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990

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 2010

Open to Public

Department of the Treasury Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning 2010, and ending 10/01 09/30 20 11 C Name of organization PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL IN D Employer identification number Check if applicable: Doing Business As 95-4209483 Address channe Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 555 Clyde Avenue Suite 120 650-988-6818 City or town, state or country, and ZIP + 4 Terminated G Gross receipts \$ Mountain View, CA 94043 Amended return F Name and address of principal officer. Kenneth Chin H(a) Is this a group return for affiliates? Yes No □ Application pending 555 Clyde Avenue Suite 120, Mountain View, CA 94043 H(b) Are all affiliates included? Yes No If "No," attach a list. (see instructions) ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 501(c) ( Tax-exempt status: Website: ▶ H(c) Group exemption number ▶ Form of organization: Corporation Trust Association ☐ Other ▶ 1988 M State of legal domicile: Summary Briefly describe the organization's mission or most significant activities: International Education, Cultural Exchange and Professional Services in China and Central Asia. Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 6 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 4 Total number of volunteers (estimate if necessary) . . . . 6 50 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h). 666,245 709,438 ٥ Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 84,732 44,390 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . O n Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 750.977 753,828 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 115,876 98,983 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 182,275 404,217 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines\_11a\_11d\_11f-24f 408,136 334,212 Total expenses. Add lines 13-17 (must equal Part X, column (A), line 25) 18 928.229 615,470 19 Revenue less expenses. Subtract line 18 from line 12 -177,252 138,358 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 3.935,081 4,072,499 21 Total liabilities (Part X. line 26) . 1.002 62 22 Net assets or fund balances. Subtract line 21 from line 20 3,934,079 4,072,437 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tion of preparer (other than officer) is based on all information of which preparer has any knowledge. true, correct, and complete Declar Sign Signature of officer Here Kenneth Chin, President Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check 🔲 if self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) . Yes No

For Paperwork Reduction Act Notice, see the separate instructions.



Cat. No. 11282Y

Form **990** (2010)

Form 99	0 (2010) Page 2
Part	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	International Education, Cultural Exchange & Professional Service in China & Central Asia.
	***************************************
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section
•	501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
<b>4a</b>	(Code: ) (Expenses \$ 43,420 including grants of \$ ) (Revenue \$ 12,068 )
	Student Leadership Program-2 summers of leadership training for select student leaders from top universities (Tsinghua university,
	People's university and central Minzhu University), -3 weeks program of cultural exchange between US and Chinese college
	student including: (1) 10 days of cultural exchange on Chinese campus and students including: (1) 10 days of cultural exchange on Chinese campus and (2) 10 day community service trip to rural China, -10 days study tour to Hong Kong.
	comess campus and (2) to day community service up to fural crima, -to days study tour to morg kong.
	***************************************
4b	(Code:) (Expenses \$ 14,844 including grants of \$ ) (Revenue \$ 19,350 )
	Rural Education Program-Summer English camp for rural Chinese teachers and students by Vision Team volunteersVision team
	orientation and debriefing with culture tour in urban city of ChinaScholarships for needy students and library donations to needy
	schools.
	······
	***************************************
	***************************************
40	(Codo: \Expenses \$ 47.444 including greats of \$ \Dayson \$
4c	(Code:) (Expenses \$ 17,441 including grants of \$ ) (Revenue \$ 21,074 )  Central Asian/Kyrgzystan Summer Exchange Project-Learn about Islam and build friendships with local peopleTeach English or
	computer to high school and college studentsVisit immigrant communities of Afghan and Persian Americans.
	Other program services. (Describe in Schedule O.) See Schedule O, Statement 2
	(Expenses \$ 277,486 including grants of \$ 0 ) (Revenue \$ 250,228 )

art	Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>✓</b>	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	✓	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		-	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	118	<b>✓</b>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<b>✓</b>	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		<b>✓</b>
Ь	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, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<b>✓</b>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		✓
ь 	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants and 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		✓
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		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		<b>✓</b>
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		<b>√</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<b>→</b>
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
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		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		· ·
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		· ·
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? <i>If "Yes," complete Schedule R, Part I</i>	33		<b>✓</b>
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		<b>✓</b>
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓
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		1
37	Did the organization conduct more than 5% of its activitles 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		<b>✓</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>√</b>	
		For	n <b>99</b> 0	(2010)

The Enter the number reported in Box 3 of Form 1096, Enter -0- If not applicable be that the number of Forms W-26 included in line 1s. Enter -0- If not applicable be the number of Forms W-26 included in line 1s. Enter -0- If not applicable of the number of Forms W-26 included in line 1s. Enter -0- If not applicable of the number of Forms W-26 included in line 1s. Enter -0- If not applicable of the number of employees with backing withholding of the comparisation convey in the number of employees reported on Form W-3, Transmittal of Wage and Tax 2 and 1s. If a least one is reported on line 2s, did the organization file all required federal employment tax returns?  If I a least one is reported on line 2s, did the organization file all required federal employment tax returns?  If I 'Yes, he this cum of line 1s and 2s is greater than 250, you may be required to a file, (see instructions)  If I 'Yes, he this did a form 980-T for this year than 250, you may be required to a file, (see instructions)  If I 'Yes, he the line of a form 980-T for this year if I'No, 'provide an explanation in Schedule O.  If I 'Yes, enter the name of the foreign country: I see instructions for filing requirements for Form TD F 50-221, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 50-221, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 50-221, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 50-221, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 50-221, Report of Foreign Bank and Financial Accounts.  See was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receip	Part ,	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
b Enter the number of Forms W-26 Included in line 1s. Enter -0- If not applicable.  Did the organization comply with backup withholding nules for reportable payments to vendors and reportable gaming (gambling) winnings to pitze winners?  Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  It is the teast one is reported on line 2a, did the organization file all required federal employment tax returns?  Notes. If the sum of lines to and 2a is greater than 250, you may be required to e-file, (see Instructions)  If Yes, Files it filed a Form 990-T for this year? If *No, *provide an explanation in Schedule O.  If Yes, Files it filed a Form 990-T for this year? If *No, *provide an explanation in Schedule O.  As A tany time during the calendar year, did the organization have an interest in, or a signature or other unthorthy over, a financial account in a foreign country; Impact of Foreign Bank and Financial Accounts.  If Yes or Instructions for filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts.  Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8886-T7  If Yes or line Sea of Sb, did the organization infe Form 8886-T7  Did any taxable party notify the organization that it was or is a party to a prohibition self-organization self-organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization organization have an on tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If Yes, did the organization include with every collicitation an express statement that such contributor?  If Yes, and the organization with the organization flow the organization and services provided to the payor?  If Yes, and the organization sel			Ť	Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pitze winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year endeling with or within the year covered by this return  b If at least one is reported on line 2a, did the organization line all required federal employment tax returns?  3b Did the organization raise unrelisted business gross income of \$1,000 or more during the year?  b If Yes, has it filed a Form 990-T for this year? If Yes, *provide an explanation in Schedule O  At any time during the calendar year, did the organization have were in interest in or a signature or other authority over, a financial account; accountly.  b If Yes, *enter the name of the foreign country, !P  5e Ne instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  4e V  5e Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5e Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6f Yes, *to line Se or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction?  6f Yes, *to line Se or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction?  6f Yes, *to line Se or Sb, did the organization file Form B886-T?  6 Does the organization sevenue annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6 Tyes, *to line Se or Sb, did the organization file Form B886-T?  6 Did the organizations that were annual gross receipts that are normally greater than \$100,000, and did the organizations because a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 The Tyes, *to line Se or Sb, did the organization networ	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable   1a   2	$\Box$		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 4 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Notes. If the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? Notes. If the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? Notes. If the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? Notes. If the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? Notes. If the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? Notes. If the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? Notes 1a and 2a and		Did the organization comply with backup withholding rules for reportable payments to vendors and		~	, 
Statements, filled for the calendar year ending with or within the year covered by this return 2 4 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines it and 2a is greater than 250, you may be required to e-file. (see instructions)  10 till the organization have unrelated business growing an expensive file of the control o	2a		1c	- "	<b>✓</b>
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines it and 2a is greater than 250, you may be required tofile, lege instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 990-T for this year" 1"No," provide an explanation in Schedule O.  3a At any time during the calendary year, did the organization have an interest, in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," enter the name of the foreign country.   Per See instructions for filing requirements for from TD F 90-22-1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes" to line 5a or 5b, did the organization file Form 8886-17  6 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?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$15 made party as a contribution and party for goods and services provided to the payor?  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 Did the organization receive a payment in excess of \$15 made party as a contribution of an approach and services provided to the payor?  9 If "Yes," findicate the number of Forms 8282 filed during the year  9 Did the organization receive any payment in excess of \$15 made party as a contribution of an excess of \$15 made party as a contribution of an excess of \$15 made party as a contribution of the payor?  9 If "Yes," fin					
38 If the organization have unrelated business gross income of \$1,000 or more during the year?  bif "Yes," has it filled a Form 990-T for this year? # 7%, provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountity?  bif "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountity?  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  bif was the organization and the organization that it was not is a party to a prohibited tax shelter transaction?  of "Yes," to line 5e or 5b, did the organization that it was not is a party to a prohibited tax shelter transaction at the organization solicit any contributions that were not tax deductible?  Does the organization have annual gross neceipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  Organizations onlicuties with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization every a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any premiums, directly or indirectly, on a personal benefit contract?  To did the organization neceive any permiums, directly or indirectly, on a per	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country.)  b if "Yes," enter the name of the foreign country: ▶  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for See and the search to a part of the support of the foreign contains.  See In Section 17 (See Instruction Instruction See Instruction Instruction Instruction Instruction Instru	30				
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account??)  b   f "Yes," enter the name of the foreign country.    b   f "Yes," enter the name of the foreign country.    b   f "Yes," enter the name of the foreign country.    b   f "Yes," enter the name of the foreign country.    b   f "Yes," enter the name of the foreign country.    b   f "Yes," and the organization approach of prohibited tax shelter transaction?    c   f "Yes on the source of the organization that it was or is a party to a prohibited tax shelter transaction?    c   f "Yes," did the organization that it was or is a party to a prohibited tax shelter transaction?    c   f "Yes," did the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twee not tax deductible?    c   f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?    c   f "Yes," did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?    b   f "Yes," did the organization notify the donor of the value of the goods or services provided?    c   f   f "Yes," indicate the number of Forms 8282 filed during the year    d   f "Yes," indicate the number of Forms 8282 filed during the year    d   f f "Yes," indicate the number of Forms 8282 filed during the year    d   f f the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?    d   f the organization neceive any funds, directly or indirectly, or a personal benefit contract?    d   f the organization meaker any taxable distributions under section 49667    d   f the organization foreive and contribution of cars, boats, arjanes, or other vehicles, did the organization file a form 1098-0?    Sponsoring organization make any taxable distributions under section 49667    d   f the organizat			$\rightarrow$		<b>✓</b>
See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes" to line 5a or 5b, did the organization file Form 8886-17  6 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?  7 Organization solicit any contributions that were not tax deductible?  8 J If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).  8 Did the organization steril may receive deductible contributions under section 170(c).  9 Did the organization steril necessor 97.5 made partly as a contribution and partly for goods and services provided to the payor?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Did the organization receive a pymerim in excess of 3°.5 made partly as a contribution ontract?  9 Did the organization receive a pymerim in excess of 3°.5 made partly as a contribution ontract?  9 Did the organization receive a pymerim in excess of 3°.5 made partly as a contribution ontract?  10 Did the organization receive a pymerim in excess of 3°.5 made partly as a contribution ontract?  10 Did the organization receive a pymerim solicity or indirectly, to pay premiums on a personal benefit contract?  11 Did the organization receive a contribution of qualified intellectual property, did the organization flee form tax of the expension of payor and payor and expension of the pymerim organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds  10 Did the organization make an	<b>4a</b>	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	48		✓
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	40-	· · · · · · · · · · · · · · · · · · ·			
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	_	tama m	12a		
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а		13a		
c Enter the amount of reserves on hand	b	Enter the amount of reserves the organization is required to maintain by the states in which			
14a Did the organization receive any payments for indoor tanning services during the tax year?	c		,	- 1	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b			140		
	_		_		-
		The state of the s		990	(2010)

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang			
	O. See instructions.  Check if Schedule O contains a response to any question in this Part VI		_	. 171
Secti	on A. Governing Body and Management			<u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
þ	Enter the number of voting members included in line 1a, above, who are independent . 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		   
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		/
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		7
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		·
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>√</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c		/
13	Does the organization have a written whistleblower policy?	13		1
14	Does the organization have a written document retention and destruction policy?	14		1
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?			
а	The organization's CEO, Executive Director, or top management official	15a		ا ر
ь	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
b	If "Yes," has the organization adopted 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?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► CA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) for public inspection. Indicate how you make these available. Check all that apply.	)s only	/) ava	ilable
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	f inter	rest p	юlісу,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	1	
	organization: ▶ Peggy Kwan, (650)988-6818	J. 1110		
	555 Clyde Avenue Suite 120 Mountain View CA 94043			

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Р	<b>20e</b>	4

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,
	The state of the s
•	and Independent Contractors
	and independent contractors
	Check if Schedule O contains a response to any question in this Part VII

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

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

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

(A)	(B)			-	C)			(D)	(E)	(F)
Name and Title	Average hours per week	-	_	Officer		hat ap	Py) Former	from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Xer	Key employee	Highest compensated employee	Ber	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Kenneth Chin President	40			1				61,970	0	
Donald Douglas Chairman	1.5			✓				o	0	1
Richard Yook Secretary	1.5			✓				o	0	
Keith K yip Treasurer	1.5			<b>√</b>				o	0	
Boin Lin Director	1.5			<b>√</b>				0	0	
Rosalie Wu Director	1.5			<b>\</b>				0	0	
										-
	{									

Par	VII Section A. Officers, Directors, Trus	stees, Key	Empl	рув	98, 8	and	Highe	est	Compensated	Employees (c	ontin	ued)		
	· (A)	(B)			•	C)			(D)	(E)			F)	
	Name and title	Average hours per week	<del></del>	<del></del>			that ap		Reportable compensation from	Reportable compensation for related	rom	ато	nated unt of her	
		(describe hours for related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compe fror organ and e	ensation n the dization elated	
		in Schedule O)	8	¥100			sated					organ	zations	,
											+	-		
							<del> </del>	ļ			+			
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		-												
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			<del> </del>											
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				_	-	_	ļ	_			_			
								<u> </u>						
1b c	Sub-total		n A	:				<b>&gt;</b>	61,970		0			0
d	Total (add lines 1b and 1c)	<u> </u>	<u> </u>					<u> </u>	61,970	<del></del>	0			0
2	Total number of individuals (including but reportable compensation from the organi	t not limited	d to th	ose	list	ed	above	e) w	ho received m	ore than \$100	0,000	in		
_						_							Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	mcer, airec S <i>chedule J</i>	for s	r tr uch	uste indi	e, ividi	кеу е ual	mp	oloyee, or high 	est compens	sated	3	1.	✓
4	For any individual listed on line 1a, is the organization and related organizations													
5	individual	· · · ·										4		<b>\</b>
	for services rendered to the organization									····	·	5		✓
	on B. Independent Contractors										4400			
1	Complete this table for your five highest compensation from the organization.	compensat	ea ind	zep	ena	ent	contr	acto	ors that receive	ed more than	\$100	J,UUU OT		
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compens	ation	
								<u> </u>						
2	Total number of independent contractor received more than \$100,000 in compens								ose listed ab	ove) who				
	received interestrain \$100,000 in compens	auon nom	THE O	ya	1144	uUII	- 0							

Par	VIII	Statement of Revenue				
	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
3 8	18	Federated campaigns 1a 0	·			
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b 0				i
8, B	С	Fundraising events 1c 0				
	d	Related organizations 1d 0				
8 E	е	Government grants (contributions) 1e 0				1
	1	All other contributions, gifts, grants,				
혈		and similar amounts not included above 1f 709,438				
토토	g	Noncash contributions included in lines 1a-1f: \$ 13,493				
	h	<b>Total.</b> Add lines 1a–1f	709,438			
Program Service Revenue		Business Code				 
8	2a					
æ	b					
훋	C					- <del></del>
8	d			·		
퉏	е			-		
图	†	All other program service revenue .				
<u>~</u>	3	Total. Add lines 2a–2f ▶ Investment income (including dividends, interest,	0			
	٠	and other similar amounts)			_	_
	ا م ا		44,390	44,390	0	0
	4	Income from investment of tax-exempt bond proceeds	0	0	0	0
	5	Royatties	0	0	0	0
	6a	Gross Rents		:		
	b	Less: rental expenses				
	C	Rental income or (loss) 0 0				
	ď	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other				,
		assets other than inventory				,
	ь	Less: cost or other basis				
		and sales expenses .				
	С	Gain or (loss) 0 0				,
	d	Net gain or (loss) ▶				
Revenue	8a	Gross income from fundraising				
Ş		events (not including \$ 0				
	1	of contributions reported on line 1c).	•			
Other		See Part IV, line 18 a				
₹		Less: direct expenses b				
		Net income or (loss) from fundraising events .				
		Gross income from gaming activities.  See Part IV, line 19 a				
	ь	Less: direct expenses b				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances a				
		Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
	-	Miscellaneous Revenue Business Code				
	11a					
	b					
	6	All other revenue				
	d	Total. Add lines 11a-11d		<u> </u>		
	12	Total revenue. See instructions	752 939	44.000		
		Total revenues coo mandatana.	753,828	44,390	0	Form <b>990</b> (2010)

### Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	39,773	39,773		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,000	2,000		· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	57,210	57,210		
<b>4</b> <b>5</b>	Benefits paid to or for members	61,970		61,970	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	88,850	500	88,350	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,082		1,082	
9	Other employee benefits	16,327		16,327	
10	Payroll taxes	14,046		14,046	
11	Fees for services (non-employees):				<u> </u>
a	Management	84,695	66,893	17,802	
b	Legal				
C	Accounting				
d	Lobbying				
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other	2,250	2,250		
12	Advertising and promotion	6,665		6,665	
13	Office expenses	12,629	80	12,549	
14	Information technology	4,644	182	4,462	
15	Royalties				
16	Occupancy	4,679		4,679	
17	Travel	147,752	134,359	13,393	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	24,246	22,438	1,808	
20	Interest				
21	Payments to affiliates [				
22	Depreciation, depletion, and amortization .	6,583		6,583	
23	Insurance	35,941	27,371	8,570	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column			1	
	(A) amount, list line 24f expenses on Schedule O.)		<u> </u>		
a	Books and subscription	219	59	160	
b	Bank charges	1,245	76	1,169	
C	Filing fee and dues	2,664	0	2,664	
d					
e	All all				
f	All other expenses	0		<del></del>	<del></del>
25	Total functional expenses. Add lines 1 through 24f	615,470	353,191	262,279	
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

•		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	39,270	1	82,334
2	Savings and temporary cash investments	3,744,622	2	3,411,841
3	Pledges and grants receivable, net	_	3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	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)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a				•
l b		1,189	10c	577,574
11	Investments—publicly traded securities		11	
12	Investments – other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	150,000	15	750
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,935,081	16	4,072,499
17	Accounts payable and accrued expenses	0	17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	<del></del>
21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.		-	
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	<del></del>	24	
25 26	Other liabilities. Complete Part X of Schedule D	1,002		62
20	Total liabilities. Add lines 17 through 25	1,002	26	62
27	Unrestricted net assets	1 015 044	27	1,350,984
28	Temporarily restricted net assets	1,015,044 2,919,035	28	2,721,453
29	Permanently restricted net assets	2,919,033	29	2,721,453
	Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			<u></u> -
30	Capital stock or trust principal, or current funds		30	
,	Paid-in or capital surplus, or land, building, or equipment fund		31	·
31				
31 32			32	
31 32 33	Retained earnings, endowment, accumulated income, or other funds .  Total net assets or fund balances	3,934,079	32 33	4,072,437

Form **990** (2010)

Form 9	90 (2010)		Pa	ge 12
Par	XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		75	3,828
2	Total expenses (must equal Part IX, column (A), line 25)		61	5,470
3	Revenue less expenses. Subtract line 2 from line 1		13	8,358
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		3,93	4,079
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		4,07	2,437
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990:			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
b	Were the organization's financial statements audited by an independent accountant?	2b		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	-		Ì
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		<del>'</del> -
		For	n <b>99</b> 0	(2010)

#### **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.

2010 Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL INC 95-4209483 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.) 1 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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. c Type III—Functionally integrated **b** Type II e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified 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 it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes Nο 11g(i) (ii) A family member of a person described in (i) above? . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(W) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (lii) Type of organization (Iv) is the organization (v) Did you notify (vii) Amount of (vi) is the in col. (i) listed in your the organization in organization (described on lines 1-9 organization in col. support governing document? col. (i) of your (i) organized in the above or IRC section support? 1152 (see instructions)) Yes No Vas No Yes No (A) (B)

(C)

(D)

(E)

Total

	ile A (Form 990 or 990-EZ) 2010						Page 2
Part							
•	(Complete only if you checked the						lify under
Cont	Part III. If the organization fails to	o quality unde	r the tests lis	tea below, pi	ease comple	te Part III.)	
	ion A. Public Support	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(a) 2010	(f) Total
Caler 1	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2000	(b) 2007	(6) 2008	(a) 2009	<b>(e)</b> 2010	(i) Total
•	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	928,895	986,304	863,621	666,245	709,438	4,154,503
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	928,895	986,304	863,621	666,245	709,438	4,154,503
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						4,154,503
	on B. Total Support						
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	928,895	986,304	863,621	666,245	709,438	4,154,503
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	157,521	181,891	119,516	84,872	44,390	588,190
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						4,742,693
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	re				ear as a section	
	on C. Computation of Public Suppor			4 1 (0)		441	
14 15	Public support percentage for 2010 (line 6					14	87.6 %
16a	Public support percentage from 2009 Sch 331x % support test—2010. If the organiz					15	87.08 %
	box and <b>stop here.</b> The organization qual						
b	331/a% support test—2009. If the organicheck this box and stop here. The organi	nization did no	t check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization mee Part IV how the organization meets the "forganization	ets the "facts-a acts-and-circu	and-circumstar mstances" tes	nces" test, che t. The organiza	ck this box an tion qualifies	d <b>stop here.</b> E as a publicly su	ine 14 is xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	009. If the orgation meets the leets the	nization did no facts-and-cir and-circumst	ot check a box cumstances" ances" test. Tr	on line 13, 16 test, check the ne organization	a, 16b, or 17a, is box and sto n qualifies as a	and line  p here.  publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

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

(Complete only if you ched	cked the box on line 9 of Part I or if the	e organization failed to qualify under Part II.
If the organization fails to	qualify under the tests listed below, ple	ease complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees	 					
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
_	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					,	
C	Add lines 10a and 10b		1				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						:
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	•	n's first, secon	•	•		` ' ' ' _
Secti	on C. Computation of Public Suppor			<del></del>		-	
15	Public support percentage for 2010 (line 8			3, column (f))		15	%
16	Public support percentage from 2009 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2010 (						%
18	Investment income percentage from 2009	Schedule A,	Part III, line 17			18	%
19a	331/a% support tests—2010. If the organ 17 is not more than 331/a%, check this box						•
Þ	331/2% support tests - 2009. If the organize line 18 is not more than 331/2%, check this line 18 is not more than 331/2%.	zation did not o	check a box on	line 14 or line	19a, and line 16	is more than	331/3%, and
20	Private foundation. If the organization di	=	-	=			_

<u> </u>	Schedule A (F	orm 990 or 990-EZ) 2010	Page 4
	Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See	
			•
	************	•••••••••••••••••••••••••••••••••••••••	
······································			

# SCHEDULE D

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2010

Open to Public Inspection

Employer identification number Name of the organization **PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL INC** 95-4209483 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990. Part IV. line 6. (b) Funds and other accounts Total number at end of year . . . . . 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . 2a Total acreage restricted by conservation easements . . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report In its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X .

	Pag	зе 2
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	Organizations Maintaining										
3 ·	Using the organization's acquisition, collection items (check all that apply):		on, and ot	her reco	rds,	check	any of th	ne follo	wing that are a	significar	nt use of its
а	☐ Public exhibition			d		Loan	or excha	ınge pr	ograms		
b	☐ Scholarly research			•		Other					
C	☐ Preservation for future generatio										
4	Provide a description of the organization	tion's co	ollections a	and expla	ain h	ow the	y further	the or	ganization's ex	empt purp	ose in Part
_	XIV.										
5	During the year, did the organization										
	assets to be sold to raise funds rather										es No
Part	line 9, or reported an amount						nization	answe	erea "Yes" to	rorm 990	), Paπ IV,
18	Is the organization an agent, trustee						contribu	tions o	r other assets	not	
	included on Form 990, Part X?									_	′es □ No
ь	If "Yes," explain the arrangement in P									٠ .	
-									_	Amount	
C	Beginning balance							1,	c		
d	Additions during the year							10	d		
e	Distributions during the year							10	В		
f	Ending balance							1	f		
28	Did the organization include an amount		rm 990, Pa	art X, line	217	?				. 🗆 Y	es 🗌 No
	If "Yes," explain the arrangement in P							_			
Par	V Endowment Funds. Compl										<del></del>
	<b>-</b>	(a) Cu	rrent year	(b) Pn	or yea	ar (	(c) Two yea	irs back	(d) Three years b	ack (e) For	ur years back
18	Beginning of year balance			<u> </u>							
b	Contributions								<u> </u>	-	
C	Net investment earnings, gains, and losses	ļ				ŀ					
d	Grants or scholarships					-+			<del> </del>	_	
e	Other expenditures for facilities and	· · · · · · · · · · · · · · · · · · ·									
•	programs	ŀ									
f	Administrative expenses								<del>                                     </del>		
g	End of year balance				-			<u> </u>	<u> </u>	1	
2	Provide the estimated percentage of t	the year	end balan	ce held a	as:				· · · · · · · · · · · · · · · · · · ·		
а	Board designated or quasi-endowmen	nt 🕨		%							
b	Permanent endowment ▶	%									
C	Term endowment ▶ %										
3a	Are there endowment funds not in the	e posse	ssion of th	e organi	zatic	on that	are held	and a	dministered for	the	
	organization by:										Yes No
	(i) unrelated organizations									. 3a(I	· · · · · · · · · · · · · · · · · · ·
	(ii) related organizations									. 3a(il	
4	If "Yes" to 3a(ii), are the related organ Describe in Part XIV the intended uses							• •		. <u>3b</u>	1
Part										<del></del>	
	Description of investment		a) Cost or ot				other basis	(0)	Accumulated	IA PA	ook value
			(investm			(oth			depreciation	(0) 0	
18	Land	·		131,389			0	<del>                                     </del>			131,389
b	Buildings	·  _		328,354	<u> </u>		. 0	<del></del>	3,865		324,489
C	Leasehold improvements	·		119,886			0	+	1,411		118,475
d	Equipment	. ⊢		3,789			0	<del></del>	3,789		0
Total	Other	nuet oc:	ial Form Of	3,773		dum /	B) line 1		552		3,221
. Val.	naa iiilee Ta tiiiloogii Te. (Coluitiii (u) I	nusi oqt	rou r Ollil 98	oo, rail i	٠, ٥٥	nuilli (i	ا قالتا ,رد	<u> </u>	<u></u> ▶		577,574

(a) Description of security or category (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives	
(2) Closely-held equity interests	9
(3) Other (A) (B) (C) (D) (E) (F) (G) (I) (Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments — Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8)	8
(A) (B) (C) (C) (D) (E) (G) (G) (H) (G) (H) (I) Total. (Column (b) must equal Form \$90, Part X, col. (B) line 12.) ▶  Part VIII Investments — Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8)	8
(B) (C) (D) (E) (F) (G) (H) (I) Total (Column (b) must equal Form 990, Part X, col. (B) line 12.)   Part VIII Investments — Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8)	8
(C) (D) (E) (F) (G) (I) (G) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	8
(D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments — Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8)	8
(E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments — Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8)	в
(G) (H) (I) Total (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments — Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7)	8
(H) (I) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments — Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8)	9
(I)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)   Part VIII Investments — Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value  (c) Method of valuation Cost or end-of-year market value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)	8
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)   Part VIII Investments — Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8)	8
Part VIII Investments — Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8)	в
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7)	е
(1) (2) (3) (4) (5) (6) (7)	е
(2) (3) (4) (5) (6) (7) (8)	
(2) (3) (4) (5) (6) (7) (8)	
(3) (4) (5) (6) (7) (8)	
(4) (5) (6) (7) (8)	
(6) (7) (8)	
(7) (8)	
(8)	······
	<del></del>
(9) (10)	<del> </del>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
Part IX Other Assets. See Form 990, Part X, line 15.	
The state of the s	) Book value
(1)	
(2)	
(3)	
(4) (5)	<del> </del>
(5) (6)	
<u>(6)</u> (7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities. See Form 990, Part X, line 25.	
1. (a) Description of liability (b) Amount (1) Federal income taxes	
(2) Credit card 62 (3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 62	
2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements the	at rangets the

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	nents	
1 .	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	· · · · · · · · · · · · · · · · · · ·
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Ret	um
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	٦	
C	Recoveries of prior year grants	7	
d	Other (Describe in Part XIV.)	7	
е	Add lines 2a through 2d		
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	7	
С	Add lines 4a and 4b	40	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er R	eturn
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:		
а	Donated services and use of facilities		
Ь	Prior year adjustments	٦	
C	Other losses	٦	
d	Other (Describe in Part XIV.)	7	
е	Add lines 2a through 2d	<b>2e</b>	-
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
8	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	٦	
C	Add lines 4a and 4b	40	-
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIV Supplemental Information		
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also cor dditional information.	nplete	e this part to provide
	***		
			·

Schedule D (Form 990) 2010

Page 4

### **SCHEDULE F** (Form 990)·

### **Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization

**PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL INC** 

Open to Public Inspection **Employer Identification number** 

95-4209483

Par	Form 990, Part IV, line 14		Dutside the Un	ited States. Comple	ete if the organization a	inswered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eligi	bility for the gra	ants or assistanc			the
	grants or assistance?					· Yes No
2	For grantmakers. Describe in United States.	n Part V the or	ganization's pro	cedures for monitorin	g the use of grant fur	nds outside the
3	Activities per Region. (The follo	owing Part I, line	e 3 table can be	duplicated if additions	l space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) if activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)			<del></del>			
(2)						
(3)						
(4)						
(5)						
(6)						
<u>(7)</u>						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total					<del></del>
b	Total from continuation sheets to Part I					
c	Totals (add lines 3a and 3b)					

Page 2

Schedule F (Form 980) 2010  Part II Grants and Other Assistance to Organizations or E  Part IV, line 15, for any recipient who received more th	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part II, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.
---	---

(a) Name of organization	(b) IRS code section and EIN (if applicable)	f organization (b) IRS code (c) Region section and EIN (f applicable)	(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,
9		South Asia	Remin Univer	36 905 wire	wire			FMV
25		South Asia	Minzu Univer	8,300 Wire	Wire	0		FMV
(3)		South Asia	Professor Zh	5,500 Wire	Wire	0		FMV
(4)								
(9)								
(9)								
8								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities ၈ N

Schedule F (Form 990) 2010

Schedule F (Form 980) 2010

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

Part III can be duplicated if additional space is needed.

(13) (14) (14) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19)	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV; apprasal, other)
(2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	(3)							
(4) (6) (8) (9) (10) (11) (12) (13) (14) (15) (16) (18) (19) (19) (19) (19) (19) (19) (19) (19	(2)							
(6) (6) (7) (13) (14) (15) (15) (15) (15) (15) (15) (15) (15	(3)							
(6) (8) (9) (10) (11) (12) (13) (14) (15) (16) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	(4)							
(19) (13) (14) (15) (16) (19) (19) (19) (19) (19) (19) (19) (19	(5)							
(19) (19) (19) (19) (19) (19) (19) (19)	(9)							
(a)       (b)       (c)       (	6							
(10) (11) (12) (13) (14) (16) (16)	(8)							
(10)       (11)       (12)       (13)       (14)       (14)       (16)       (17)       (18)	(6)							
(13)       (13)       (14)       (15)       (16)       (17)	(10)							
(12)       (13)       (14)       (15)       (16)       (17)       (18)	(11)							
(13)       (14)       (15)       (16)       (17)       (18)	(12)							
(14)       (15)       (16)       (17)       (18)	(13)							
15)       16)       17)       18)	14)							
(16)       (17)       (18)	(15)							
(17)	(16)							
(18)	17)							
	(18)							İ

_	4
Page	4

	(Form	

Part	V Fo	reign Forms		
1	the orga	organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," anization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ation (see Instructions for Form 926)	☐ Yes	☑ No
2	may be Receipt	organization have an interest in a foreign trust during the tax year? If "Yes," the organization required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a rner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	the orga	organization have an ownership interest in a foreign corporation during the tax year? If "Yes," inization may be required to file Form 5471, Information Return of U.S. Persons with respect to Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	☑ No
4	qualified Return	e organization a direct or indirect shareholder of a passive foreign investment company or a delecting fund during the tax year? If "Yes," the organization may be required to file Form 8621, by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see lons for Form 8621)	☐ Yes	☑ No
5	the orga	organization have an ownership interest in a foreign partnership during the tax year? If "Yes," anization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Partnerships. (see Instructions for Form 8865)	☐ Yes	☑ No
6	"Yes," t	organization have any operations in or related to any boycotting countries during the tax year? If the organization may be required to file Form 5713, International Boycott Report (see Instructions of 5713)	☐ Yes	☑ No

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Open to Public Inspection

**%** □ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II Employer Identification number Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to ✓ Yes 95-4209483 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance ► Attach to Form 990. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations (c) IRC section If applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance can be duplicated if additional space is needed. PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL INC Enter total number of other organizations (P) EIN (9) (1) Sch I, Stmt 1 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Part Part II 122 ন্ত ම € 9 9 Ε 5 9

Schedule I (Form 990) (2010)

Cat. No. 50055P

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

Schedule I, Part I, Line 2 - 1. CCSA-we receive copies of books that we send subsidies for their publication. We receive reports on conferences that we financially sponsor. In most cases (f) Description of non-cash assistance we send staff and friends of our organization to participate in these events. 2. The funding went to Palo Alto University who provides scholarship grant for students within their student Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV program. Part III N က LO 4 0

Schedule I (Form 980) (2010)

Schedule I, Part IV, Statement 1

PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL INC 95-4209483

Form: Schedule I

Page: 1 '

Line Number: Part II

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
Name and address	Chinese Christian Scholars Assoc NA	32,880	0
	93 Emerson Gardens Road		
	Lexington, MA 02420		
EIN	04-3544376		
IRC code section			
Method of valuation	Cash		
Description of non-	0		
cash assistance			
Purpose of grant	sponsored retreats, conferences and seminars that		
	bought North American professionals and academics		
	to meet their Chinese counterparts in mutually		
	beneficial exchange.		
Name and address	Palo Alto University	6,874	0
	1791 Arastradero Road	.,	
	Palo Alto, CA 94304		
EIN	94-2340692		
IRC code section	school		
Method of valuation	cash		
Description of non-	0		
cash assistance			
Purpose of grant	Grant Scholarships for PAU China Program Students		
• •	for Fail quarter 2011		

### **SCHEDULE 0** (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.

2010 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL INC 95-4209483 Form 990, Part VI, Section B, Line 11b - The return preparer emails a copy of the final version of form 990 to all voting members of the board of directors and asks them to review the return and provide feedbacks within 3 business days. The return will be filed if no change need to be made received from reviewers by the due date. Form 990, Part VI, Section C, Line 19 - The Company makes its governing documents such as articles of incorporation, bylaws, conflict of interest policy, and financial statements available to the general public upon request.

Schedule O, Statement 2

PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL INC 95-4209483

Form: 990

Page: 2 ·

Line Number: Part III Line 4d

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Cultural Program: Academic & Professional Exchange & Development, Publications- academic exchange (6-12 months) for promising Chinese graduate students and young faculty to study oversees under mentors in their fieldssponsorship of publications (e.g. two semi-annual journals at Renda and Fudan) and translations of significant works in the Humanities, especially to develop young Chinese faculty in the humanities sponsored conferences and seminars that brought N American professionals and academics to meet their Chinese counterparts in mutually benefical exchange.	277,486		250,228
Total:		277,486	0	250,228