pecting, and enforcing conserva	ition easements du	ring the year	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requ	rements of section	170(h)(4)(B)(ı) Yes N	lo
9	In Part XIII, describe how the organization repor include, if applicable, the text of the footnote to t conservation easements	ts conservation easements in it the organization's financial state	s revenue and experients that describ	ense statement, and balance sheet, and es the organization's accounting for	
₽a	Organizations Maintaining Colle Complete if the organization answ	ections of Art, Historica vered 'Yes' to Form 990, I	<b>I Treasures, o</b> Part IV, line 8.	Other Similar Assets.	
1:	a If the organization elected, as permitted under S art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its financia	neld for public exhibition, educa-	tion, or research in	atement and balance sheet works of furtherance of public service, provide,	
	b If the organization elected, as permitted under S historical treasures, or other similar assets held following amounts relating to these items	for public exhibition, education,	, or research in furtl	nerance of public service, provide the	
	(i) Revenues included in Form 990, Part VIII, In				
	(ii) Assets included in Form 990, Part X				
	If the organization received or held works of art, amounts required to be reported under SFAS 1.	16 (ASC 958) relating to these i	tems		
	a Revenues included in Form 990, Part VIII, line 1			· · · · · · · · · · · · · · · · · · ·	_
	b Assets included in Form 990, Part X				

		NC.			54-1563			Page 2
Panसा। Organizations Maintaini	ng Collections	of Art, Histo	orical Treasures, o	or Other S	Similar Asse	ets (c	ontınu	ed)
<ol> <li>Using the organization's acquisition, a items (check all that apply)</li> </ol>	ccession, and othe	r records, check	any of the following tha	t are a signif	icant use of its	collecti	on	
a Public exhibition		d Loan o	or exchange programs					
<b>b</b> Scholarly research		e Other						
c Preservation for future generation	s	_						
4 Provide a description of the organizati Part XIII	on's collections and	d explain how the	ey further the organization	on's exempt	purpose in			
5 Dunng the year, did the organization s to be sold to raise funds rather than to	be maintained as	part of the organi	zation's collection?		[	Yes		No
Escrow and Custodial A	arrangements. Bunt on Form 99	Complete if the Po, Part X, line	ne organization ans e 21.	swered 'Y	es' to Form 9	990, F	art IV,	,
1 a Is the organization an agent, trustee, on Form 990, Part X?				ssets not inc	luded	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in Pa	art XIII and complet	e the following ta	Die	ГТ				
a Danimana balanca				1	<del></del>	Amount		
c Beginning balance							<del></del>	
<ul><li>d Additions during the year</li><li>e Distributions during the year</li></ul>				1d				
f Ending balance								
2 a Did the organization include an amount						Yes		No
b If 'Yes,' explain the arrangement in Pa					<u> </u>		-	-
b ir res, explain the arrangement in Pa	art Alli Check here	ii the explantion	nas been provided in P	art Alli				اـ
Part V. Endowment Funds. Con	nnlete if the org	anization ans	wered 'Yes' to For	n 990 Pa	rt IV line 10	1		
1 4	(a) Current year	(b) Pnor year			ree years back		our years	back
1 a Beginning of year balance	(a) Garroni y Gar	(5) ( 1107 ) 62.	(e) me jeure eur	(3)	juano buon		ou. you.o	540
<b>b</b> Contributions								
- National desiration of the same of the s			-					
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities								
and programs								
f Administrative expenses						-		
g End of year balance		d bolones (line 1s	l			<u> </u>		
<ol> <li>Provide the estimated percentage of the about designated or quasi-endowment</li> </ol>	•	ا Balance (illie ار %	y, column (a)) nelu as					
• •		<del></del> *						
b Permanent endowment		o,						
c Temporarily restricted endowment ► The percentages in lines 2a, 2b, and	2c should equal 10	<u> </u>						
3 a Are there endowment funds not in the organization by	possession of the	organization that	t are held and administe	ered for the		ſ	Yes	No
(i) unrelated organizations						3a(ı)		
(ii) related organizations						$\rightarrow$		
<b>b</b> If 'Yes' to 3a(II), are the related organ						3b		
4 Describe in Part XIII the intended use								<b></b>
Part VII Land, Buildings, and Ed								
Complete if the organizat		Yes' to Form 9	990, Part IV. line 11	1a. See Fo	orm 990. Pai	rt X. li	ne 10.	
Description of property			· · · · · · · · · · · · · · · · · · ·				Book va	
Description of property		t or other basis ivestment)	(b) Cost or other basis (other)		cumulated reciation	(u)	DOOK VA	iu <del>C</del>
1 a Land		_/	. ,					
<b>b</b> Buildings	<del></del>							
c Leasehold improvements								
d Faurament		225 252		T	200 055			

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. ► 25,003. Schedule **D** (Form 990) 2013

(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990, P	
(1) Financial derivatives	1	(c) Method of Valuation Cost of end-of	-year market value
(2) Closely-held equity interests			<del>-</del>
			<u> </u>
		-	
<u>(A)</u>			
(B)	_		
(C)			
(D)			<del></del>
(E)			
(F)		<del>-</del>	
(G)			
(H)			
<u>(I)</u>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)		*	
Part VIII Investments – Program Related. Complete if the organization answered '	Yes' to Form 990 F	Part IV line 11c See Form 990 P	Part X line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-	
	(b) Book Value	(c) Method of Validation Cost of Cha-	or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			_
(8)			
(9)	ļ		
(10)			
			0 .000.0 0 0 0 0 4 1
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)			· * \$5°   \$48°   1
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) . Part IX Other Assets.	•	, ,	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13 ) .▶  Part IX Other Assets.  Complete if the organization answered '	Yes' to Form 990, F	, ,	Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) . ▶  Part IX Other Assets.  Complete if the organization answered ' (a) De	•	, ,	Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) DEPOSITS	Yes' to Form 990, F	, ,	Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) De (1) DEPOSITS (2)	Yes' to Form 990, F	, ,	Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) De (1) DEPOSITS (2) (3)	Yes' to Form 990, F	, ,	Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) DEPOSITS  (2)	Yes' to Form 990, F	, ,	Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) DEPOSITS (2) (3) (4)	Yes' to Form 990, F	, ,	Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) DEPOSITS (2) (3) (4) (5) (6) (7)	Yes' to Form 990, F	, ,	Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) De (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8)	Yes' to Form 990, F	, ,	Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) De (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9)	Yes' to Form 990, F	, ,	Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) De (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (10)	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, F	Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) De (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (10)	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, F	Part X, line 15. (b) Book value 84,355
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, F	Part X, line 15. (b) Book value 84,355
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.  Complete if the organization answered 'Yes' to F	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, F	Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.  Complete if the organization answered 'Yes' to F (a) Description of liability	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, F	Part X, line 15. (b) Book value 84,355
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.  Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, F	Part X, line 15. (b) Book value 84,355
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) De (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2)	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, F	Part X, line 15. (b) Book value 84,355
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) Deposits  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes (2)  (3)	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, F	Part X, line 15. (b) Book value 84,355
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) Deposits  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes (2)  (3)  (4)	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, F	Part X, line 15. (b) Book value 84,355
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.  Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, F	Part X, line 15. (b) Book value 84,355
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.  Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, F	Part X, line 15. (b) Book value 84,355
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.  Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, F	Part X, line 15. (b) Book value 84,355
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.  Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, F	Part X, line 15. (b) Book value 84,355
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, F	Part X, line 15. (b) Book value 84,355
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.  Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, F	Part X, line 15. (b) Book value 84,355
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) DEPOSITS (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Ves' to Form 990, Fescription  line 15)	Part IV, line 11d. See Form 990, F	Part X, line 15. (b) Book value 84,355

Reconciliation of Revenue per Audited Financial Statements With Revenue per R Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a	eturn.
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	
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recovenes of prior year grants	
d Other (Describe in Part XIII )	
e Add lines 2a through 2d	_   2 e
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII )	
c Add lines 4a and 4b	_ 4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Rart XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	· 1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII )	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	. 3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a	
b Other (Describe in Part XIII )	
c Add lines 4a and 4b	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	.  5
Part XIII. Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addition	

Schedule **D** (Form 990) 2013

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Schedule D (Form 990) 2013 BOAT PEOPLE SOS, INC.  Part XIII Supplemental Information (continued)	54-1563619	Page 5
Rant XIII Supplemental Information (continued)		
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		_
	<b></b>	· _ <b></b>

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Schedule **D** (Form 990) 2013

### 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.

2013

Department of the Treasury Internal Revenue Service Attach to Form 990.
 See separate instructions.
 Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

BOAT PEOPLE SOS INC 54-1563619 Part I . | General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b. 1 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? . . . . . 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 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in (f) Total (a) Region (e) If activity listed in offices in the employees, region (by type) (e.g., expenditures for (d) is a program region agents, and fundraising, program and investments service describe independent services, investments, in region specific type of contractors grants to recipients service(s) in region in region located in the region) PROGRAM SERVICES (1) East Asia and Pacific HUMAN RIGHTS 301,524. (2) East Asia and Pacific 1 3 PROGRAM SERVICES LEGAL ASSISTANCE 89,899. (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)3 a Sub-total . . . . . . . . 9 391,423. **b** Total from continuation sheets to Part I . . . .

C Totals (add lines 3a and 3b)

391,423

9

54-1563619

Schedule F (Form 990) 2013

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
S								
(2)								
(3)								
(4)								
(5)								
(9)								:
(b)	The state of the s							
(8)	* ×							
(6)	ž Ž							
(10)								
(11)	* *							
(12)	**							:
(13)	***************************************							i
(14)	*						:	
(15)	*** *** *** *** *** *** *** *** *** **							
(16)								
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which	tions listed above that a	re recognized as cha	arities by the fore	ign country, recogni	zed as tax-exempt	by the IRS, or for w	hich	

Schedule F (Form 990) 2013

<sup>3</sup> Enter total number of other organizations or entities BAA

Page 3.

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Schedule F (Form 990) 2013 BOAT PEOPLE SOS, INC.

[Partill 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.

		-				1	Any Mathewal of
(a) Type of grant or assistance	( <b>a</b> ) Kegion	(c) Number of recipients	(a) Amount of cash grant	(e) Manner of cash disbursement	(I) Amount of non-	(y) Description of non-cash assistance	valuation (book, FMV, appraisal, other)
9							
(2)							
(3)				:			
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
ВАА						Schedule F	Schedule F (Form 990) 2013

		1-1563619	Page 4
Par	Foreign Forms		<del>_</del>
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	🔲 Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	· · · ☐Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year?  If Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	· · · ☐Yes	X No
BAA	TEEA3505 06/26/13	Schedule <b>F</b> (For	rm 990) 2013

TEEA3504 06/26/13

Schedule F (Form 990) 2013

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## 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.

2013

Employer identification numbe

Open to Public

Department of the Treasury Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

54-1563619 BOAT PEOPLE SOS INC Pt VI, Line 11b AFTER THE 990 IS PREPARED BY INDEPENDENT AUDITOR, A DRAFT IS SUBMITTED TO DIRECTOR OF FINANCE FOR FIRST FINANCE FOR FIRST REVIEW. DIRECTOR OF FINANCE REVIEWS FOR ACCURACY AND COMMUNICATES ANY CHANGES TO AUDITOR. NEXT, THE AUDITOR SUBMITS A SECOND DRAFT (IF NECESSARY) WHICH IS REVIEWED BY BOTH DIRECTOR OF FINANCE AND CEO. THE CEO PASSES THE DRAFT TO CHAIRMAN AND TREASURER OF BOARD OF DIRECTORS FOR FINAL REVIEW AND APPROVAL. THE CEO SIGN THE APPROVED TAX RETURN. Pt VI, Line 12c THE ORGANIZATION BUILT CONTROLS IN ITS PROCUREMENT PROCESS TO DISCOURAGE EMPLOYEES FROM ENTERING INTO BUSINESS CONTRACTS ON BEHALF OF THE ORGANIZATION THAT MAY RESULT IN A PERSONAL GAIN FOR AN EMPLOYEE OR FOR A RELATIVE. REQUESTS FOR SIGNIFICANT PURCHASES AND CONTRACTUAL RELATIONSHIPS MUST INCLUDE THREE ESTIMATES FROM THREE DIFFERENT INDEPENDENT BUSINESSES OR PROFESSIONAL SERVICE PROVIDERS. EVERY CONTRACT MUST BE REVIEWED AND APPROVED BY DIRECTOR OR CEO. Pt VI, Line 15a THE PROCESS FOR DETERMINING THE COMPENSATION OF THE CEO INCLUDES A REVIEW OF THE PREVAILING SALARY BASE FOR INDIVIDUALS IN COMPARABLE POSITIONS. THE PROPOSED SALARY IS THEN PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR APPROVAL. Pt VI, Line 15b THE PROCESS FOR DETERMINING THE COMPENSATION OF THE KEY EMPLOYEES INCLUDES A REVIEW OF THE PREVAILING SALARY BASE FOR INDIVIDUALS IN COMPARABLE POSITIONS. THE PROPOSED SALARY IS THEN PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR APPROVAL.