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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning 10/01, 2012, and ending 09/30, 2013	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL I
	Doing Business As
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 555 Clyde Avenue 120
	City, town or post office, state, and ZIP code Mountain View, CA 94043
	D Employer identification number 95-4209483
E Telephone number 650-988-6818	
G Gross receipts \$ 645468	
F Name and address of principal officer: Kenneth Chin 555 Clyde Avenue Suite 120, Mountain View CA 94043	
H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1988 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: International Education, Cultural Exchange and Professional Services in China and Central Asia.	
	2 Check this box <input type="checkbox"/> 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	
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 7	
	6 Total number of volunteers (estimate if necessary) 6 30	
	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 7b 0	
	Revenue	8 Contributions and grants (Part VIII, line 1h) 577,731 614,632
		9 Program service revenue (Part VIII, line 2g) 0 0
10 Investment income (Part VII, column (A), lines 3, 4, and 7d) 18,827 30,836		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 596,558 645,468		
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 117,969 158,337
		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) 192,341 231,274
		16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0
		b Total fundraising expenses (Part IX, column (D), line 25) ▶
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 282,840 218,090	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 593,150 607,701	
	19 Revenue less expenses. Subtract line 18 from line 12 3,408 37,767	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16) 4,075,886 4,113,612
		21 Total liabilities (Part X, line 26) 41 0
22 Net assets or fund balances. Subtract line 21 from line 20 4,075,845 4,113,612		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Kenneth Chin	Date 4/18/14
	Type or print name and title KENNETH CHIN, PRESIDENT	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	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** (2012)

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Part III Statement of Program Service AccomplishmentsCheck 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? ☐ Yes ☒ NoIf ☐ Yes, describe these new services on Schedule O.3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ NoIf ☐ Yes, describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,206 including grants of \$) (Revenue \$ 3,000)Student Leadership Program with 10 days cultural exchange on Chinese Campus, 10 days rural community service and 10 days Hong Kong study tour.4b (Code:) (Expenses \$ 41,579 including grants of \$) (Revenue \$ 63,065)Rural Education Program-Summer English camp for rural Chinese teachers and students by Vision Team volunteers. Vision Team orientation and debriefing with culture tour in urban city of China. Scholarships for needy students and library donations to needy schools. Also Partial scholarships to fund the training of 16 Chinese students in counseling through the programs of Palo Alto University in Beijing China.4c (Code:) (Expenses \$ 308,392 including grants of \$) (Revenue \$ 218,213)Cultural Program: Faculty development-6-12 months sponsorship of promising young faculty in China to study overseas under mentors in their field; Publications-two semi-annual journals with People's University of China and Fudan University; Translation of significant works in the Humanities; Conferences and seminars for Sino-American academic and professional exchange. On going cultural and services training on the field.

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

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)4e Total program service expenses ^a 355,177

Part IV 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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule A	1 4	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 4	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule C, Part I	3	4
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule C, Part II	4	4
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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule C, Part III	5	4
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part I	6	4
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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part II	7	4
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part III	8	4
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part IV	9	4
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part V	10	4
11 If the organization's answer to any of the following questions is <input type="checkbox"/> Yes, <input type="checkbox"/> then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part VI	11a 4	
b Did the organization report an amount for investments <input type="checkbox"/> other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part VII	11b	4
c Did the organization report an amount for investments <input type="checkbox"/> program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part VIII	11c	4
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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part IX	11d	4
e Did the organization report an amount for other liabilities in Part X, line 25? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part X	11e	4
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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part X	11f	4
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Parts XI and XII	12a	4
b Was the organization included in consolidated, independent audited financial statements for the tax year? If <input type="checkbox"/> Yes, <input type="checkbox"/> and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	4
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule E	13	4
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	4
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule F, Parts I and IV	14b 4	
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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule F, Parts II and IV	15 4	
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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule F, Parts III and IV	16	4
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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule G, Part I (see instructions)	17	4
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule G, Part II	18	4
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule G, Part III	19	4
20 a Did the organization operate one or more hospital facilities? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule H	20a	4
b If <input type="checkbox"/> Yes to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule I, Parts I and II	21	4
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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule I, Parts I and III	22	4
23 Did the organization answer <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule J	23	4
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 <input type="checkbox"/> Yes, <input type="checkbox"/> answer lines 24b through 24d and complete Schedule K. If <input type="checkbox"/> No, <input type="checkbox"/> go to line 25	24a	4
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an <input type="checkbox"/> on behalf of <input type="checkbox"/> issuer for bonds outstanding at any time during the year?	24d	
25a 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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule L, Part I	25a	4
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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule L, Part I	25b	4
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule L, Part II	26	4
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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule L, Part III	27	4
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 A current or former officer, director, trustee, or key employee? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule L, Part IV	28a	4
b A family member of a current or former officer, director, trustee, or key employee? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule L, Part IV	28b	4
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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule L, Part IV	28c	4
29 Did the organization receive more than \$25,000 in non-cash contributions? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule M	29	4
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule M	30	4
31 Did the organization liquidate, terminate, or dissolve and cease operations? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule N, Part I	31	4
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule N, Part II	32	4
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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule R, Part I	33	4
34 Was the organization related to any tax-exempt or taxable entity? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule R, Part II, III, or IV, and Part V, line 1	34	4
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	4
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 <input type="checkbox"/> Yes, <input type="checkbox"/> 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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule R, Part V, line 2	36	4
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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule R, Part VI	37	4
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	4

Part V**Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

Yes No

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			4	
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	7			
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 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		4		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			4	
b	If <input type="checkbox"/> Yes, <input type="checkbox"/> has it filed a Form 990-T for this year? If <input type="checkbox"/> No, <input type="checkbox"/> provide an explanation in Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			4	
b	If <input type="checkbox"/> Yes, <input type="checkbox"/> enter the name of the foreign country: <u>a</u> See instructions for filing requirements for Form 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?	5a			4	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			4	
c	If <input type="checkbox"/> Yes <input type="checkbox"/> to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			4	
b	If <input type="checkbox"/> Yes, <input type="checkbox"/> did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				
b	If <input type="checkbox"/> Yes, <input type="checkbox"/> did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				
d	If <input type="checkbox"/> Yes, <input type="checkbox"/> indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If <input type="checkbox"/> Yes, <input type="checkbox"/> enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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.	13a				
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	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			4	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 4	
b Enter the number of voting members included in line 1a, above, who are independent	1b 4	
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	4
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	4
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	4
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	4
6 Did the organization have members or stockholders?	6	4
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	4
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	4
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a 4	
b Each committee with authority to act on behalf of the governing body?	8b 4	
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 <input type="checkbox"/> Yes, <input type="checkbox"/> provide the names and addresses in Schedule O	9	4

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	4
b If <input type="checkbox"/> Yes, <input type="checkbox"/> 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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 4	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If <input type="checkbox"/> No, <input type="checkbox"/> go to line 13	12a 4	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	4
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If <input type="checkbox"/> Yes, <input type="checkbox"/> describe in Schedule O how this was done	12c	4
13 Did the organization have a written whistleblower policy?	13	4
14 Did the organization have a written document retention and destruction policy?	14	4
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	15a	4
b Other officers or key employees of the organization	15b	4
If <input type="checkbox"/> Yes <input type="checkbox"/> 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	4
b If <input type="checkbox"/> Yes, <input type="checkbox"/> did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ^a CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ^a Peggy Kwan, (650)988-6818

Check if Schedule O contains a response to any question in this Part VII ☐

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 key employees, if any. See instructions for definition of ☐ key employee.

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

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

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total	a							70,088	0	0
c Total from continuation sheets to Part VII, Section A	a									
d Total (add lines 1b and 1c)	a							70,088	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization a 0

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule J for such individual	3	4
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule J for such individual	4	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule J for such person	5	4

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ^a		0

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	614,632				
	g	Noncash contributions included in lines 1a-1f: \$		13,432				
	h	Total. Add lines 1a-1f	a	614,632				
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		a	0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		a	30,836	30,836	0	0
	4	Income from investment of tax-exempt bond proceeds		a	0	0	0	0
	5	Royalties		a	0	0	0	0
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss)	a					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)	0	0				
	d	Net gain or (loss)	a					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	0				
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events	a					
	9a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities	a					
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory	a					
	Miscellaneous Revenue		Business Code					
	11a							
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		a	0				
12	Total revenue. See instructions.		a	645,468	30,836	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 to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 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 United States. See Part IV, line 21	116,762	116,762		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	41,575	41,575		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	191,067	40,080	150,987	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	23,375	0	23,375	0
10 Payroll taxes	16,832	3,949	12,883	0
11 Fees for services (non-employees):				
a Management	45,039	34,014	11,025	0
b Legal	0	0	0	0
c Accounting	692	0	692	0
d Lobbying	0			0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,499	953	546	0
12 Advertising and promotion	0	0	0	0
13 Office expenses	10,647	0	10,647	0
14 Information technology	3,090	5	3,085	0
15 Royalties	0	0	0	0
16 Occupancy	13,021	0	13,021	0
17 Travel	54,476	52,579	1,897	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	42,659	39,582	3,077	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	11,612	0	11,612	0
23 Insurance	33,872	25,634	8,238	0
24 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.)				
a Bank charges	1,287	44	1,243	0
b Sales Tax	196	0	196	0
c				
d				
e All other expenses	0	0		0
25 Total functional expenses. Add lines 1 through 24e	607,701	355,177	252,524	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash <input type="checkbox"/> non-interest-bearing	59,535	1	76,483
	2 Savings and temporary cash investments	3,449,878	2	3,482,780
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees <input type="checkbox"/> beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 583,402		
	b Less: accumulated depreciation	10b 29,053	565,961	10c 554,349
	11 Investments <input type="checkbox"/> publicly traded securities		11	
	12 Investments <input type="checkbox"/> other securities. See Part IV, line 11		12	
	13 Investments <input type="checkbox"/> program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	512	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,075,886	16	4,113,612	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	41	25	
	26 Total liabilities. Add lines 17 through 25	41	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,328,590	27	1,585,202
	28 Temporarily restricted net assets	2,747,255	28	2,528,410
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,075,845	33	4,113,612
	34 Total liabilities and net assets/fund balances	4,075,886	34	4,113,612

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	645,468
2	Total expenses (must equal Part IX, column (A), line 25)	2	607,701
3	Revenue less expenses. Subtract line 2 from line 1	3	37,767
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,075,845
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,113,612

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked ☐ Other, explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
If ☐ Yes, ☐ check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . .
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 ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If ☐ Yes ☐ to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .
- 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

	Yes	No
2a		4
2b		4
2c		
3a		4
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

• Attach to Form 990 or Form 990-EZ. • See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL INC

Employer identification number

95-4209483

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.)

- 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.)
- 3 ☐ 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).
- 7 ☐ 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.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% 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 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).
- 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.
 - a ☐ Type I b ☐ Type II c ☐ Type III ☐ Functionally integrated d ☐ Type III ☐ Non-functionally integrated
 - e ☐ 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).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
 - g 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 (iii) below, the governing body of the supported organization? ☐
 - (ii) A family member of a person described in (i) above? ☐
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
 - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ^a	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	863,621	666,245	709,438	577,731	614,632	3,431,667
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	863,621	666,245	709,438	577,731	614,632	3,431,667
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.						3,431,667

Section B. Total Support

Calendar year (or fiscal year beginning in) ^a	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	863,621	666,245	709,438	577,731	614,632	3,431,667
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	119,516	84,872	44,390	18,827	30,837	298,442
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						3,730,109
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ^a						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	92 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	89.43 %
16a 33 1/3% support test <input type="checkbox"/> 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ^a		<input checked="" type="checkbox"/>
b 33 1/3% support test <input type="checkbox"/> 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ^a		<input type="checkbox"/>
17a 10%-facts-and-circumstances test <input type="checkbox"/> 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the [facts-and-circumstances] test, check this box and stop here. Explain in Part IV how the organization meets the [facts-and-circumstances] test. The organization qualifies as a publicly supported organization ^a		<input type="checkbox"/>
b 10%-facts-and-circumstances test <input type="checkbox"/> 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the [facts-and-circumstances] test, check this box and stop here. Explain in Part IV how the organization meets the [facts-and-circumstances] test. The organization qualifies as a publicly supported organization ^a		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ^a		<input type="checkbox"/>

Part III 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ^a	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ^a	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
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 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ^a <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33 $\frac{1}{3}$ % support tests <input type="checkbox"/> 2012. If the organization did not check the box on line 14, and line 15 is more than 33 $\frac{1}{3}$ %, and line 17 is not more than 33 $\frac{1}{3}$ %, check this box and stop here. The organization qualifies as a publicly supported organization ^a <input type="checkbox"/>		
b 33 $\frac{1}{3}$ % support tests <input type="checkbox"/> 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 $\frac{1}{3}$ %, and line 18 is not more than 33 $\frac{1}{3}$ %, check this box and stop here. The organization qualifies as a publicly supported organization ^a <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ^a <input type="checkbox"/>		

Part IV

Supplemental Information. 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 instructions).

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

^a Complete if the organization answered ☐ Yes ☒ to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
^a Attach to Form 990. ^a See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL INC

Employer identification number

95-4209483

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered ☐ Yes ☒ to Form 990, 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered ☐ Yes ☒ to Form 990, Part IV, line 7.

1 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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ^a _____

4 Number of states where property subject to conservation easement is located ^a _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ^a _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ^a \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered ☐ Yes ☒ to Form 990, Part IV, line 8.

1a 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 XIII, 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:

(i) Revenues included in Form 990, Part VIII, line 1 ^a \$ _____

(ii) Assets included in Form 990, Part X ^a \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ^a \$ _____

b Assets included in Form 990, Part X ^a \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered ☐ Yes to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If ☐ Yes, explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If ☐ Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered ☐ Yes to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
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					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ^a _____ %

b Permanent endowment ^a _____ %

c Temporarily restricted endowment ^a _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If ☐ Yes to 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	131,389	0		131,389
b Buildings	328,354	0	20,699	307,655
c Leasehold improvements	119,886	0	7,559	112,327
d Equipment	0	0	0	0
e Other	3,773	0	795	2,978
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				554,349

Part VII Investments ☐ Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ^a		

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) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ^a		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ^a	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ^a	

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

a Attach to Form 990. a See separate instructions.

Name of the organization

PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL INC

Employer identification number

95-4209483

Part I General Information on Activities Outside the United States. Complete if the organization answered ☒ Yes ☐ No to 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? ☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional 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) East Asia and the Pacific			Program Services	Editing and publication	24,200
(2) East Asia and the Pacific			Program Services	Providing administrativ	13,923
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			38,123

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization reported any grants or other assistance on 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
(1)			East Asia and the Pacific	Renmin University	24,200	Wire	
(2)			East Asia and the Pacific	HKPES-Grant to sup	13,923	Wire	
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as charities by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
- 3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answers any of the questions below. If the organization does not answer any of the questions below, Part III can be duplicated if additional space is needed.

(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
(18)					

Part IV Foreign Forms

- 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 ☒ 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 ☒ 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 ☒ 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) ☐ Yes ☒ 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 ☒ 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 ☒ No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule F, Part I, Line 2 - 1. Renmin University of China Education Foundation- Each grant application is reviewed and approved by a committee made up of a PESI officer and 3 volunteers, all with doctoral degrees and understanding of China's higher education.

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL INC

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3

3 Enter total number of other organizations listed in the line 1 table 3

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

Cat. No. 50055P

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 2 - 1. CASA-Central Asia Sharing Aid for IUCA supporting program-PESI received regular written updates from CASA. A few months into the grant period, the president visited IUCA to meet with the president, business dept. head and student representatives to evaluate progress and effectiveness of the program. 2. CCSA -Chinese Christian Scholars Assoc N/A-We receive copies of books that we send subscribers for their publication. We receive reports on conferences that we send staff and friends of our organization to participate in these events. 3. Palo Alto University (PAU)-After completion of the school year, PESI received from PAU a final report that all the scholarship recipients completed their coursework satisfactorily.

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

		Amt. of cash grant	Amt. of non-cash asst.
Name and address	Chinese Chrstian Scholars Assoc NA 93 Emerson Gardens Road Lexington, MA 02420	68,237	0
EIN	04-3544376		
IRC code section			
Method of valuation	Cash		
Desc. of Non-Cash	0		
Asst.			
Purpose of grant	The grants were for the sponsorship of: * conferences and seminars that brought North American academics to meet their Chinese counterparts in mutually beneficial exchange * Chinese faculty retreats for their academic and personal enrichment * translation of books from English into Chinese and their publication * publication of original academic writings by Chinese faculty. PESi supports the salary of the CCSA president at USD7,500 per year. The CCSA president regularly advises PESi on China's higher education policies.		
Name and address	Palo Alto University 1791 Arastradero Road Palo Alto, CA 94304	28,525	0
EIN	94-2340692		
IRC code section			
Method of valuation	Cash		
Desc. of Non-Cash			
Asst.			
Purpose of grant	Scholarship grants were sent to PAU in California for students who enrolled in their China Program for 2013 spring and summer quarters.		
Name and address	Central Asia Shanng Aid 2254 Chenoweth Court Rockford, IL 61101	18,000	0
EIN	36-4357904		
IRC code section			
Method of valuation	Cash		
Desc. of Non-Cash			
Asst.			
Purpose of grant	A grant of \$2,000 per month over a 9-month period, total \$18,000, was sent to CASA in Rockford, Illinois, a 501(C)3 organization that has charity and education projects in Kyrgyzstan for over 15 years. The PESi grant of \$18,000 was for the support of the IUCA Business Dept. faculty for the 2012-13 academic year.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

a Attach to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL INC

Employer identification number

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 before or by the due date.

Form 990, Part VI, Section C, Line 19 - The Company makes its government documents such as articles of Incorporation, bylaws, conflict of interest policy, and financial statements available to the general public upon request.

Schedule O, Statement 1

PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL INC

Form: 990

95-4209483

Page: 1

Line Number:

Reasonable Cause Explanations

Explanation

Need more time to compile all records.