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Porm **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations)

Dep	artment of t	the Treasury to Service			_	bers on this fo			-			Inspec		
Inte						its instruction								
<u>_</u>			ndar year, or tax year		10/0		_	nd ending		09/30		, 20 16 er identification n	umber	
B		applicable:		PROFESSIO	NAL & EDU	CATIONAL SE	RVICES	SINIERN	ATIONAL		TI I PROTE		idii iradi	
님	Address		Doing business as Number and street (or P	O how if mai	l is not delluses	d to atreat addres	ne)	Room/suite		+=,	95-4209483 E Telephone number			
	Name cha	-			I IS NOT GRINALA	G (O Sheet World	33)	HOUNTSUIN	,	i i				
	Initial retu		555 Clyde Avenue Su		n, and 710 or fr	nesien poetal cod	1			╂┈		650-988-6818		
		vterminated	City or town, state or pr		ry, and zip or it	oreign postal cou	ы			1.			044.450	
片	Amended		Mountain View, CA, 9		12. 11	21.1			1	_		ceipts \$	241,152	
Ц	Application	on pending	F Name and address of pr	-					1	-	group return for subordinates? Yes Yes Mo			
_		, -	555 Clyde Avenue Su				 i			-		s included? Yes	s ∟ No	
<u></u>		npt status:	☑ 501(c)(3)	501(c) () ◀ (inse	rt no.) 4947(a)(1) or l	<u> </u>			•	ee instructions)		
뉴	Website:		w.pesintl.com	<u> </u>		- 	1			-		number ▶		
K			Corporation Trust	Associati	on [_] Other ▶		L Yea	r of formatio	n: 198	B M	W State	of legal domicile:	CA	
۲	arti	Summ		 -										
_		-	scribe the organizati			_		Internat	ional Edu	catio	n, Cult	tural Exchange	and	
물	1 .	Profession	onal Service in China a	nd other A	sian Develop	ing Countries								
룓	1													
Activities & Governance	1		is box ▶☐ if the org					sposed of	more tha	an 25		its net assets.		
ğ	II.		of voting members of	_			•			-	3		4	
م			of independent voting	-	_	• • •				•	4		4	
耋			nber of individuals en		_	ar 2015 (Part	V, line	2a) .		-	5		2	
Ě			nber of volunteers (e:							•	6		10	
ĕ	7a	Total unr	elated business reve	nue from P	art VIII, colu	ımn (C), line 1	2.			•	7a		0	
	b	Net unrel	ated business taxabl	e income f	rom Form 9	90-T, line 34	<u> </u>	<u> </u>	<u></u>	•	7b		0	
								_	Prior	Year		Current Y	ear	
9	8	Contributions and grants (Part VIII, line 1h)											214,939	
Š	9	Program service revenue (Part VIII, line 2g)									0	<u> </u>	0	
Revenue	10	Investme	nt income (Part VIII, o		5	7,700		26,213						
•	11	Other rev	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								0		0	
	12	Total reve	enue-add lines 8 thro	ough 11 (m	ust equal Pa	rt VIII, column	1 (A), lin	ne 12)		87	1,743		241,152	
	13	Grants a	nd similar amounts p	aid (Part IX	(, column (A)), lines 1~3) .		· . L		45	2,755		110,916	
	14	Benefits	nefits pald to or for members (Part IX, column (A), line 4)											
g	15	Salaries,	s, other compensation, employee benefits (Part IX, column (A), lines 5-10)										149,303	
Expenses	16a	Profession	onal fundraising fees		0		0							
8	Ь	Total fun	draising expenses (P											
Ð	17	Other ex	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)								0,297		78,956	
	18	Total exp	enses. Add lines 13-	-17 (must e	equal Part IX	, column (A),	line 25	<u>) </u>		95	2,548		339,175	
	19	Revenue	less expenses. Subt	ract line 18	from line it:	2.KEC	EIVI	FID	7	-8	0,805		-98,023	
5						0		В	eginning of	Currer	nt Year	End of Y	ear .	
8	20	Total ass	ets (Part X, line 16)			MII	1 6.0	E	रा	4,20	8,140		4,110,216	
	21		olities (Part X, line 26))	: : : }&	3 AUG 2	4 20	117 . 110	51		0		99	
Net Asset	22	Net asse	ts or fund balances.	Subtract lir	ne 21 from di	ne-202-1-2	~~*** · /			4,20	8,140		4,110,117	
	art II		ture Block			OGIN			1					
			ry, I declare,/that J. Nave ex									ny knowledge an	d belief, it is	
tr	ue, correct	, and comp	lete. Declaration of prepage	r (other than	officer) is based	l on all informatio	n of whic	ch preparer	has any kno	wledg	e. 🛆			
			7()		7						2	14-2017		
Si	gn	Sign	ature of officer		1					Date		7		
He	ere	Ke	nnth Chin, President											
			or print name and title											
P	aid	Print/Ty	pe preparer's name		Preparer's sign	ature		Dat	e	1	Check [H PTIN		
	alu reparei	-						[self-emp			
	repare se Ont		name >		······································		···		F	irm's E	EN▶			
U		,	ıddress ▶							Thone I				
Ma	ay the IR		s this return with the	preparer s	hown above	? (see instruc	tions)				· .	[] Ye	8 🔲 No	
_			ction Act Notice see					Cet No	11282V				990 (2015)	

Form 99	90 (2015) Page 2
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:
	International Education, Cultural Exchange & Professional Service in China & other Asian Developing Countries

2	Did the organization undertake any significant program services during the year which were not listed on the
2	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?
	If "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 \$ 75,128 including grants of \$) (Revenue \$ 22,822)
	International Higher Education: Faculty Development for Chinese academics 6 to 12 months sponsorship of promising young
	Chinese scholars for sabbatical study in the U.S. Publication two semi-annual journals in the Humanities published by leading
	universities in Beijing and Shanghai Translation and publishing of significant works in the Humanities. Conferences and seminars
	for US-China academic exchange. Conferences and seminars in Hong Kong to promote Business Ethics and General Education in Greater China.
4b	(Code:) (Expenses \$12,526 including grants of \$) (Revenue \$3,300_) Central Asia Education Project: Supported language & culture programs offered by a community education center in Bishkek, Kyrgyzstan. Engaged the center staff to conduct education market research to understand the needs of young people there. The center staff provided contact with local businesses and NGOs with meetings at the center for focus research groups and interviews. Translator service and administrative support by the center staff during multiple trips by PESi staff to oversee the development of their programs.
4c	(Code:) (Expenses \$ 43,425 including grants of \$) (Revenue \$ 21,500) Professional and Rural Education Programs in China: Summer English camp for rural Chinese teachers and students conducted
	by American volunteers who also have the opportunity to learn about China. Scholarships for disadvantaged rural students and library donations to needy schools Program development and scholarships for counselors training in urban China.
4d	Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	(Expenses \$ 0 including grants of \$ 0) (Hevenue \$ 0) Total program service expenses \$ 131.079

Form 99				Page 3
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	Yes	reo
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	V	~
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		v
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		v
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 "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		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	v	
	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		,
	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		,
	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		v
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	-	~
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		,
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		0
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
	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	14b	,	
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	15	,	
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		,
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		~
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		,
		For	m 99 0	(2015)

Part I	V Checklist of Required Schedules (continued)			
20 0	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 1? If "Yes," complete Schedule I, Parts I and II	21	~	
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		~
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		>
248	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	248		٧
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? Section 501(c)(3), 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		~
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		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<i>y</i>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L., Part IV	28c		•
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	29		~
31	conservation contributions? If "Yes," complete Schedule M	30		-
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31	 	~
33	complete Schedule N, Part II	32		,
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		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iline 2	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		v
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				_
	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 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c		/
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			<u> </u>
_	Statements, filed for the calendar year ending with or within the year covered by this return 2			i
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2ь	v	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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		
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		~
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 Accounts			
a	(FBAR).	5a		
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 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		
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		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b_		L
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 "Yes," 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		
		/ <u>'</u>	 	<u> </u>
d e	If "Yes," Indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	71		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ň	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ــــــ
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		1	'
a b	Initiation fees and capital contributions included on Part VIII, line 12	1	l	
11	Section 501(c)(12) organizations. Enter:	1		
``a	Gross income from members or shareholders			
Б	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u>L</u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			_
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	<u> </u>
8	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	₩
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	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			
_	the organization is licensed to issue qualified health plans	1		
C 140	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\vdash	1
14a b	A DESCRIPTION OF THE PROPERTY	14b	 	†
	11 1001 THE RESIDENCE TO TO TO TO TO TO TO THE PROPERTY OF THE		m 99 ((2015)

Form 99	· · · · · · · · · · · · · · · · · · ·			Page 6
Part \				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		<u> </u>
Secu	on A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year		163	NO
ıa	Enter the number of voting members of the governing body at the end of the tax year	┨		
	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 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		,
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	L	~
6 7a	Did the organization have members or stockholders?	_6		~
	one or more members of the governing body?	7a	<u> </u>	-
b	stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	•	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
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		-
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.))
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		~
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?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	V	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	T I I		├
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	.	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Ť	1
C	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		~
14	Did the organization have a written document retention and destruction policy?	14	~	
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?			
8	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	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		,
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.		,	
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interval of the confidence of	erest	polic	v. and

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

Peggy Kwan, (650)988-6818

20

financial statements available to the public during the tax year.

For	n 990 (2015)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . .

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					1 an 188)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
Kenneth Chin	40.00									
President	40.00	-		~				92,106	o	0
John Shen	1.00									
Secretary	1.00	•		~				1 0	0	0
Bolin Lin	1.00									
Chairman	1.00	~		~			1	0	o	0
John Chi Hung Hui	1.50						Г			· · · · · · · · · · · · · · · · · · ·
Treasurer	1.50	~	L	~		L	L_	o	0	0
			L				L			
						}				
		}								

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					•	C)								
	(B) Position (do not check more than						nne	(D)	(E)	1	(F)		
	Name and title	Average	box,	unles	s pe	rson	is both	n en	Reportable	Reportable	1		nated	
		hours per week (list any		_		~	or/trus	·	compensation	compensation from	m		unt of ther	
	hours for	유표	ng	Officer	₹	를	Former	the	organizations	ł		ensation	n	
		related	중	₹	ğ	9	98	를	organization (W-2/1099-MISC)	(W-2/1099-MISC)		n the	
		organizations below dotted	호를	욽	ļ	employee	8.8		(44-2/109 3- 1443C)				nization related	
		lme)	Individual trustee or director	ā		8	夏]		}	organ	zations	3
			8	Institutional trustee	1	1	Highest compensated employee	1		}	1			
	· · · · · · · · · · · · · · · · · · ·		L	Ľ		_	8	L.						
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		<del>}</del>	Ì	}	1	1	]	Ì		]	Ì			
16	Sub-total	L	<u> </u>	Ļ	<u> </u>	<u> </u>	I	<u> </u>	02.104	<del> </del>	<del>                                     </del>			0
C	Total from continuation sheets to Part		n A	•	•	•	•		92,106		<del>"-</del>			
_		· · · · · ·		•	•	•	•	•	92,106	<b>-</b>	<del> </del>			0
	Total number of Individuals (Including but								<del></del>		<del></del>	-		
-	reportable compensation from the organi			1036	ופוו ל	ieu	abovi	e) w	AIO received III	ore man \$100,		<b>78</b>		
	Toportusio Componentian nom are ergan												Yes	No
3	Did the organization list any former of	ficer, direc	tor. c	or tr	rusto	<del>00</del> .	kev (	emr	olovee, or high	nest compense	ted		-100	NU
	employee on line 1a? If "Yes," complete											3		~
4	For any individual listed on line 1a, is the							n a	and other com	sensation from	the			<u> </u>
•	organization and related organizations												.	ĺ
	individual											4		•
5	Did any person listed on line 1a receive of									zation or individ	iuai	<u> </u>		
	for services rendered to the organization											5	: I	•
Section	on B. Independent Contractors	<del></del>												
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more than \$	100,0	)00 of		
	compensation from the organization. Rep													ЭX
	year.								-		_			
	(A)	···							(B)	l l		(C)		
	Name and business add	tress						1	Description of s	ervices	C	ompens	ation	
None														
								$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}$						
2	Total number of independent contractor							o th	nose listed ab	ove) who				
	received more than \$100,000 of compens	eation from	tne of	rgar	ıizat	lon	<b>P</b>		0					

Form **990** (2015)

Part	VIII	Statement of Reve						<del></del>	·
		Check if Schedule C	contains	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Offts, Grants and Other Similar Amounts	1a b c d e	Federated campaigns Membership dues . Fundraising events . Related organizations Government grants (cor All other contributions, g and similar amounts not inc	ontributions)  iffs, grants, sluded above	1a 1b 1c 1d 1e	0 0 0 0 0 0 214,939		1993106		312-314
and of	9 h	Noncash contributions included Total. Add lines 1a-1			3,799	214,939			
Program Service Revenue	2a b c				Business Code				
E	•		*					-	
ğ	f	All other program ser Total. Add lines 2a-2	vice reveni	10 .	•				
	3	Investment income and other similar amo Income from investmen	(including ounts) . It of tax-exe	divid  mpt b	ends, interest, ▶ ond proceeds ▶	0 26,213 0	26,213 0	0	0
	5 68 b c	Royalties  Gross rents  Less: rental expenses Rental income or (loss) Net rental income or	(i) Rea	0	0	0	0	0	0
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses .	(i) Securi	ties	(ii) Other				
	d	Gain or (loss) Net gain or (loss) .		<u>0</u>	▶	•		-	
Other Revenue	8a	Gross income from fu events (not including \$ of contributions report See Part IV, line 18			0				
₹	C	Less: direct expenses Net income or (loss) f Gross income from ge	from fundra aming activ	aising ities.	events . ▶	0		0	0
	C	See Part IV, line 19 . Less: direct expenses Net income or (loss) 1 Gross sales of in	s from gamir nventory,	. b ng act less	ivities ▶				
	b c	returns and allowance Less: cost of goods so Net income or (loss) for the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost	sold from sales	. b					
	11a b c d	All other revenue .			DUSINESS COOR				
	12	Total. Add lines 11a-				241 152	26 213		

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon			<u> </u>	
	t include amounts reported on lines 6b, 7b, , 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 domestic organizations				
	and domestic governments. See Part IV, line 21	47,139	47,139		1
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	63,777	63,777		
4	Benefits paid to or for members	0,777	00,777		
5	Compensation of current officers, directors, trustees, and key employees	02.104		02.104	
6	Compensation not included above, to disqualified	92,106	0	92,106	0
•	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	_	_		
_		0	0	0	0
7 8	Other salaries and wages	24,198	590	23,608	0
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	0 21,625	0	0 21,625	0
10	Payroll taxes	11,374	0	11,374	0
11	Fees for services (non-employees):	11,3741		11,3/4	
··a	Management	2,977	2,977	o	0
b	Legal	0	0	0	0
C	Accounting	326	0	326	0
d	Lobbying	0	0	0	0
•	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	17,019	0	17,019	0
9	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	1,240	0	1,240	0
13 14	Office expenses	6,734	48 96	6,686 2,963	0
15	Royalties	3,059	90	2,963	0
16	Occupancy	12,523	521	12,002	0
17	Travel	14,178	13,964	214	0
18	Payments of travel or entertainment expenses				<del></del>
	for any federal, state, or local public officials	o	0	o	0
19	Conferences, conventions, and meetings .	2,263	1,781	482	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	4,189	0	4,189	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					<del></del>
ь					
c					
d					<del></del>
0	All other expenses	2,836	186	2,650	
25	Total functional expenses. Add lines 1 through 24e	339,175	131,079	208,096	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    ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 43,144 22,693 2 Savings and temporary cash investments . . . . . . . 2 3,610,656 3,565,011 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . . . . . 6 7 8 8 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 583,402 10b Less: accumulated depreciation . . . . b 63,890 531,125 519,512 Investments—publicly traded securities 11 11 12 Investments-other securities. See Part IV, line 11 . 12 13 Investments-program-related. See Part IV, line 11 . . . . . . . . 13 14 14 23,215 **15** 15 3,000 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 4,208,140 16 4,110,216 17 Accounts payable and accrued expenses . . . . . . 17 0 18 18 0 19 19 0 20 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 0 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 0 23 Secured mortgages and notes payable to unrelated third parties . . 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 99 25 Total liabilities. Add lines 17 through 25 26 0 99 Organizations that follow SFAS 117 (ASC 958), check here ► 🗹 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 1,803,961 27 2,957,802 Temporarily restricted net assets . . . . . . 28 28 2,404,179 1,152,315 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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 4,208,140 33 4,110,117 Total liabilities and net assets/fund balances . 4,208,140 4,110,216 Form 990 (2015)

om 99	90 (2015)		Pa	ge 12
Part	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)		24	1,152
2	Total expenses (must equal Part IX, column (A), line 25)		339	9,175
3	Revenue less expenses. Subtract line 2 from line 1		-91	8,023
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4,20	B,140
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		4,11	0,117
Part	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			, 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			,
28	Were the organization's financial statements compiled or reviewed by an independent accountant?	28		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	ŀ		
	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		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			ł
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			٠ ١
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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			1
	Schedule O.	}		'
3 <b>a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	١. ا		
	the Single Audit Act and OMB Circular A-133?	3a		~
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

## **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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL INC 95-4209483 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/s% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . g Provide the following information about the supported organization(s). (I) Name of supported organization IN FIN (III) Type of organization (Iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 ted in your gover support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

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	on A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	577,731	614,632	792,805	814,043	214,938	3,014,149	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge					0	0	
4	Total. Add lines 1 through 3	577,731	614,632	792,805	814,043	214,938	3,014,149	
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.						3,014,149	
	on B. Total Support		<del></del>	- <del></del>			0,0.1,1.12	
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
7	Amounts from line 4	577,731	614,632	792,805	814,043	214,938	3,014,149	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,827	30,837	43,599	57,700	21,192	172,155	
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 VI.)							
11	Total support. Add lines 7 through 10						3,186,304	
12	Gross receipts from related activities, etc					12		
13	First five years. If the Form 990 is for the							
	organization, check this box and stop he			<u> </u>	· · · · ·	<u> </u>	· · <b>&gt;</b> 🗍	
<u>Secti</u>	on C. Computation of Public Suppor							
14	Public support percentage for 2015 (line	• • •	-			14	94.6 %	
15	Public support percentage from 2014 Sci				· ·	15	94.73 %	
16a	331/3% support test—2015. If the organi				i line 14 is 331	33% or more, c		
	box and stop here. The organization qua			-	40	45 1- 001 0/	. > 📋	
	331/2% support test—2014. If the organ check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	anization .		. ▶ 🗹	
17a								
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organizar Explain in Part VI how the organization m	tion meets the leets the "facts	facts-and-ci and-circums	rcumstances" tances" test. T	test, check the he organizatio	is box and st	op here.	
46	• • •						. • 🗆	
18	Private foundation. If the organization di instructions				•			

## 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.)

Secti	on A. Public Support	4.140. 4.0 10	oto ilotou por	, p	ompioto : ac :	···/	<del></del>
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	- • • • · · · · · ·		•			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b		<u>.</u>	ļ	<b></b>		<del> </del>
8	Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support		<u> </u>	l	<u> </u>	La	
$\overline{}$	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	=				ear as a secti	
Secti	ion C. Computation of Public Suppo	rt Percentag	30				
15	Public support percentage for 2015 (line			13, column (f))		15	%
16	Public support percentage from 2014 Sc	hedule A, Part	III, line 15 .				%
Sect	ion D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2015	-		*		17	%
18	Investment income percentage from 201					18	%
19a	331/s% support tests—2015. If the organ 17 is not more than 331/s%, check this box						
b		zation did not	check a box on	line 14 or line	19a, and line 10	6 is more than	331/3%, and
	Debute foundation if the emphation of		-	•			_

## Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

<del>5</del> 04	on A. An Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		,
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		,
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4 <del>a</del>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	48		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		ı
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
<b>9</b> a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
þ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	·	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

_	

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a 11b		ļ
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		l.,
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			}
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			-
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if arry, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	- <u>-</u> -		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	] 1		1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	} '		
	the supported organization(s).	1		
Secti	on D. Ali Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			·
2		1		
4	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		_
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	Ì '		)
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	'		
	supported organizations played in this regard.	3	<u> </u>	L
Secu	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s):
8	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in:	tnicti	ionsì
_				<u> </u>
2	Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tay year directly further the exempt suppose of		Yes	No
8	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then In Part VI Identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	1
	how the organization was responsive to those supported organizations, and how the organization determined	1	l	
	that these activities constituted substantially all of its activities.	28		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		·	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		l	
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		}	}
•	-	2b	├	<del> </del>
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		İ	
	trustees of each of the supported organizations? Provide details in Part VI.	За	1	1
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes " describe in Part VI the mis placed by the organization in this manni	3h	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
other Type III non-functionally integrated supporting organizations must con-	mple	te Sections A through E	1 60 6
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			1
maintenance of property held for production of income (see instructions)	6		_
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	<del>                                     </del>		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	<del></del>	·
c Fair market value of other non-exempt-use assets	10		<del></del>
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	l		,
factors (explain in detail in Part VI):	Ļ.,	······································	
2 Acquisition Indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	<del> </del>	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7	· · · · · · · · · · · · · · · · · · ·	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	·	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	······	<u></u>
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-int	egrated Type III suppor	ting organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish e	exempt purposes						
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted					
	organizations, in excess of income from activity	<del></del>						
3	Administrative expenses paid to accomplish exempt purp	nizations						
4	Amounts paid to acquire exempt-use assets							
5_	Qualified set-aside amounts (prior IRS approval required)							
<u> </u>	Other distributions (describe in Part VI). See instructions.	<del></del>		<del> </del>				
	Total annual distributions. Add lines 1 through 6.	<del></del>						
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive					
	(provide details in <b>Part VI</b> ). See instructions.							
9	Distributable amount for 2015 from Section C, line 6	<del></del>		<del></del>				
10	Line 8 amount divided by Line 9 amount	<del></del>		Ann Ann				
S-	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
1	Distributable amount for 2015 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2015							
	(reasonable cause required-see instructions)							
_3_	Excess distributions carryover, if any, to 2015:							
<u>a</u> b			<del></del>	<del></del>				
<u>с</u>	From 2013							
<del>u</del>	From 2014							
<del>_</del>	Total of lines 3a through e		<del></del>	······································				
9	Applied to underdistributions of prior years							
h	Applied to 2015 distributable amount							
<del>- i</del>	Carryover from 2010 not applied (see instructions)		- · · · · · · · · · · · · · · · · · · ·	<del></del>				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2015 from Section D, line 7: \$							
а	Applied to underdistributions of prior years							
ь	Applied to 2015 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).							
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).							
7	Excess distributions carryover to 2016. Add lines 3j and 4c.							
8	Breakdown of line 7:							
a								
ь								
C	Excess from 2013							
<u>d</u>	Excess from 2014							
<u>в</u>	Excess from 2015							

Page	8

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	•
	•••••••••••••••••••••••••••••••••••••••

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990h and its instructions is at worse in

OMB No. 1545-0047 2015

Department of the Treasury

Open to Public

		romi 990) and its instructions is at www.in	
	the organization	<u> </u>	Employer identification number
	SSIONAL & EDUCATIONAL SERVICES INTERNATION		95-4209483
Par			ds or Accounts.
	Complete if the organization answered		
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor funds are the organization's property, subject to		
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gran	
	only for charitable purposes and not for the ben		
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Par		1 (1) ( 1-1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	• • • • • • • • • • • • • • • • • • • •	
	Preservation of land for public use (e.g., recre	· _	• •
	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 contributio	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		<u>2a</u>
b	Total acreage restricted by conservation easeme		
C	Number of conservation easements on a certified	· · · · · · · · · · · · · · · · · · ·	
d	Number of conservation easements included in historic structure listed in the National Register	n (c) acquired after 8/17/06, and not o	on a 2d
3	Number of conservation easements modified, tratax year ►	insferred, released, extinguished, or term	ninated by the organization during the
4	Number of states where property subject to cons	servation easement is located ▶	
5	Does the organization have a written policy r violations, and enforcement of the conservation of		
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing o	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspect	ting, handling of violations, and enforcing o	conservation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on lin	• • •	
	***************************************		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text	t of the footnote to the organization's fina	
Part	organization's accounting for conservation easer		Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under S	SFAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other simil- public service, provide, in Part XIII, the text of the	•	·
b	If the organization elected, as permitted under works of art, historical treasures, or other simil public service, provide the following amounts rela-	ar assets held for public exhibition, ed ating to these items:	lucation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line	1	• \$
	(ii) Assets included in Form 990, Part X		🕨 💲
2	If the organization received or held works of a following amounts required to be reported under	rt, historical treasures, or other similar	assets for financial gain, provide the
8	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		<b>&gt; \$</b>

Page	2

Part	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her recor	ds, chec	k any of the	e follow	ing that are a	significant	use of its
8	☐ Public exhibition				or exchang				
b	☐ Scholarly research		<b>e</b>	Other	,				
_	☐ Preservation for future generations								
4	Provide a description of the organizat	tion's collections a	and expla	un how ti	hey further	the orga	anization's exe	mpt purp	ose in Part
5	During the year, did the organization assets to be sold to raise funds rather								s 🗆 No
Part									
	Complete if the organization 990, Part X, line 21.								n Form
	Is the organization an agent, trustee included on Form 990, Part X?								es 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	able:		·		
						<u> </u>		umount	
C	Beginning balance					1c	<u> </u>		
đ	Additions during the year					1d	<del>}</del>		<del></del>
e f	Distributions during the year Ending balance					1e	<del> </del>		
2a	Did the organization include an amoun				 scrow or ci		account liability	12 T Y	e No
	If "Yes," explain the arrangement in P		•	•			•	_	
Part									<del>```</del>
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	∍ 10.			
		(a) Current year	(b) Pro	эг уваг	(c) Two year	s back	(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance								
þ	Contributions								
C	Net investment earnings, gains, and losses								
đ	Grants or scholarships								
0	Other expenditures for facilities and programs		1						
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	-	id balanc	e (line 1g	, column (a	)) held a	s:		
а	Board designated or quasi-endowmen		%						
Ь	Permanent endowment	%							
C	Temporarily restricted endowment ▶								
20	The percentages on lines 2a, 2b, and Are there endowment funds not in the			antina the	nt are bald		ministered for th		
38	organization by:	e possession or u	ie organii	zauon ma	at are neiu	and adi	ministered for tr	Ю	Yes No
	(i) unrelated organizations							3a(i)	163 NO
	(ii) related organizations				· · · ·			3a(II)	
ь	If "Yes" on line 3a(ii), are the related o							3b	
4	Describe in Part XIII the intended uses								L
Part	VI Land, Buildings, and Equip						·		
	Complete if the organization		on For	m 990, F	Part IV, line	e 11a. S	See Form 990,	Part X,	line 10.
	Description of property	(a) Cost or of (Investm			or other basis ther)		ccumulated preciation	(d) Boo	ok value
1a	Land		131,389		0				131,389
þ	Buildings		328,354		0		45,950		282,404
c	Leasehold improvements		119,886		0		16,780		103,106
d	Equipment		0		0		0		0
	Other	<u>·                                      </u>	3,773		0		1,160		2,613
Total.	Add lines 1a through 1e. (Column (d) r.	nust equal Form 9	90, Part	C, column	(B), line 10	)c.)	<u></u> ▶1		519,512

Part VII	Investments—Other Securities.				
	Complete if the organization answ	vered "Yes" on For	m 990, Part IV,	line 11b. See Fon	m 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		ethod of valuation: id-of-year market value
(1) Financia	derivatives				
	neld equity interests				
(3) Other					
(A)					
(B) (C)			<del></del>	<del></del>	
(D)				<del></del>	
(E)				<del></del>	
(F)			· · · · · · · · · · · · · · · · · · ·		
(G)		***************************************			<del></del>
(H)		***************************************			
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments—Program Related				
	Complete if the organization answ	vered "Yes" on For	m 990, Part IV,		
	(a) Description of investment		(b) Book value		ethod of valuation: id-of-year market value
(1)					
(2)					
(3)					<del></del>
(4)					
(5)				<del>-  </del>	<del></del>
<u>(6)</u>					·····
(8)		<del> </del>			
(9)					
	b) must equal Form 990, Part X, col. (B) fine 13.)		<del></del>		
Part IX	Other Assets.				
	Complete if the organization answ	<del></del>	m 990, Part IV,	line 11d. See For	
	(a)	Description			(b) Book value
(1)		<del></del>			
(2)					<del>                                     </del>
(3)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			<del> </del>
(4)					+
<u>(5)</u> <u>(6)</u>		<del></del> -			<del> </del>
(7)					
(8)			<del></del>	<del></del>	<del> </del>
(9)					
	mn (b) must equal Form 990, Part X, co	l. (B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization answ	vered "Yes" on Fo	m 990, Part IV,	line 11e or 11f. S	ee Form 990, Part X,
	line 25.		<del></del>		
1.	(a) Description of liability	(b) Book value			
		<del></del>	0		
(2) Credit (	ard		99		
(4)					
(5)	<del></del>	<del>,</del>			
(6)	<del></del>		<del> </del>		
<u>(i)</u>					
(8)		<del></del>			
(9)		<del></del>			
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶		99		
	r uncertain tax positions. In Part XIII, provid				
organization	's liability for uncertain tax positions under	FIN 48 (ASC 740). Che	ck here if the text	of the footnote has be	een provided in Part XIII

Schedul	ie D (Form 990) 2015		Page 4		
Part	Reconciliation of Revenue per Audited Financial Statem	ents With Revenue pe	r Return.		
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements		T1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	<del></del>	7 )		
c	Recoveries of prior year grants		7		
ď	Other (Describe in Part XIII.)		7 1		
ө	Add lines 2a through 2d		20		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	48	1 1		
b	Other (Describe in Part XIII.)		7		
C	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements		11		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<del> </del>		
- a	Donated services and use of facilities	2a			
-	Prior year adjustments	2b	-		
b	Other losses		┥ ┃		
C		2c			
a	Other (Describe in Part XIII.)		-  _		
	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b				
þ	Other (Describe in Part XIII.)		<b>⊣</b> . I		
	Add lines 4a and 4b				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 2)	<del>19</del> <i>18.)</i>	5		
	XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	ed 4. Doet IV. lines 1h and 1	Oh: Dort V line 4: Dort V line		
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
z, ra	t Al, lilles 20 and 40, and Fart Ali, lilles 20 and 40. Also complete this part	to provide any additional	inomiation.		
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2015 Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL INC 95-4209483 General Information on Activities Ourtside the United States, Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 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 ☑ Yes □ No For grantmakers, Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, (c) Number of employees, agents, and independent (a) Region (b) Number of offices in the (e) If activity listed in (d) is (f) Total expenditures for a program service, describe specific type of service(s) in region and investments in region region contractors in region grants to recipients located in the region) (1) East Asia and the Pacific 0 Publication of academic jou Grantmaking 15,150 (2) East Asia and the Pacific 0 0 Grantmaking Website development and c 15,000 (3) East Asia and the Pacific 0 0 Grantmaking Program support for Hong 10,316 (4) East Asia and the Pacific 0 0 Grantmaking Publication of academic jou 9,525 (5) Russia and the newly independ n O Grantmaking Office and program support 5,000 (6) (7) (8) (9) (10) (11) (12)(13)(14)(15) (16) (17) Sub-total . . . 38

0

0

b Total from continuation sheets to Part I . . . c Totals (add lines 3a and 3b)

54,991

Page 2

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, N/A Ν ¥ (h) Description of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of non-cash assistance (f) Manner of cash disbursement by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 15,150 Wire 15,000 Wire 10,316 Wire 9,525 Wire (e) Amount of cash grant East Asia and the Pa Fudan University-Prof East Asia and the PaShandong University-East Asia and the PaHKPES-Support HKD East Asia and the PaRenmin University of (d) Purpose of grant Enter total number of other organizations or entities (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II Ŧ ā € € **₹** 6 <u>1</u> က 6 0 9 <u>1</u> ®

Schedule F (Form 990) 2015

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 980) 2016 (h) Method of valuation (book, FMV, appralsal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III Ξ Ø Ð € <u>(2</u>) 5 Ξ (12) 3 (14) (15) **(5**) (17) <u>E</u> ε 9 9 ☻

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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)

₽ No

☐ Yes

Part V

Supplemental Information

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 - All organizations that receive funding from PESi are educational institutions. Some are top universities in China. To receive funding, they first submit a grant application that explains the significance of the project, the key personnel responsible for
execution, the time frame and an itemized budget estimate. After a grant application is approved by PESi senior staff and/or committee
made up of PESI staff, board members and outside advisors (most with doctoral degree and understanding of education in Asia), funding
will be sent by wire The grant recipient will provide PESi with a formal receipt. When the project is completed, the recipient will send us a
report (events such as conferences) or sample publications (in publishing projects). PESI senior staff visits Asia 3-4 times a year to monitor
the projects that PESi supports - regularly meets with key professors who are responsible for the publications, conferences and seminars
that PESI supports. Also in touch with them via emails throughout the year. Serves on the board of Hong Kong professional & Educational
Services Ltd. (HKPES) and communicates with other board members regularly in person and via emails HKPES sends quarterly
accounting statements to PESi. Also visits Bishkek, Kyrgyzstan. 2-3 times a year. Serves as advisor to a Language & Culture Center and
regularly communicates with the local director via emails. Final detailed expense reports are submitted to PESI. The center also sends PESI
their financial statements

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SCHEDULE 1

SCHEDULE 1			Grants and	Other Assis	tance to Org	Grants and Other Assistance to Organizations,		8	OMB No. 1545-0047
(rom sau)		- 8	AOVERNMENTS Implete if the organ	i, and individ nization answered '	Wais in the L 'Yes' on Form 990 _.	GOVERNMENTS, AND INDIVIDUALS IN THE UNITED STATES Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	al		2015
Department of the Treasury Internal Revenue Service		► Infor	nation about Sche	► Attach to Form 990. dule I (Form 990) and its instru	Form 990. nd its instructions i	► Attach to Form 990. Information about Schedule (Form 990) and its instructions is at www.irs.gov/form990.	m990.	co O	Open to Public Inspection
Name of the organization								Employer identification number	on number
PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL INC	DUCATIONAL SERV	ICES INTERNAT	TONAL INC	İ				95-4209483	483
Part I Genera	General Information on Grants and Ass	n Grants and	Assistance						
1 Does the orga	anization maintain	records to subs	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility f	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?	ard the grants o	or assistance?					. · · ·	No Des
2 Describe in Pa	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	tion's procedure	es for monitoring	the use of grant fu	nds in the United	States.			
Part II Grants 990, Par	Grants and Other Assistance to Domes 990, Part IV, line 21, for any recipient that	stance to Dor	mestic Organiz that received m	ations and Don ore than \$5,000.	nestic Governm Part II can be d	ients. Complete i uplicated if additi	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.	nswered "Yes ed.	" on Form
1 (a) Name and address of organization or government	s of organization nent	(3) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisa), other)	(g) Description of non-cash assistance	(C)	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1									
(2)									
(3)									
(4)									
(5)	1								
(9)									
e									
(8)									
(6)									
(10)									
(11)									
(12)									
2 Enter total nun	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table)1(c)(3) and gove	emment organiza	tions listed in the I	ine 1 table			A 4	2
3 Enter total nur	Enter total number of other organizations listed in the line 1 table	anizations listed	in the line 1 table					•	2
For Paperwork Reduction Act Notice, see the Instructions for	tion Act Notice, see	e the Instructions	s for Form 990.		ď	Cat. No. 50055P		Scheduk	Schedule I (Form 890) (2015

Schedule I (Form 990) (2015)

Part III	Grants and Other Assistance to Domestic Part III can be duplicated if additional space	mestic Individua space is needed.	ils. Complete if the	organization answ	Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. is needed.	Part IV, line 22.	
	(a) Type of grant or assistance		(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	
-							
2							
က							
4							
10							
9							
				!			
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information re	quired in Part I, lin	le 2, Part III, columi	ι (b), and any other additi	onal information.	
Schedule I PESI presil application education these even	Schedule I, Part I, Line 2. The PESI president serves on the CCSANA (Chinese Christian Scholars Association of North America) board and participates in CCSA board decisions. The PESI president reports to the PESI board on the activities and progress of CCSA and performance of the CCSA president. For each CCSA project funded by PESI, we have on file a grant application filled out by CCSA documenting an itemized budget, significant of the project, names of key personnel responsible for executing the project, project time frame, etc. Each grant application is reviewed by the PESI president and/or a committee made up of a PESI officer and 3 volunteers outside advisors. They all have doctoral degrees and understand higher education is reviewed by the PESI president and/or that we support and reports on conferences that we support. We also send staff and friends of our organization to participate in these events as observers. The same protocol applies to grants for IACE: grant application in writing with itemized budget estimate; review by PESI senior staff and/or board; funding; and	the CCSANA (Chine: s and progress of CC budget, significant o mmittee made up of hat we support and grants for IACE: gra	se Christian Scholars SSA and performance of the project, names of a PESI officer and 3 \(\) reports on conference int application in writit	Association of North / of the CCSA presiden of key personnel respondunteers outside adv es that we support. We ng with Itemized budg	America) board and participat 1. For each CCSA project func insible for executing the proje isors. They all have doctoral also send staff and friends of et estimate; review by PESI se	es in CCSA board decisions. The fed by PESI, we have on file a grant ct, project time frame, etc. Each grant degrees and understand higher four organization to participate in anior staff and/or board; funding; and	
reports fro	eports from IACE upon completion of project.						
4							
						Schedule I (Form 990) (2015)	_

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
PROFESSIONAL & EDUCATIONAL SERVICES INTERNATIONAL INC	95-4209483
Form 990, Part VI, Section B, Line 11b - The return preparer emails a copy of the final version of form	990 to all voting members of the
board of directors and asks them to review the return and provide feedback within 3 business days. T	
no changes need to be made	
Form 990, Part VI, Section C, Line 19 - The organization makes its governance documents such as arti	cles of incorporation, bylaws, conflict
of interest policy and financial statements available to the general public upon request.	

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