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Form

Department of the Treasury Internal Revenue Service

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

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014 Open to Public Inspection

<u>A</u>	For th	he 2014 calendar year, or tax year beginning $07/01/14$ , and ending $06/30/$	15		
В	Check if a	applicable C Name of organization		D Employe	r identification number
	Address	change CARIBBEAN CONSOLIDATED SCHOOLS, Inc			
	Name ch	Doing business as			<u>25876</u> 7
$\exists$		Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	e number 765-4411
$\vdash$	Initial retu			787-	703-4411
$\Box$	terminate	ed		- 0	. 0 1EE E10
	Amended	d return   SAN JUAN   PR 00936-8177   F Name and address of principal officer		G Gross rec	eipts\$ 8,155,510
$\Box$	Application	on pending	H(a) Is this a gro	up return for s	ubordinates? Yes X No
			H(b) Are all sub	ordinator incl	uded? Yes No
					(see instructions)
_			-	undar a not	(SSS IIISII SSIIONIS)
<u></u>		empt status	-		
<u>J</u>	Website		H(c) Group exer		-
		_	Year of formation 1	964	M State of legal domicile PF
	Part I	Summary			
	1	Briefly describe the organization's mission or most significant activities			
ဗ္ဗ		See Schedule O			
ы					
ē					
Š	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25	% of its net asse	ts .	
ಷ	3	Number of voting members of the governing body (Part VI, line 1a)		3	16
es	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	16
Σ	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	148
Activities & Governance	6	Total number of volunteers (estimate if necessary)		6	40
_	7a	Total unrelated business revenue from Part VIII, column (C) line 12		7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0
		S FEB 1 8 2013   9	Prior Yea		Current Year
ō	8 (	Contributions and grants (Part VIII, line 1h)		3,120	65,227
Revenue	ŀ	Program service revenue (Part VIII, line 29)		5,407	8,059,770
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		L,489	10,204
UZ.	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		L,272	20,309
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		L,288	8,155,510
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	155	5,921	154,929
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
Š	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,995	5,984	5,192,688
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
× pe	b b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,808	3,927	2,760,749
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,960	,832	8,108,366
	19	Revenue less expenses Subtract line 18 from line 12		,544	47,144
Net Assets or Fund Balances			Beginning of Curi		End of Year
sset	20	Total assets (Part X, line 16)	7,778		7,652,324
A P	21	Total liabilities (Part X, line 26)	5,169		4,994,916
		Net assets or fund balances Subtract line 21 from line 20	2,609	,264	2,657,408
<u>_P</u>	art II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme		t of my know	wledge and belief, it is
tru	ue, corre	ect, and complete Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledge		
Sig		Signature of officer		Date	-/./.
He	re		ICIO MEM	BER	2/11/16
		Type or print name and title			/_/
		Print/Type preparer's name Preparer's signature	Date	Check	f PTIN
Pai		RAMON APONTE	2/4/1	self-em	ployed P01513657
Pre	parer	Firm's name		rm's EIN	66-0563256
Use	Only	33 Bolivia St Ste 400			
		Firm's address > San Juan, PR 00917-2000	PI	none no	787-754-1915
May	the IR	RS discuss this return with the preparer shown above? (see instructions)			Yes No
_		work Reduction Act Notice see the senarate instructions	001	116	C Form 990 (2014)

		IDATED SCHOOLS, Inc 6	6-0258767	Page 2
	Statement of Program Serv Check if Schedule O contain	s a response or note to any line in t	nis Part III	$\overline{\mathbf{X}}$
1 Bnefly des	cribe the organization's mission			
see sci	nedule O			
2 Did the ord	ganization undertake any significant	program services during the year which were	e not listed on the	
prior Form	990 or 990-EZ?	•		Yes X No
	escribe these new services on Scheo			
3 Did the org services?	ganization cease conducting, or max	e significant changes in how it conducts, any	program	Yes X No
If "Yes," de	escribe these changes on Schedule	0		
		complishments for each of its three largest p	-	
	Section 501(c)(3) and 501(c)(4) orgoneerses, and revenue, if any, for each	anizations are required to report the amount th program service reported	of grants and allocations to others,	
SOCIALI PRIDE I INDIVIE AND STI ACROSS EXPERIE COMMUNI	LY RESPONSIBLE STU- IN DEMOCRATIC IDEA: DUALS. EQUIPED STU- IMULATE THEIR CRIT THE CURRICULUM BY ENCES AND ACTIVITION TY IN THE CHALLENGE	A PRODUCTIVE, MORAL, EDENT TO DEVELOP A BELING AND RESPECT FOR DIGOUNTS TO PURSUE HIGHER ICAL THINKING AND REAST PROVIDING CHALLENGING ES. ENGAGED THE WHOLE GE AND EXCITEMENT OF SEG THE JOY OF LEARNING.	EF AND ENITY OF ALL EDUCATION CONING SCHOOL TRIVING FOR	
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	. )
4d Other progra	am services (Describe in Schedule (	D)	<del></del>	
(Expenses	\$inclu	ding grants of \$	) (Revenue \$	
4e Total progra	m service expenses ►	4,397,217		Form 990 (2014)
<del>-</del> •				1 5.11 5 5 5 (2014)

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	m 990 (2014) CARIBBEAN CONSOLIDATED SCHOOLS, Inc. 66-0258767 Part IV Checklist of Required Schedules		F	age
	dit IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	<u> </u>	1.63	1
	complete Schedule A	1	x	l
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	$\vdash$
	candidates for public office? If "Yes," complete Schedule C, Part I	3	ļ	x
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		X
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,	i		l
	Part III	5	ł	X
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		X
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	Ĺ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	_	X
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	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			l
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	Ì	]	
	VII, VIII, IX, or X as applicable		1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		}	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	,		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	70	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	425		v
	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a		X
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	175		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			- <del>-</del> -
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			

18

19

20a

20b

X

þ

18

19

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	İ	ŀ	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		l	1
	organization's current and former officers, directors, trustees, key employees, and highest compensated	Ì		
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	İ	1	İ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	l		
	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		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	,		Ì
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).		- '	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		1	7.
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			7.7
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	١ ا		77
24	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			x
32	Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32	complete Schedule N, Part II	22		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
,,	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33	-	
•	or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		$\neg$	<del></del>
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Ī	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	102		
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	X
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,	1		
	Part VI	37	- 1	X
8	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	x	

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Forr	n 990 (2014) CARIBBEAN CONSOLIDATED SCHOOLS, Inc. 66-025	8767	1		F	age <b>5</b>
_	art V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part	<u> </u>				$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
		1	1 -		Yes	No
1a	•	_1a	0		(1) (A)	10
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			<b>企業</b>		
	reportable gaming (gambling) winnings to prize winners?			1c	ļ	2 365.23
2a			1 40			
_	Statements, filed for the calendar year ending with or within the year covered by this return	<u>2a</u>	148		200	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns to the control of the control o			2b	X	<del>                                     </del>
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_		3a	┿	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b	<del> </del>	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		y	ļ	1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin account)?	anciai		140	l	x
b	If "Yes," enter the name of the foreign country			4a_	<del> </del>	-
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Account	e			
	(FBAR).	CCCum	3	\$-1-mg*	***	123
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	†	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е		1		
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	[	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			,		- ;
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				ı
	required to file Form 8282?	, ,	•	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				- '
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		•	7 <u>g</u>		
h -	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h	<del> </del>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	ed by the	e		-	-
_	sponsoring organization have excess business holdings at any time during the year?			8 #Gk (		-34
9	Sponsoring organizations maintaining donor advised funds.  Did the opensoring exposuration make any taxable distributions under section 49662					
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b	<u> </u>	
р 0	Section 501(c)(7) organizations. Enter.			90		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				×.,
1	Section 501(c)(12) organizations. Enter	[100]		<del> </del> ,		
a	Gross income from members or shareholders	11a		7.EL		Ņ.
b	Gross income from other sources (Do not net amounts due or paid to other sources	1.0			['', ]	- 12 
_	against amounts due or received from them )	11b				籍
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<del></del>	12a		41
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126		7		4 4 - 4
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			1	إما	S)
а	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					<u> </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which				Š	1 - C
	the organization is licensed to issue qualified health plans	136		1 - 1 × 1		

14a

14b

13c

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

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

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	m 990 (2014) CARIBBEAN CONSOLIDATED SCHOOLS, Inc 66-0258767			age 6
P	art VI, Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below.			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	) See insti	ructio	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management		T	т
			Yes	No
1a	, , , , , , , , , , , , , , , , , , , ,		N.	
	If there are material differences in voting rights among members of the governing body, or		. عند.	
	if the governing body delegated broad authority to an executive committee or similar	·348	o ri	L. COLOMBIA
L	committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent  1b 16	}	]	]
b				2. 3
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	-	<del>                                     </del>	
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization make any significant changes to its governing documents since the prior roll say was filed.  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		
, .	one or more members of the governing body?	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	∋ Code )		
			Yes	No
I0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13		<u>X</u>
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	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?  The organization's CEO, Executive Director, or top management official	145-		v
a	Other officers or key employees of the organization	15a		$\frac{\mathbf{x}}{\mathbf{x}}$
ь	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		ŀ	
oa	with a taxable entity during the year?	160		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1 1	i	
	organization's exempt status with respect to such arrangements?	16ь	ľ	
Sect	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ▶ None			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RIBBEAN CONSOLIDATED SCHOOLS, INC CALLE CASTILLO 100, URB. ROOSEVELT			
HA	TO REY PR 00918-2858 7	<u> 187-76</u> !	<u>5-4</u>	411
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Form 990 (2014	CARIBBEAN	CONSOLIDATED	SCHOOLS,	Inc	66-0258767	Page 7
Part VII	Compensation of	of Officers, Directors	s, Trustees, K	ey Emp	loyees, Highest Compens	ated Employees, and
•	Independent Co	ntractors				
	Check if Schedule	e O contains a respor	nse or note to a	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.

(A) Name and Title	(B) Average hours per	,,	o not	Pos	C) ition	than o	ne	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week	bo	x, unic	ess pe	rson	s both	an	from	related	other
	(list any hours for related organizations below dotted line)	or director		Officer	Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICARDO ROSARIO										
	2.00									
MEMBER	0.00	X	<u> </u>			<u> </u>	_	0	0	0
(2) FERNANDO DEL LLA										
	2.00									
MEMBER	0.50	X						0	0	0
(3) JESUS CASAL	2 22					1				
1 COLORD	2.00 0.00	x							o	•
MEMBER (4) JB ROSARIO	0.00	╇				_		0		0
(4) OB ROSARIO	2.00	1						1		
MEMBER	0.00	x						ol	o	0
(5) CYNTHIA PEREZ	0.00	-		$\dashv$		Н				
(3)	2.00	1				l				
MEMBER	0.00	X						o	o	0
(6) ANNETTE PEREZ				$\neg$	_					<del></del>
``	2.00								}	
MEMBER	0.00	X		l			- 1	0	o	0
(7) MONICA FERNOS							$\Box$			
	2.00	Ì		ļ			Ī			
MEMBER	0.50	X						0	0	0
(8) MARIA L. RECURT				1			}	-	_ :	<del></del>
İ	4.00						İ			
MEMBER	0.00	X	_	$ \bot $				0	0	0
(9) MAYRA RAMIREZ		1		]			1			
	2.00								_	_
MEMBER	0.00	X	_		_		$\dashv$	0	0	0
(10) EUSEBIO IGLESIAS			ł		ı	ĺ				
	2.00		ļ			J	ŀ		ا	_
MEMBER	0.00	X					_	0	0	0
(11) ERAIN VAZQUEZ	2 00			-		- 1	-			
ACTA (PER)	2.00 0.00	x			ļ	- 1	- 1			^
MEMBER DAA	0.00							0	0	O Form <b>990</b> (2014

Part VII Section A Officers	, Directors, Irt	JStee	2S, N	ey	mp	oyee	s, a	ing Highest Compensated	Employees (continued)				
(A)	(B)				C) sition			(D)	(E)		(F)		
Name and title	Average hours per	(d	lo not			than c	ne	Reportable compensation	Reportable compensation from	ł	Estima amoun		
	week (list any					is both or/trust		from the	related organizations		othe		
	hours for	<u> </u>	т =		T =		<u> </u>	organization	(W-2/1099-MISC)		ompens from t		
	related	d d	nstitu	Officer	ey e	鬱	Former	(W-2/1099-MISC)			organiza and rela		
	organizations below dotted	ecta	ltig	*	ğ	yee cc	욕				rganiza		
	line)	Individual trustee or director	e to	l	Key employee	mpe	1						
	l	ē	institutional trustee		•	Highest compensated employee							
CHARLEC DANCEEN		$\vdash$	ļ <u> </u>	-		<u>&amp;</u>	<u> </u>						
(12) CHARLES RANSLEM	2.00		İ	İ				İ		i I			
	l.			Į					ما				_
MEMBER	0.00	X	┢	$\vdash$	-			0	0	<del></del>			0
(13) FERNANDO JIMENEZ								ļ					
	2.00	1.5		ĺ	Ì								_
MEMBER	0.00	X	├		-			0	0				0
(14) DIANA DE JESUS	E0 00		ļ		1			l					
	50.00			٦,	ļ			05 600				4	710
EX-OFICIO MEMBER	0.00	┼	├—	X	├			85,602	0	<del></del>		1,	712
(15) MARIA MONTAÑEZ	5 00												
	5.00					.							_
CHAIRPERSON	0.50	—	<u> </u>	X	⊢	$\vdash$		0	0				0
(16)ANGEL ARZAN					l								
	3.00			Í		1							_
VICE-CHAIR	0.00	┼	<u> </u>	X				0	0				0
(17) FRANCISCO RAMIRE	l .		Ì										
	3.00												_
TREASURER	0.50	<del>                                     </del>	<u> </u>	X	<u> </u>			0	0	<del></del>			0
(18) THOMAS QUINN	F0 00												
	50.00			ĺ	.,			105 600			4		~~~
EX-OFICIO MEMBER	0.50	╁╌┩	<u> </u>	<u> </u>	X			185,600	0			.0,	000
(19)													
				L	<u> </u>			271 202				4 ,	710
1b Sub-total		<b>~</b>						271,202				Ξ,	712
c Total from continuation shee	its to Part VII, S	secu	on A	`				271,202			<del></del> 1	1 ,	712
d Total (add lines 1b and 1c)  Total number of individuals (inc	cluding but not li		l to t	hose	lieta	ad ah	0//0	<del>'</del>	100 000 of			· <b>-</b> ,	112
reportable compensation from				11036	11510	su au	OVE	wito received more man a	100,000 01				
											$\Box$	Yes	No
3 Did the organization list any for						•	•	yee, or highest compensate	ed				v
employee on line 1a? If "Yes," o								and ather for	IL -	-	3	$\rightarrow$	<u> </u>
4 For any individual listed on line organization and related organi	•	•						•		- 1	- 1	- 1	
individual	zations greater		Ψ.ο.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, 00	implete concedit a for addi	•		4	X	
5 Did any person listed on line 1a							•	•	ndividual	F			
for services rendered to the org		<u>∍s," c</u>	omp	lete	Sch	edule	J fo	or such person			5		<u> </u>
Section B. Independent Contractor								<del></del>					
<ol> <li>Complete this table for your five compensation from the organiz</li> </ol>													
		mpei	isali	011 10	JI 1110	Call	, nac					(C) pensati	
	(A) ousiness address							Descript	(B) on of services		Corr	rpeńs <i>a</i> ti	<u>on</u>
NONE													
								<del></del>	<del></del>				
										İ			
						$\dashv$		····		-+			
						$\dashv$		· · · · · · · · · · · · · · · · · · ·	<del></del>	-+			—
						Į				Į			
								. , , ,					
2 Total number of redemands - 1	ntractor (mate		bud s		mrë -	1 10 11		listed should with					
2 Total number of independent co received more than \$100,000 o								: iistea above) wuo	0				

Part VIII Statement of Revenue

		Check if Sched	lule O co	ntains a	response	or note to any line	in this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ	12	Federated campaigns	1a	[		7 t t 74			- F
Contributions, Gifts, Grants and Other Similar Amounts	t	Membership dues	1b						***
O, E		Fundraising events	1c						* * **
Sift,		Related organizations	1d						,
SE	6	Government grants (contributions)	1e		21,901	.]	ļ		
Ö	j 1	f All other contributions, gifts, grants,		i		1			,
but		and similar amounts not included a			43,326	;			, , ,
ĘÓ	ءِ ا	Noncash contributions included in l	ines 1a-1f	\$					
Se	ŀ	Total. Add lines 1a-1f			•	65,227	,		
ne					Busn Code			***************************************	
ven	2a	TUITION AND FEE	s		900099	7,117,748	7,117,748		<u> </u>
å	b				900099				
ïċ	C				611710				
Sen	d				611710		<del> </del>		
Ē	e	CAFETERIA INCOM	E		611710				· · · · · · · · · · · · · · · · · · ·
Program Service Revenue	f	All other program service	revenue		611710				
<u>.</u>	g	Total. Add lines 2a-2f			<b></b>	8,059,770			
	3	Investment income (include	dıng dıvıder	ds, intere	est,				
		and other similar amounts	s)		•	10,204			10,204
	4	Income from investment of	of tax-exem	ot bond p	roceeds 🕨				
	5	Royalties							
		(i) F	Real	(11)	Personal	,			
	6a	Gross rents	7,249	=					,
	b	Less rental exps						ļ	
	С	Rental inc. or (loss)	7,249						
	d	Net rental income or (loss	)	<b>,</b>		7,249			7,249
	/a	Gross amount from (i) Sec	curities	(1)	) Other				
		other than inventory						[	
	b	Less cost or other		ĺ					
		basis & sales exps							
	С	Gain or (loss)							
	d	Net gain or (loss)	1		<u> </u>	· <del>-</del> · · · · · · · · · · · · · · · · · · ·	-, -, -, -, -, -, -, -, -, -, -, -, -, -		
9	8a	Gross income from fundraising	events						
e		(not including \$							
[ ۾		of contributions reported on lin	e 1c)						
5		See Part IV, line 18	a		13,060				u.
Other Revenu		Less direct expenses	b[				16		*
		Net income or (loss) from	-r	events	<u> </u>	13,060			13,060
	9a	Gross income from gaming act	tivities						
- 1	_	See Part IV, line 19	а						
		Less direct expenses	ρĺ						
		Net income or (loss) from		vities	<u> </u>				
	10a	Gross sales of inventory, l	ess						
		returns and allowances	a						
		Less cost of goods sold	þĮ						
}	С	Net income or (loss) from		entory	<b>•</b>				<del></del>
- }	4.4	Miscellaneous Revi	enue		Busn. Code				
-	11a				}		<del></del>		
- 1	b				<del>                                     </del>				<del></del>
	C	All albance:			<b></b>		<del></del>		<del>-</del>
- 1	ď	All other revenue			4				
		Total Add lines 11a-11d	atras -			0 155 510	0 050 770		20 515
	<u>12</u>	Total revenue. See instru	CUONS		<u> </u>	8,155,510	8,059,770	0	30,513

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Sec	tion 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			olete column (A)	
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		схрензез	garata expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		_		
_	individuals See Part IV, line 22	154,929	154,929		
3	Grants and other assistance to foreign	•	,		
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members		- :		
5	Compensation of current officers, directors,				
	trustees, and key employees	271,202		271,202	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,923,443	2,577,237	1,346,206	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	40,290		40,290	
9	Other employee benefits				
10	Payroli taxes	957,753	592,295	365,458	
11	Fees for services (non-employees)				
а	Management				<del></del>
b	Legal	35,108		35,108	<del></del>
С	Accounting	15,600		15,600	<del></del>
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	investment management fees		-		<del></del>
g	· · · · · · · · · · · · · · · · · · ·				
40	(A) amount, list line 11g expenses on Schedule (O)	27 126		37,126	
	Advertising and promotion	37,126 411,574	377,933	33,641	
13	Office expenses	411,574	311,933	33,041	
14	Information technology			- "	
15	Royalties Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,778		1,778	<del></del>
20	Interest	129,347		129,347	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	629,997		629,997	
23	Insurance	58,403		58,403	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	İ			
	(A) amount, list line 24e expenses on Schedule O)				
a	ACTIVITIES	344,147	344,147		
b	UTILITIES	244,219		244,219	- <del></del>
c	MAINTENANCE AND REPAIRS	214,101		214,101	
d	DISCOUNTS	204,019	204,019		
e	All other expenses	435,330	146,657	288,673	
	Total functional expenses. Add lines 1 through 24e	8,108,366	4,397,217	3,711,149	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)				000

<u>. P</u>	art :	X Balance Sheet	·····				
	•	Check if Schedule O contains a response or note t	o any line in this	Part X			
	_				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			1,612,763	1	1,931,229
	2	Savings and temporary cash investments		ļ.	778,888		783,921
	3	Pledges and grants receivable, net		<u> </u>		3	703,321
	4	Accounts receivable, net		-	40,982		47,903
	5	Loans and other receivables from current and former office	core directors	F	10,302	<u> </u>	47,903
	"	trustees, key employees, and highest compensated empl					
	ĺ	Complete Part II of Schedule L	loyees			5	- ' -
	6	·	one (on defined ,		<del></del>	3	<del> </del>
	"	Loans and other receivables from other disqualified personal 4058/6/(1)), personal described in section 4058/6/(2)(R), and the section 4058/6/(2)(R), and t					
	1	4958(f)(1)), persons described in section 4958(c)(3)(B), a	-	· · · .			1
	l	sponsoring organizations of section 501(c)(9) voluntary e		iciary		_	-
Assets		organizations (see instructions) Complete Part II of Sche	equie L	}		6	<del> </del>
\ss	7	Notes and loans receivable, net		ŀ		7	<del> </del>
_	8	Inventories for sale or use		}	200 CE7	8	166 266
	9	Prepaid expenses and deferred charges	1 1	-	298,657	9	166,366
	10a	Land, buildings, and equipment cost or		275 050	1 *		
	١.	other basis Complete Part VI of Schedule D		,375,050	4 OCE 721		4 540 160
	1	Less. accumulated depreciation	10b 6	,826,890	4,865,731		4,548,160
	11	Investments—publicly traded securities	-		11		
	12	Investments—other securities See Part IV, line 11		ļ-		12	
	13	Investments—program-related See Part IV, line 11		<u> </u>	<del></del>	13	
	14	Intangible assets	-	101 050	14	174 745	
	15	Other assets See Part IV, line 11	<u> -</u>	181,250		174,745	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	)		7,778,271	16	7,652,324
	17	Accounts payable and accrued expenses		-	462,525		434,278
	18	· ·			53,466	18	22 504
	19	Deferred revenue		-	33,400		32,504
	20	Tax-exempt bond liabilities	0 1 1 1 5	}-	121,805	20	126 262
	21	Escrow or custodial account liability Complete Part IV of		ļ-	121,805	21	136,262
ies	22	Loans and other payables to current and former officers,		į			
Liabilities		trustees, key employees, highest compensated employee	es, and			00	
Ę		disqualified persons Complete Part II of Schedule L		ļ	2 460 101	22	2 204 400
_	23	Secured mortgages and notes payable to unrelated third i		ļ	2,460,101	23	2,394,409
	24	Unsecured notes and loans payable to unrelated third par		-		24	
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24) C	omplete Part X		2 071 110		1 007 463
		of Schedule D			2,071,110 5,169,007		1,997,463 4,994,916
	<u> 26</u>	Total liabilities. Add lines 17 through 25	here 🕨 🗓		3,169,007	26	4,994,916
s		Organizations that follow SFAS 117 (ASC 958), check	nere 🕨 🔼	and		!	
ည		complete lines 27 through 29, and lines 33 and 34.			2,609,264		2 657 400
흥	27	Unrestricted net assets		<u> </u>	2,009,204	27	2,657,408
8	28	Temporarily restricted net assets		F		28	
Š	29	Permanently restricted net assets	abaati baaa N	ر <sub>م</sub>		29	
5		Organizations that do not follow SFAS 117 (ASC 958)	, cneck nere ►	and			
Net Assets or Fund Balances		complete lines 30 through 34.			ł	,	İ
SSe	30	Capital stock or trust principal, or current funds		-	<del></del>	30	<del> </del>
۲ٍ	31	Paid-in or capital surplus, or land, building, or equipment f				31	
2	32	Retained earnings, endowment, accumulated income, or o	otner tunds	-	2,609,264	32	2 657 400
J	33	Total net assets or fund balances		<u> </u>	7,778,271		2,657,408
	34	Total liabilities and net assets/fund balances	<del></del>		1,110,211	34	7,652,324

orn	n 990 (2014) CARIBBEAN CONSOLIDATED SCHOOLS, Inc 66-0258767			Pa	ige 12
Pa	art XJ Reconciliation of Net Assets		_		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,1	08,	366
3	Revenue less expenses Subtract line 2 from line 1	3			144
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,6	09,	264
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1,	000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,6	57,	408
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		,		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		~ M	\$\$ <b>*</b>	٤, ١
	Schedule O		- 1	<u>`</u> .	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1. T.		
	reviewed on a separate basis, consolidated basis, or both		4		ļ
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				l
	Separate basis X Consolidated basis Both consolidated and separate basis		i l		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O		1 1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			For	n 990	(2014)

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

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 Open to Publics

Employer Identification number Name of the organization CARIBBEAN CONSOLIDATED SCHOOLS, Inc. 66-0258767 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). |X| A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) i A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 ; An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 а 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. c its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d 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 Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-9 organization support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) No Yes (A) (B) (C)

Total

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						·
4	Total. Add lines 1 through 3						
5	The portion of total contributions by	The State of the	2 Prof. 18	e.pm	۱۱ ۱۲ مر ۱۰	* 43+ 2+ -	
	each person (other than a governmental unit or publicly	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 大學(1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	*	· •>- ,	11/13/4 1 ANS	
	supported organization) included on	康, 李八十八	ر بعم	4	44\$\$\$\ -	المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع	
	line 1 that exceeds 2% of the amount	Marie Contract	ing the same of th	+ 54	`	4167 2416	
	shown on line 11, column (f)	<b>海州</b> 北京北京新	area. reiss	1 or My 22 de		The state of the state of	
6	Public support. Subtract line 5 from line 4	W is a star				AL.	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	, '					
12	Gross receipts from related activities, etc. (	see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(d	:)(3)	
	organization, check this box and stop here						<b>&gt;</b>
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2014 (line 6,	column (f) divided	by line 11, column	(f))		14	%
15	Public support percentage from 2013 Sche	dule A, Part II, line	14			15	%
16a	33 1/3% support test—2014. If the organi	zation did not chec	k the box on line 1	3, and line 14 is 33	3 1/3% or more, ch	eck this	
	box and stop here. The organization qualif	fies as a publicly su	upported organizati	on			<b>•</b>
b	33 1/3% support test—2013. If the organi	zation did not chec	k a box on line 13	or 16a, and line 15	is 33 1/3% or mor	e,	_
	check this box and stop here. The organiz	ation qualifies as a	publicly supported	organization			<b>•</b>
17a	10%-facts-and-circumstances test—201	4. If the organization	on did not check a	box on line 13, 16a	i, or 16b, and line	14 is	
	10% or more, and if the organization meets	the "facts-and-circ	cumstances" test, c	heck this box and	stop here. Explair	ח וח	
	Part VI how the organization meets the "factorization"	ts-and-circumstand	ces" test. The orga	nization qualifies a	s a publicly suppo	rted	•
b	10%-facts-and-circumstances test-201	3. If the organization	on did not check a l	oox on line 13, 16a	, 16b, or 17a, and	line	-
	15 is 10% or more, and if the organization r	neets the "facts-an	d-circumstances" t	est, check this box	and stop here.		
	Explain in Part VI how the organization mee	ets the "facts-and-c	arcumstances" test	The organization	qualifies as a publ	icly	
	supported organization						<b>▶</b> ! ¯
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	k this box and see		
	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.)

	If the organization fails to	quality under t	he tests listed t	pelow, please c	omplete Part I	[ )	
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any *unusual grants *)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					<u> </u>	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		İ				
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support		·				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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				<del></del>		<del></del>
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	Total support. (Add lines 9, 10c, 11,			ſ	i		
	and 12)	L	l			L	
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	, second, third, four	th, or fifth tax year	as a section 501(	c)(3) 	
Sec	tion C. Computation of Public Su	ipport Percent	tage		<u></u> _		
15	Public support percentage for 2014 (line 8,	column (f) divided	by line 13, column	<b>(f)</b> )		15	%_
16	Public support percentage from 2013 Sche					16	%
<u>Sec</u>	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2014 (lin			column (f))		17	%_
18	Investment income percentage from 2013					18	%
19a	33 1/3% support tests—2014. If the organ						
	17 is not more than 33 1/3%, check this bo						<b>&gt;</b> :
b	33 1/3% support tests—2013. If the organ						▶ 7
20	line 18 is not more than 33 1/3%, check this		=			-	

#### Part IV: Supporting Organizations

(Complete only if you checked a box on line 11 of 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
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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 Part VI when and how the organization made the determination
- 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 Part VI what controls the organization put in place to ensure such use
- 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
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI 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
- 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 Part VI, 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)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 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)
- 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 Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) 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.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
- 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)

		Yes	No
	-,	,′, 	
	1	<u> </u>	<u> </u>
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	3a_		* *
	•		
	3b		
	3c		
	4a		:
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	4c		<u></u> .
	_5a		
	5b		
	5c		
	6		<del></del>
	7		
	8		
	9a		
	9b		
	9с		
	•		,
	10a		
	10b		
ım	990	or 990-E	7) 2014

Pa	rt IV Supporting Organizations (continued)			raye
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		* # 1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		a de la companya de l	
_	below, the governing body of a supported organization?	11a	2000	
b		11b		<del>                                     </del>
	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		<del> </del>
	ion B. Type I Supporting Organizations	1110	l	<u> </u>
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	a Carre	3 163	PER STATE OF
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	灣		
	controlled the organization's activities of the organization had more than one supported organization.		(65)	39 B
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		147	1
	organizations and what conditions or restrictions, if any, 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	1	2.53	- 25 (* 25)
2		١	30 <b>458</b>	Land Asia
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	, è ca,	` '	100
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2.2	1.00	The state of the s
Sact	supervised, or controlled the supporting organization ion C. Type II Supporting Organizations	2	L	<u> </u>
Ject	On C. Type if Supporting Organizations		74	T
	Miles a manager of the appropriate of dispatent as to store dispate the formation of the dispatent	- 3*	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	, f,	2 4	1. 2
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1	<b>公司等</b>	100 m
	or management of the supporting organization was vested in the same persons that controlled or managed	, "	- " (	
Soot	the supported organization(s) on D. All Type III Supporting Organizations	1 1		<u> </u>
Seci	on D. All Type III Supporting Organizations			<del></del>
_	Middle assessments assessed to each of the assessment assessment by the leading of the COL worth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1 1		l
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			· ·
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1.		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1 }		i
	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		<b></b>
3	By reason of the relationship described in (2), did the organization's supported organizations have a		,	1
	significant voice in the organization's investment policies and in directing the use of the organization's			,.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ł
ooti	supported organizations played in this regard on E. Type III Functionally-Integrated Supporting Organizations	3		L
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
1				
a b	The organization satisfied the Activities Test. Complete line 2 below			
	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ons)		
2 ^	ctivities Test Answer (a) and (b) below.	ſ		
		$\overline{}$	Yes	No
а	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 1	Ì	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities	2a		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	3		77.00
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	Y]	- 334 (
	reasons for the organization's position that its supported organization(s) would have engaged in these		: 🔻	1 day - 1/6 1
_	activities but for the organization's involvement	2b	التي بحاد	marini.
3	Parent of Supported Organizations Answer (a) and (b) below.			***
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	- 44	turi e	\$ -5,0 JA
	trustees of each of the supported organizations? Provide details in Part VI.	3a		

b 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 role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3 4 Depreciation and depletion 5 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 035 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 2 2 Enter 85% of line 1 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 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

emergency temporary reduction (see instructions)

instructions)

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Sched	dule A (Form 990 or 990-EZ) 2014 CARIBBEAN CONSOLI	DATED SCHOOLS.	Inc 66-025	8767 Page 7
	rt V Type III Non-Functionally Integrated 509(a)(3)			rage r
	tion D - Distributions		1	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	oses		
	Amounts paid to perform activity that directly furthers exempt purpose			
	organizations, in excess of income from activity	,,		
3	Administrative expenses paid to accomplish exempt purposes of supp	ported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6		<del></del>	<del></del>
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	,		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	ent waste in	120 mg mg	
2	Underdistributions, if any, for years prior to 2014	A CANADA		The state of the state of
	(reasonable cause required-see instructions)	Wat to the second		
3	Excess distributions carryover, if any, to 2014	The property of		1 4 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
а		c make a secondary way		72 · ·
b		,		
С				
d	-	,		
е	From 2013 .	,		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
ħ	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section			
	D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount .			
с	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c	<u>                                     </u>		
8	Breakdown of line 7			

Schedule A (Form 990 or 990-EZ) 2014

а b

d Excess from 2013 e Excess from 2014 Schedule A (Form 990 or 990-EZ) 2014 CARIBBEAN CONSOLIDATED SCHOOLS, Inc 66-0258767 Part VI. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and

Part III, line 12. Also complete this part for any additional information. (See instructions.)

**SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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С	ARIBBEAN CONSOLIDATED SCHOOLS, Inc		66-0	258767
	art I Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" to F			
		(a) Donor advised funds		b) Funds and other accounts
1	Total number at end of year			<u>:</u>
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		
Ū	funds are the organization's property, subject to the organization's exclu			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	<del>-</del>		
Ī	only for charitable purposes and not for the benefit of the donor or donor	• •		
	conferring impermissible private benefit?	- announce of the control purpose		Yes No
Pa	art II Conservation Easements.			
	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check	all that apply).		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land	l area
	Protection of natural habitat	Preservation of a certified historic	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser	rvation contribution in the form of a conser-	vation	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure inclu-	uded ın (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/0	06, and not on a		
	historic structure listed in the National Register		_2d	
3	Number of conservation easements modified, transferred, released, ext	tinguished, or terminated by the organization	on during t	the
	tax year ▶			
4	Number of states where property subject to conservation easement is to	ocated >		
5	Does the organization have a written policy regarding the periodic monitor	toring, inspection, handling of		,
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the yea	ar	
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	onservation easements during the year		
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	he requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easeme			
	balance sheet, and include, if applicable, the text of the footnote to the c	organization's financial statements that des	scribes the	•
<u> </u>	organization's accounting for conservation easements	Historical Transvers on Other 6	Nimalian .	
ra	organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F		ommar 1	455615.
4-	If the organization elected, as permitted under SFAS 116 (ASC 958), no		lance che	
14	works of art, historical treasures, or other similar assets held for public e	·		eı
	public service, provide, in Part XIII, the text of the footnote to its financia		ance or	
<b>h</b>	If the organization elected, as permitted under SFAS 116 (ASC 958), to		e cheet	
J	works of art, historical treasures, or other similar assets held for public e	· ·		
	public service, provide the following amounts relating to these items:	Ambilion, education, or research in further	ance or	
	(i) Revenues included in Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X	•		•
2	If the organization received or held works of art, historical treasures, or c	other similar assets for financial care, provi	ide the	•
-	following amounts required to be reported under SFAS 116 (ASC 958) in	· · · · · · · · · · · · · · · · · · ·	GC IIIC	
2	Revenue included in Form 990, Part VIII, line 1	come to mose terms		\$
a h	Assets included in Form 990, Part X			\$
	Added infolded in Form 550, Fatt A	<del></del>		<u> </u>

Sche	edule D (Form 990) 2014 CARIBBEA	N CONSOLIDA	TED SCHOOLS	, Inc	66-0	258767	Page :
	art III Organizations Maintaini	ng Collections of	Art, Historical Ti	reasures,	or Othe	r Similar Asse	
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other records	, check any of the follo	wing that are	a signific	ant use of its	
а	Public exhibition	d□	Loan or exchange pro	arams			
b	<del>-</del>	e	Other	,			
c		- (_)					
4	Provide a description of the organization's	collections and explain	how they further the o	rganization's	exempt p	urpose in Part	
•	XIII			•			
5	During the year, did the organization solicit	or receive donations o	f art, historical treasure	s, or other si	mılar		
	assets to be sold to raise funds rather than						Yes No
Pa	art IV Escrow and Custodial A						
	Complete if the organization	on answered "Yes'	' to Form 990, Par	t IV, line 9	or repo	rted an amoun	t on Form
	990, Part X, line 21				•		
1a	Is the organization an agent, trustee, custo	dian or other intermedia	ary for contributions or	other assets	not		
	included on Form 990, Part X?						Yes X No
þ	If "Yes," explain the arrangement in Part XI	II and complete the foll	owing table				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on	Form 990, Part X, line:	21, for escrow or custo	dial account	hability?		X Yes No
b	If "Yes," explain the arrangement in Part XI	II Check here if the exp	olanation has been pro	vided in Part	XIII		<b>X</b>
Pa	art V Endowment Funds.					-	
	Complete if the organization	on answered "Yes"	to Form 990, Par	t IV, line 10	)		
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	648,005	606,043	56	6,603	532,6	48 491,622
b	Contributions	78,382	64,868	6	4,687	31,6	86 35,490
С	Net investment earnings, gains, and				İ		
	losses	4,848	6,087		5,738	4,2	69 5,536
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs	39,378	28,993	3	0,985	2,0	00
f	Administrative expenses						
g	End of year balance	691,857	648,005	60	6,043	566,6	03 532,648
2	Provide the estimated percentage of the cu	rrent year end balance	(line 1g, column (a)) h	eld as			
	Board designated or quasi-endowment	%					
	Permanent endowment ► 100.00 %						
С	Temporarily restricted endowment ▶	%					
_	The percentages in lines 2a, 2b, and 2c sho						
3a	Are there endowment funds not in the poss	ession of the organizati	on that are held and a	dministered fo	or the		<u> </u>
	organization by						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations		0.1.1.1.00				3a(ii) X
b	If "Yes" to 3a(ii), are the related organization						3b   X
<u>4</u>	Describe in Part XIII the intended uses of the		ment funds				
ra	rt VI Land, Buildings, and Equ	•	to Form 000 Dod	. IV / line 44	a Coo	Ca 000 David	V line 40
	Complete if the organization						
	Description of property	(a) Cost or other ba	asis (b) Cost or ot			cumulated preciation	(d) Book value
_		(massinett)	<del></del>		oet	- Codelori	21 075
	Land	<del></del>	<del></del>	31,875	A	214 405	31,875
	Buildings	<del></del>	0,18	32,456	4	214,405	3,968,051
	Leasehold improvements	<del></del>	2 00	26 124		E60 034	E27 200
	Equipment	<del></del>		6,124		568,834	527,290
	Other  Add lines 1a through 1e (Column (d) must	ogual Form 000, Port N		4,595		43,651	20,944 4,548,160
uidi	. Aug mico la miculii le (Column lu) Must	equate viiii 530. Pail /	v. Columnitor, line 100			₽ì	

Part VII	Investments—Other Securities.	D Benoold, In	2 00 0230707
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	e 11b See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-h	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12 ) ▶		the state of the s
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
_(5)			
(6)			
(7)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶	<u> </u>	<u> </u>
Part IX	Other Assets.		
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	e 11d See Form 990, Part X, line 15.
	(a) Description	<del></del>	(b) Book value
_(2)			
_(3)		·····	
_(4)			
(5)			
(6)			
_(7)			
(8)			<del></del>
(9)			
	n (b) must equal Form 990, Part X, col (B) line 15)	<del></del>	
Part X	Other Liabilities.	Form 000 Dort IV line	110 or 11f Coo Form 000 Port V
	Complete if the organization answered "Yes" to	roim 990, Part IV, line	THE OF THE SEE FORM 990, Part A,
	line 25.	T (h) Beet web a	
1.	(a) Description of liability	(b) Book value	
	Income taxes	1 945 966	
	NCED TUITION PAYMENTS	1,945,966	
	TAL LEASE OBLIGATIONS	51,497	New York
(4)		+	age (1997)
(5)	<del></del>		[2]
(6)		<del> </del>	空   1   玄線。
(7)			Net 1 To 1 To 1 To 1 To 1 To 1 To 1 To 1 T
(8)	<del></del>		· · · · · · · · · · · · · · · · · · ·
<u>(9)                                    </u>	(h)	1 007 463	A.
i otal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,997,463	

582				
Sche	edule D (Form 990) 2014 CARIBBEAN CONSOLIDATED SCI	HOOLS, Inc 66-	-0258767	Page
Pa	rt XIII Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Return.	
	. Complete if the organization answered "Yes" to Form 9	90, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	nt XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	nses per Return.	
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 12a.	-	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities	2a		
ь	Prior year adjustments	2b		
c	Other losses	2c		

2d

4b

2e

3

5

Supplemental Information.

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

d Other (Describe in Part XIII ) e Add lines 2a through 2d

b Other (Describe in Part XIII)

c Add lines 4a and 4b

3 Subtract line 2e from line 1

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information Part IV, Line 2b - Escrow Liability Arrangement Explanation

Students pay a class fee during the elementary school years for activities and \$5 is deposited in the School bank account and accounted for in a general ledger account for each graduating class. From 7th to 12th grade they deposit the complete amount of the class fee plus any fundraising done to accumulate money for their senior prom dance. activity in these accounts (deposits or withdrawals) are generated by the students and their class advisor and evidenced by a CPS deposit slip or check request. Reporting on the balances of the funds is provided to the class advisors and officers during the year upon request.

Part V, Line 4 - Intended Uses for Endowment Funds

The Board of Director approved the creation of an endowment fund to be used for student scholarships. The School organized the Caribbean Consolidated The Deed of Trust appointed as Trustee a Governing Board to be comprised by the President of the School's Board of Directors, the

Part XIII Supplemental Information (continued)

Headmaster, the Board Treasurer and two other individuals of good standing in the community. On June 14, 2011 the Board of Directors approved the transfer of the endowment fund net assets to the Trust and during the year ended June 30,2012 net assets were transferred to the Trust.

Part X - FIN 48 Footnote

"THE SCHOOL ADOPTED ACCOUNTING STANDARDS RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. AS A RESULT OF THIS ADOPTION, MANAGEMENT ASSESSED WHETHER THERE WERE ANY UNCERTAIN TAX POSITIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS."

### SCHEDULĖ E

(Form 990 or 990-EZ)

**Schools** 

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

es" to Form 990, 7, line 48. **2014** 

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

CARIBBEAN CONSOLIDATED SCHOOLS, Inc

Employer identification number 66-0258767

Ρ	art i '			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			7
_	brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe if "No," please explain If you need more space, use Part II  See Schedule E	3	x	-
	The organization publicized its racially nondiscriminatory	1		
	policy through newspapers during the period of solicitation of	, ,	•	<b>·</b>
	students and also in its admissions packets. The			
	nondiscriminatory statements is as follows: (Ref. to Part II)	1'		-
4	Does the organization maintain the following?		İ	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	1
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	<u>5a</u>		X
b	Admissions policies?	5b		x
С	Employment of faculty or administrative staff?	5c		x
d	Scholarships or other financial assistance?	5d		х
е	Educational policies?	5e		x
f	Use of facilities?	5f		x
g	Athletic programs?	5g		х
h	Other extracurricular activities?	5h		x
6a	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II  Does the organization receive any financial aid or assistance from a governmental agency?	6a	x	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
_	If you answered "Yes" to either line 6a or line 6b, explain on Part II	"		<del></del> -
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through			
-	4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	x	

Schedule E (Form 990 or 990-EZ) (2014)

applicable Also provide any other additional information (see instructions).

Sch E - Publication of Nondiscriminatory Policy in Media Explanation "Commonwealth-Parkville School is an equal opportunity employer. It admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarships, and athletic and otheradministered programs."

Sch E - Financial Aid or Government Assistance Explanation The Office of Management and Budget granted funds under the program Title II-A "Teacher and Principal Training and Recruiting Fund" to perform professional development activities and payment of tuition for principals, teachers, and teachers assistants of basic courses to contribute to the academic improvement of the students in private schools.

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Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

2014	Open to Publi Inspection

OMB No 1545-0047

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

CARIBBEAN CONSOLIDATED	TED SCHOOL	LS, Inc	ŭ			<u>ш</u> ч	Employer identification number AGIO558767	
Part I General Information on Grants and Assistance	Assistance						10,100	
<ol> <li>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?</li> <li>Describe in Part IV the organization's properties for monthring the use of grant finds in the Indiad States.</li> </ol>	e amount of the grace?	ants or assis	tance, the grantees' el	igibility for the grants of	or assistance, and		X Yes	N S
<u> </u>	mestic Organ	izations a	ind Domestic Go	vernments. Com	plete of the organical	anization answ	ered "Yes" to Form 990,	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant	
(1)		alora in de la la la la la la la la la la la la la			other)	non-cash assistance	or assistance	
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
(8)								
(6)								
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	rganizations listed	in the line 1	table				•	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

	Part III can be duplicated if additional space is needed.	ional space is needed.		ganization answered	res to rorm 990, Parti	v, line 22.
٣	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	Å	(f) Description of non-cash assistance
		SII DICTOR	cash grant	non-cash assistance	FMV, appraisal, other)	
1 Scholarships	arships	7	62,598	342	FMV	UNIFORMS
2 Financ	2 Financial Aid	40	101,300			
ဇ						
4						
9						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	wide the information re-	quired in Part I, line 2	, Part III, column (b)	and any other additional in	nformation

Grant Funds Part I, Line 2 - Procedures for Monitoring the Use of

Solicitants need to submit the SSS form online and their Income Tax Return to the Financial Aid Office to establish eligibility. Once the SSS Forms have been received by the school with the estimated amount of money that the family can pay for distribute the budgeted financial aid sum among the solicitants based on Tuition and Fees, the Financial Aid Committee will review each case and The Financial Aid has a budget assigned by the school. the need

The scholarships are granted to one 7th grade new student per year and are guaranteed for the rest of his/her school years until graduation if they

Schedule I (F.	Schedule I (Form 990) (2014) CARIBBEAN CONSOLIDATED SCH	SOLIDATED SCH	HOOLS, Inc 66-0258767	6-0258767		Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990. Part IV, line 22	Domestic Individua	ils. Complete if the c	organization answere	1 "Yes" to Form 990. Part I	
	Part III can be duplicated if additional space is needed	nal space is needed		•	•	
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
•						
2						
m						
*						
S						
9	;					
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information re	quired in Part I, line	2, Part III, column (b	, and any other additional	nformation.

The Financial Aid Committee is also in charge of the evaluation and standards originally required. The scholarship covers 50% of tuition and provision that the school covers the difference if any in the tuition and There is a private Corporation who is giving three scholarships with the difference between what the Corporation grants and the total amount of meet the established criteria and maintain the academic and social tuition and fees, uniforms and supplies, the school awards it as selection of student who will be awarded the annual scholarship. fees of a selected student so it becomes a 100% scholarship. scholarship for the student. fees.

	2	i
	IV. line 2	
	990. Part	
	to Form	
	nce to Domestic Individuals. Complete if the organization answered "Yes" to Form 990. Part IV, line 22.	
767	n answer	
5-0258	ganizatio	)
CARIBBEAN CONSOLIDATED SCHOOLS, Inc 66-0258767	e if the o	
NLS, 1	Complet	
SCHOC	viduals.	מקסק
LIDATED SCHOOLS,	stic Indi	popodu si aucus
NSOLI	o Dome	and land
AN CC	stance (	איים זיים זיים זיים זיים זיים זיים זיים
ARIBBI	irants and Other Assistance	Part III can be displicated if additional
	and Otl	ם של חבם
.m 990) (2(	Grants	Part III
Schedule I (Form 990) (2014	art III	
S	Δ.	

Page 2

	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
-						
•						
7						
m						
4						
ĸ						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part 1, line 2, Part III, column (b), and any other additional information.	ide the information re	quired in Part I, line	2, Part III, column (b)	and any other additional	nformation.

All awarded financial aid and scholarships information is provided at the

beginning of the year to the student billing department who enters it in

the student account to show the correct balance of tuition and fees due of

the students.

Schedule I (Form 990) (2014)

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. ▶Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

CARIBBEAN CONSOLIDATED SCHOOLS, Inc

Employer Identification number 66-0258767

OMB No 1545-0047

Р	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		· 43	**
	First-class or charter travel Housing allowance or residence for personal use	4	1,0	<b>多</b>
	Travel for companions , Payments for business use of personal residence	٠.,٠		3
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			"
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		199	175
		İ	, , ,	3,
t	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment		.#±3°£	15 A
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1		34
	explain	16	х	
		**	1	W. Charles
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		3212	en a
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2	x	1
		<u> </u>	. 7%	ļ
3	Indicate which, if any, of the following the filing organization uses to establish the compensation of the	ļ		
•	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a	1		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III	<b>.</b>		^
	Compensation committee	'	'	
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
	Approvaries the sound of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		x
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ŭ	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III			
	Tes to any or lines 4a-c, list the persons and provide the applicable amounts for each item in 1 art in			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of			
а	The organization?	5a	İ	x
	Any related organization?	5b		$\frac{x}{x}$
~	If "Yes" to line 5a or 5b, describe in Part III	35		
	The first termine and of our accompanies and are mi		1	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		İ	
•	compensation contingent on the net earnings of		1	
а	The organization?	6a	1	x
	Any related organization?	6b		X
•	If "Yes" to line 6a or 6b, describe in Part III	00	-	
	in tes to fine da di du, describe in Part in		- 1	
7	For persons listed in Form 900, Part VII. Section A. line 1a, did the accompanion arounds any non-fixed			
•	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	,		¥
8	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
O	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Particles section 53 4059 4(a)(3)3 If "Vos." describe			
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			v
	in Part III	8		<u> </u>
	If "Voo" to line 9, did the exception also follow the rebuttable exercises the second to		- 1	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		l	
	Regulations section 53 4958-6(c)?	9		

CARIBBEAN CONSOLIDATED SCHOOLS, Inc 66-0258767 Schedule J (Form 990) 2014

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII (Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(B) Breakdown of	of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Companyation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)+(D)	in column (B) reported as deferred in prior
THOMAS QUINN	175,600	10,000	0	10,000		195.600	
1 EX-OFICIO MEMBER (11)			0	0	0		o 0
(3)							
2 (11)							
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Schedule J (Form 990) 2014

# 66-0258767 CARIBBEAN CONSOLIDATED SCHOOLS, Inc. Schedule J (Form 990) 2014

Part III Supplemental Information

1582

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.

Part I, Line la - Fringe or Expense Explanation

The following benefit is available to the Headmaster (Thomas Quinn) for the duration of the Term of Employment: companions- Each contract year, the School will pay for the The reasonable price does not include first-class reasonable cost of one round-trip airplane ticket for the Headmaster and another for his spouse, to travel to his Home Base in the United ticket and considers any discounts available. States of America. Travel for

the the Headmaster social club dues or initiation fees- Each year contract, a social club of his choice, subject to Board approval of to \$2,000 towards membership of membership in the club in question. shall pay up Health or school

that any part of the benefit is taxable, amounts are reported as taxable compensation on the employee's W-2 form. In case of

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.

2014

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

CARIBBEAN CONSOLIDATED SCHOOLS, Inc

Employer identification number 66-0258767

Form 990 - Organization's Mission

Commonwealth- Parkville School is an English-speaking college preparatory PPK-12 school committed to provide for the changing educational needs of 21st Century students by promoting creativity, values, leadership, sportsmanship, and life skills within an engaging and challenging academic, yet caring environment.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The parent shall exercise the right to vote in annual and special meetings

of the Corporation and shall be entitled to one vote for each child

registered at the school.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Treasurer or Member of Finance Committe of the Board of Directors will review the report along with the Finance Director.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Each year in the Annual Board Retreat each member of the governing body

must submit an updated duly signed Conflict of Interest Form.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The organization makes its governing documents, conflict of interest policy
and financial statements available to the public in the following manners:

Governing Documents:

Documents of a public nature are posted on the Commonwealth-Parkville

Name of the organization

CARIBBEAN CONSOLIDATED SCHOOLS, Inc

Employer Identification number

66-0258767

School website (www.cpspr.org).

Conflict of Interest Policy:

The policy is listed in the Board Policy Manual and is distributed to all current members of the Boards of Director.

Financial Statements:

The financial statements are presented each November during the Annual Meeting of Parents by the members of the Boards of Directors. Members of the Board of Director are given full financial accounts bi-monthly at regularly scheduled Boards meetings. Each member is issued a financial statement from the auditors and its accompanying management letter.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

BAD DEBT WRITE OFF \$ 1,000

Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) Part  $\Xi$ 3 ල

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Open to Public 2014 Inspection

OMB No 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

(f) Direct controlling Employer Identification number entity 66-0258767 (e) End-of-year assets Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income Legal domicile (state or foreign country) (b) Primary activity CARIBBEAN CONSOLIDATED SCHOOLS, Inc (a) Name, address, and EIN (if applicable) of disregarded entity 3

Section 512(b)(13)
controlled entity?
Yes No Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year (f) Direct controlling entity (e)
Public charity status
(if section 501(c)(3)) (d) Exempt Code section (c) Legal domicile (state or foreign country) Primary activity (a)Name, address, and EIN of related organization Part II

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CONSOLIDATED SCHOOLS, INC. CARIBBEAN 7 501 (c) (3) PR TRUST 66-6034235 00936-8177 CARIBBEAN CONSOLIDATED SCHOOLS TRUST PR PO BOX 70177 San Juan £ (2)

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

3

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014

66-0258767

CARIBBEAN CONSOLIDATED SCHOOLS, Inc

Page 2 (k) Percentage ownership Schedule R (Form 990) 2014 (i) Section 512(b)(13) controlled entity? Yes No (I) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Percentage ownership Ξ Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets Share of (h)
Disproportionate
alloc ? Yes 6 (g) Share of end-of-year assets Share of total псот (f) Share of total Type of entity (C corp, S corp income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d) Direct controlling entity (d) Direct controlling Legal domicile foreign country) entity (state or (c) Legal domicite state or foreign country) Primery activity (b) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part III ¥ lΞ 2 ල 3 lΞ 2 ାଚ €

Page 3

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66-0258767 Schedule R (Form 990) 2014 CARIBBEAN CONSOLIDATED SCHOOLS, Inc Transactions With Related Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

c Gift, grant, or capital contribution from related organization(s) **b** Gift, grant, or capital contribution to related organization(s)

d Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s)

Dividends from related organization(s)

Sale of assets to related organization(s)

Purchase of assets from related organization(s) Exchange of assets with related organization(s)

Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of faculties, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Other transfer of cash or property from related organization(s)

7

Method of determining amount involved Amount involved Transaction type (a-s) CARIBBEAN CONSOLIDATED SCHOOLS TRUST Name of related organization Ξ

ACCRUAL METHOD 937 47 8 ල

₹ 9 9 Schedule R (Form 990) 2014

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Page 4

CARIBBEAN CONSOLIDATED SCHOOLS, Inc 66-0258767

Schedule R (Form 990) 2014

1582

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income income	 (g) Share of end-of-year assets	125로 L	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	1 - 4 - 1	(k) Percentage ownership
				8	2		NO		Yes	
•										
								Schedu	ıle R (Forn	Schedule R (Form 990) 2014

Part VII | Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Schedule R - Additional Information

Caribbean Consolidated Schools, Inc. (CCSI) created Caribbean Consolidated School Trust (CCST) to contribute fundraising revenues earned to fund scholarships for students that satisfy the intellectual and moral criterias and/or meet the requirements established by the Board of Directors to became students of CCSI. The scholarship covers the cost of tuition, books, fees, transportation, meals and any other expense related to the intermediate or secundary school education. On April 24, 2014, the Internal Revenue Service approved the Recognition of Exemption under Section 501(c) (3) of the Internal Revenue Code to CCST.