

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public

	mal Revenue		s instructions is at www.irs.	gov/form990.	Inspection								
Ā	For the 2	014 calendar year, or tax year beginning 7/1/201			, 20 14								
В	Check If ap		ترجيب كريك والمستحدث فيجون والمستحدث		or identification number								
	Address ch				66-0561373								
	Name char		o street address) Room/suit	e E Telephon	e number								
_	Initial return		·		(670) 234 3203								
\exists	Final return/		egn postal code		·								
$\overline{\sqcap}$	Amended		- /	G Gross re	ceipts \$								
$\overline{\Box}$		pending F Name and address of principal officer			ubordinates? Yes V No								
_	· .p.p				included? Yes No								
	Tax-exemp	t status	no)		list. (see instructions)								
<u></u> -	Website:		107 1 4947 (a)(17 01 1 327	H(c) Group exemption									
<u>к</u> –		anization ☑ Corporation ☑ Trust ☐ Association ☐ Other ►	L Year of formation		of legal domicite MP								
_	art i	Summary	L Year Of Torman	JII 1330 W State	or legal dornicite 144								
			anti-anti-attribute the sale	antin providing adva	ation to local and								
đì		riefly describe the organization's mission or most sig	nificant activities the sch	ooi is providing educ	ation to local and								
Š	-!	International students from K4 to 12th Grade											
rua													
Activities & Governance	1	heck this box ► ☐ if the organization discontinued it		I . I	ts net assets								
Ğ	1	umber of voting members of the governing body (Pa		3									
Š		umber of independent voting members of the govern		. 4	1								
ijį	1	otal number of individuals employed in calendar year		5	33								
휹	1	otal number of volunteers (estimate if necessary) .		6	0								
Ř	1	otal unrelated business revenue from Part VIII, colum		. 7a	0								
	b	et unrelated business taxable income from Form 990)-T, line 34	7b	0								
	}			Prior Year	Current Year								
<u>o</u>	8 0	ontributions and grants (Part VIII, line 1h)		81,567.00	65,362.93								
2	9 F	rogram service revenue (Part VIII, line 2g)	[624,014.00	951,862.74								
Revenue	10 lt	vestment income (Part VIII, column (A), lines 3, 4, an	d 7d)	0.00	0								
II.	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c	, 10c, and 11e) .	7.00	0								
		otal revenue – add lines 8 through 11 (must equal Part		705,588.00	1,017,225 60								
		rants and similar amounts paid (Part IX, column (A),		109,339 00	159,333.30								
		enefits paid to or for members (Part IX, column (A), I		0.00	63,008.25								
G	145 0	alaries, other compensation, employee benefits (Part IX		418,275.00	446,260.70								
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line		0.00	0								
Pe-	ЬТ	otal fundraising expenses (Part IX, column (D), line 2		GE 1887年1787年	· 网络小狗子 计模型图								
Щ	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 1		306,291.00	378,098.70								
		otal expenses. Add lines 13-17 (must equal Part IX,		833,905.00	950,978.62								
	1	evenue less expenses. Subtract line 18 from line 12		-128,317.00	66,246.99								
		overlad ladd expended, addition to hell line 12	· · · · · · · · · · · · · · · · · · ·	eginning of Current Year	End of Year								
and a	20 T 21 T 22 N	otal assets (Part X, line 16)	 -	548,392.00	1,267.315.37								
Ass	21 T	otal liabilities (Part X, line 26)	· · · ·	667,373.00	17320,047 38								
¥.5	22	et assets or fund balances. Subtract line 21 from line		-118,981.00	-52,732.01								
7	art II	Signature Block		-110,501.00	-52,752.07								
													
		s of perjury, I declare that I have examined this return, including ac nd complete Declaration of preparer (other than officer) is based o			ny knowledge and belief, it is								
	10, 20, 20, 1	The complete decidation of property (office that difficulty is based of	an information of which preparer										
<u>٠</u> :			······································		* .								
Siç		Signature of officer	ENIX.	Date	2								
He	ere	DR. CHRISTIAN WEI PRESID	ENI		·								
		Type or print name and title											
Pa	aid	Print/Type preparer's name Preparer's signati	ire Dat	e Check	II PTIN								
	eparer	1/2	Te plan	self-emp									
	se Only	Firm's name ▶		Firm's EIN ►									
		Firm's address ▶		Phone no									
Ma	y the IRS	discuss this return with the preparer shown above?	(see instructions)		Yes No								
		rk Reduction Act Notice see the congrete instructions			Farm 990 (2014)								





Form 99	90 (2014) Page
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission. THE SCHOOL IS PROVIDING EDUCATION TO LOCAL AND INTERNATIONAL STUDENTS FROM K4 TO 12TH GRADE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured to expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code.) (Expenses \$ including grants of \$) (Revenue \$) TUITION FEES AND SERVICES RELATED TO K4-12TH GRADE
4b	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
4d 	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses

Part I	V 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	٧	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	<u> </u>		
•	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		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		4
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	医制模		
_	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1460		
а	complete Schedule D, Part VI	 11a		~
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		~
С	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		v
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		~
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 	~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		V
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		v
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	~
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	<u> </u>	<u></u>
р	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 "Yes," complete Schedule F, Parts I and IV	445		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
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		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	 	v
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		v
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	V
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
			m 990	(2014)

Form 99	00 (2014)		F	age 4
Part	Checklist of Required Schedules (continued)			
04	Did the constant was the CF 000 f		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II.	21		V
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		V
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		V
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 25a	24a		7
	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		<i>y</i>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		V
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		V
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		V
С	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		v
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	29 30	-	V
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? If "Yes," complete Schedule R, Part I	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		V
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		-
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36	_	~
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
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		~

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a	— [\$\$	40 AN S	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b		2.00	rie de
С	Did the organization comply with backup withholding rules for reportable payments to vendors an		and a	1256
0-	reportable gaming (gambling) winnings to prize winners?	1c	10.75 A 5	1,921.0
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	11		120
1	Statements, filed for the calendar year ending with or within the year covered by this return [2a]	2b	1	100 m 200
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) .	e - 121 - 1	3 × 51	58.28
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	E.P.L.	المنتشانية ا
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	1	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authori	ty		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	ts 💮		
	(FBAR).	PR		Mary In
5a		5a	<u> </u>	V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 1		1
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions	0r 6a		-
	gifts were not tax deductible?	6b	}	
7	Organizations that may receive deductible contributions under section 170(c).		11.30	100 70
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds st	6.	3.
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		V
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as		
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		Mil.	7, 17,75
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract			V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 	V
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C'		├	V
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1930	
•	sponsoring organization have excess business holdings at any time during the year?	8	12146	V
9	Sponsoring organizations maintaining donor advised funds.	134	家心	She.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		V
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		V
10	Section 501(c)(7) organizations. Enter	11 m	100	124
а	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			(数)
11	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders	 ₩		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		A Line	
12a	against amounts due or received from them). Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		1125 G.F.	milici:
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		\$27.5
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?	13a	e detail the	V
_	Note. See the instructions for additional information the organization must report on Schedule O.	<u> </u>	PAN.	रिक्र
b	Enter the amount of reserves the organization is required to maintain by the states in which	in the second		18
	the organization is licensed to issue qualified health plans		W.	
C	Enter the amount of reserves on hand	34.5	114.	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Yes," has it filed a Form 720 to report these payments? If "No " provide an evolunation in Schedule O	14h	I	10

פפ ווווטיז	0 (2014)		,	-age 🔾
Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Section	on 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			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	- ;	XV	
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	1	& Jus
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		V
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		V
6 7a	Did the organization have members or stockholders?	6		
	one or more members of the governing body?	7a		V
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		V
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	700	\$16°1.	
	the year by the following:	A SERVICE	m Tr.	
а	The governing body?	8a	V	
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 Reve	nue C		
	- 100		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1	<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		V
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		V
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1	ا دورانداد موالسوسد	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		~
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	ļ	~
13	Did the organization have a written whistleblower policy?	13		V
14	Did the organization have a written document retention and destruction policy?	14		V
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?		7. 7.	
а	The organization's CEO, Executive Director, or top management official	15a	777	~
b	Other officers or key employees of the organization	15b		V
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		W.7.3	1.2
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		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	300	ikia,	9.3
	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	irelia la	
Secti	on C. Disclosure			· · · · · · · · · · · · · · · · · · ·
17 18	List the states with which a copy of this Form 990 is required to be filed ► MP Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and 990-T (Section 6104 require	on 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	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 in financial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and r DR. CHRISTIAN WEI 1-670-234 3204	ecords	· >	

										_
Form 990 (2014)	un ataun Tu			1/ -				a Diebaet (Componented	Page /
Part VII Compensation of Officers, Di Independent Contractors	rectors, tr	uste	es,	ĸe	у⊨	mpic	уе	es, n ignesi (Jompensateu	Employees, and
Check if Schedule O contains a	resnonse or	note	to a	anv	line	ın th	ne F	Part VII		
Section A. Officers, Directors, Trustees, Ke										
1a Complete this table for all persons require										with or within the
organization's tax year.			•			•				
· List all of the organization's current office	ers, director	s, tru	ste	es (whe	ther	indi	viduals or orga	anizations), rega	rdless of amount o
compensation. Enter -0- in columns (D), (E), an	d (F) if no co	mper	sati	on	was	paid				
 List all of the organization's current key e 	mployees, if	any :	See	ins	truc	tions	for	definition of "k	ey employee."	
 List the organization's five current higher 										
who received reportable compensation (Box	5 of Form V	N-2 a	ind/	or E	Зох	7 of	Fo	rm 1099-MISC	c) of more than	\$100,000 from the
organization and any related organizations.										
• List all of the organization's former offi									mployees who	received more thai
\$100,000 of reportable compensation from the	_		-			-				
• List all of the organization's former dire										or or trustee of the
organization, more than \$10,000 of reportable					-					ampleyees higher
List persons in the following order: individual compensated employees; and former such per		s or	aire	ecto	ors,	เทรน	LUTTIC	onai trustees;	onicers, key e	employees, riighes
Check this box if neither the organization needs		d ora	2017	atio	n 0	amna	ncn	tad any curren	t officer directo	r or tructed
Officer this box in flettifer the organization in	or arry relate	u orga	ainzi	(C		שמוווכ	1130	ted any current	Concer, directo	, or trustee.
(A)	(B)			Pos	•			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
Tanb and This	hours per					is both or/trus		compensation	compensation from	amount of
	week (list any hours for	요필	ī,	♀	8	er H	Form	from the	related organizations	other compensation
	related	Individual trustee or director	Institutional truste	Officer	Kcy employee	ples	mei	organization	(W-2/1099-MISC)	from the
	organizations below dotted	호를	iona		oldt	ee Cg		(W-2/1099-MISC)		organization and related
	line)	l st	2		yee	nper				organizations
		%	stee			Highest compensated employee				
	 	ļ	\vdash	-		<u>a</u> _	-	 	ļ	
(1) DR. CHRISTIAN WEI										
PRESIDENT	· 	'		/				0	٥	,
(2) JUDY WEID		<u> </u>	-	_	-		-			
VICE PRESIDENT	80	İ		1				36,500.96	0	
(3) DR. EDDIE WANG							İ			
TREASURER	0	1		1	1			0	0	(
(4)								-		
							_			
(5)										
(6)		•								
					<u> </u>					
(7)		ļ								
(0)			\square	<u> </u>	 		<u> </u>			
(8)		{								
		L			L	l		i	L	

(11)

(12)

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	/ees	s, ar	nd F	lighe	st C	ompensated E	mployees (contin	ued)
					•	C) Ition						
	(A) Name and title	(B) Average			neck	more	than o		(D) Reportable	(E) Reportab	اما	(F) Estimated
	Ivaine and the	hours per					ıs both or/trus		compensation	compensation	n from	amount of
		week (list any hours for	악	Ins	윷	Fe.	em Hug	S.	from the	related organization		other compensation
		related organizations	direc	tituta	Officer	em	hest	Former	organization (W-2/1099-MISC)	(W-2/1099-N	AISC)	from the organization
		below dotted	Q 2	Institutional trus	ļ	Key employee	e com	l	(V 271033-WILLO)		Į	and related
		line)	Individual trustee or director	trust		ee	Highest compensatemployee					organizations
			"	tee			ated				i	
(15)												
(16)												
(17)					_							<u></u>
				-				-				
								_				
(19)		 	$\left\{ \right.$								ļ	
(20)	***************************************				ļ							
(21)		 			-							
			1	ļ	}	_		_				
(22)												
(23)			1									
(24)				 	 	-		 	-			
(25)			ļ		╁	-		 				
			<u> </u>	<u> </u>				<u>L</u> .	ļ			
		 VII Coeffe					•	>	36,500.96		0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	vii, Sectio							36,500.96		0	0
2	Total number of individuals (including but	t not limited						e) w		L	00,00	
	reportable compensation from the organ	ization ►										Yes No
3	Did the organization list any former of											
	employee on line 1a? If "Yes," complete											3 /
4	For any individual listed on line 1a, is the organization and related organizations											 PS 02406-24499-35
	individual				,000	, ,			· · · · ·		,	4
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m an	y ur	related organi	zation or inc	dıvıdu	al (1849)
	for services rendered to the organization	? If "Yes," o	comp	lete	Sci	hedi	ule J	for s	such person			5 V
Section 1	on B. Independent Contractors Complete this table for your five highest			J		4			41 4	t	O 1 O	10.000 -4
•	compensation from the organization. Rej	compensation compe	ensati	on f	ena or ti	he c	alenc	acı dar y	year ending wi	th or within	the or	ganization's tax
	year							· - · · · · · · · · · · · · · · · · · ·				
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compensation
								-			_	
2	Total number of independent contractor	ors (includi	ng bi	ut n	ot	limi	ted to	o th	nose listed ab	ove) who	<u> </u>	以不是 为
	received more than \$100,000 of compen	sation from	the c	rga	niza	tion	<u> </u>				影流	数學的

Part	VIII	Statement of Reve	enue						
		Check if Schedule O	contains	a resp	oonse or note t	o any line in this	Part VIII	<u></u>	<u> </u>
	Ž.					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts its	1a	Federated campaigns	3 .	1a		第一个人的	STATE AND ALL		用。这种数学
ara our	b	Membership dues .		1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events		1c					
	d	Related organizations		1d	3,200.00				
	е	Government grants (con		1e					
er S	f	All other contributions, g							
of th		and similar amounts not inc		1f	62,162.93				
on nd	g	Noncash contributions includ		-11. \$			THE RESERVE		
	h	Total. Add lines 1a-1	<u></u>		Business Code	65,362.93	A CONTRACTOR OF THE	30 Marie 1867 H	
Program Service Revenue	2a	TUITION AND SCHOO	I EEEC		611600	635,412.44	in in the second second second second second second second second second second second second second second se	A CONTRACT	
eve	b	Students Facilities and			713990	316,450.30			
9	C	Students I acilities and	u del vices		713330	310,430.30			<u> </u>
Ē	d								ļ
رة E	e								
gra	f	All other program ser	vice reveni	ie.					
Po	g	Total. Add lines 2a-2			· · · · ▶	951,862.74	#1800 FEE 18	**************************************	
	3	Investment income			ends, interest,				
		and other similar amo	ounts)		>	0			
	4	Income from investmen	t of tax-exe	mpt bo	ond proceeds ►	0			
	5	Royalties			<u> </u>	0			
	ĺ		(ı) Rea		(ii) Personal		1.00 Sept. 200	EP NO.	
	6a	Gross rents .							
	b	Less: rental expenses							METERS AND ALL
	C	Rental income or (loss)	<u></u>			E.MITAN		TAKES STATES	
	d	Net rental income or			(ii) Other	0	TO THE REPORT OF THE BEAUTION	(2) 3020 352000	1275 MOSE S. 1 1 60 F
	7a	Gross amount from sales of assets other than inventory	(i) Securit		(ii) Other				
	ь	Less: cost or other basis	<u></u>						
		and sales expenses .							
	С	Gain or (loss)	·						
	d	Net gain or (loss) .				0		alama lawa a Salaha	b Marianta Maria energia
	_		•			PER STABLES	10 MARE 27 STATE	光型的影响图图	17467200733600
Revenue	8a	Gross income from fu	undraising						
Ver		events (not including \$	-						. 135 ava - 145 K
Re		of contributions reporte		c).					
ě	1	See Part IV, line 18 .		. а					
Othe	b	Less. direct expenses		. b					
	С	Net income or (loss) f			events . >	0			
	9a	Gross income from ga	-						
	١.	See Part IV, line 19 .	•	a	 				
	b	Less' direct expenses		. b				E SECTION	
	100	Net income or (loss) f Gross sales of in			vities . ►	0	80 V 2153 32 32 A3	1 F. CHEST - 1500 VA	1866 P. C. C. S. C. S. C.
	10a	returns and allowance							
	b	Less: cost of goods s		· a	ļ		K This is	3 C. C.	
	C	Net income or (loss) f			entory >		GC 138 135 131 14	The Transfer	5
	<u> </u>	Miscellaneous F		0. 1/10	Business Code	028 - SES - SES	7 - 1887 1887 18	ES TO SELECTION SERVICES	mate of Venter
	11a					1 130 10 30 11 134	Land Start	Library Branch Street	
	b						 		
	С				<u> </u>		· · · · · · · · · · · · · · · · · · ·		<u> </u>
	d	All other revenue .	. , ,			0			
	е	Total. Add lines 11a-			,	0	产工化 商小	Patrick to the	A. T. & Take 1
	12	Total revenue. See ii	nstructions		<u>.</u> >	1,017,225.60			

Form 990 (2014) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundralsing (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses Program service expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . 106,166.50 106,166.50 Grants and other assistance to domestic individuals See Part IV, line 22 53,166.80 53,166.80 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . 63,008 25 Benefits paid to or for members 63,008 25 Compensation of current officers, directors, trustees, and key employees . . 36,500.96 36,500.96 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 376,070 13 376,070.13 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 11,556 05 0 11,556.05 9 Other employee benefits Payroll taxes 22,133 56 22,133.56 10 11 Fees for services (non-employees): Management 14,444.34 14,444.34 b Legal . . 3,958.20 3,958 20 Accounting ď Lobbying . **计量标准的编定与** Professional fundraising services See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 Advertising and promotion . 15.816 00 6,520.00 9,296.00 Office expenses . . . 13 72,523.90 72,523 90 Information technology . . 4,646.54 4,646 54 14 15 Royalties . . 42,504.04 16 42,504 04 Occupancy 7,289.92 Travel 7,289 92 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest . . . Payments to affiliates 21 Depreciation, depletion, and amortization . 22 16,146,00 16.146.00 23 9,280.41 9,280 41 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.) Bad Debt Expense 50,000.00 50,000,00 Utilities Expense h 45,722 33 45,722.33 All other expenses

Total functional expenses. Add lines 1 through 24e 950.978 62 9,296.00 634,912,64 306,769 98 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash -- non-interest-bearing . . 147,128.00 272,282.67 2 152,211 00 2 158,069.11 Savings and temporary cash investments . . . 3 Pledges and grants receivable, net . . . 0 3 Accounts receivable, net 60,863.00 434,168.96 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . 9.597.00 Notes and loans receivable, net . ωÌ Inventories for sale or use 13,853.00 1,3523.00 32,500.00 Prepaid expenses and deferred charges . 5,000 00 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 674,747.63 Less, accumulated depreciation 318,776.00 159,740 00 10c 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. 0 13 14 ol 14 Other assets. See Part IV, line 11. 15 15 800.00 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,267,315.37 548,392.00 16 17 Accounts payable and accrued expenses 24,767.00 17 281,363.50 18 18 19 Deferred revenue . 409,754.00 1,038,683.85 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D. 21 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 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties . . , 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 232,852.00 281,363.53 of Schedule D . Total liabilities. Add lines 17 through 25 26 667,373.00 Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . -118,981 00 27 -188,979.00 Temporarily restricted net assets . 28 Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and o complete lines 30 through 34. Assets 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 . 66,246.99 32 33 Total net assets or fund balances . . -118,981,00 33 -52,732.01 Total liabilities and net assets/fund balances 548,392 00 34 1,267,315 37 Form 990 (2014)

	90 (2014)		······································	Pa	ge 12
Parl	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	,	• • •	• •	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		017,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		950,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		66,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		118,9	81.00
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
3	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		-52,7	32.01
art	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990' Cash Accrual Other		美杰 ,		7.52
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			
	Schedule O.		1.27.1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or	PLEAST CONTROL	泛为	
	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?		2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			7
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight	, , , , , , , , , , , , , , , , , , ,	2 10000000000	1 2.5,
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	V	
	If the organization changed either its oversight process or selection process during the tax year, ex	ni nisiq	1	\$10.55 \$0.55	6.C.K
	Schedule O	•			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	1200000000	Services.	31 E 41849
	the Single Audit Act and OMB Circular A-133?		За		V
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		
			Ear	n 990	/201