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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.

2015 Open to Public Inspection

OMB No 1545-0047

For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16 D Employer identification number C Name of organization THE BALDWIN SCHOOL OF PUERTO RICO. Check if applicable: Address change INC. 66-0272821 Doing business as BALDWIN SCHOOL Name change Number and street (or P O box if mail is not delivered to street address) Room/suite 787-720-2421 P.O. BOX 1827 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated 11,790,197 RAYAMON PR 00960 G Gross receipts\$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending SONIA LATIMER DE CASO VILLA CAPARRA A9 CALLE A H(b) Are all subordinates included? **GUAYNABO** PR 00966-2212 If "No " attach a list (see instructions) X 501(c)(3) 4947(a)(1) or Tax-exempt status 501(c) ( (insert no ) WWW.BALDWIN-SCHOOL.ORG Website: H(c) Group exemption number Year of formation 1968 X Corporation Trust Association PR Form of organization ືPart I 🌡 Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2 Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets 10 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 156 5 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 4-10 6 6 Total number of volunteers (estimate if necessary) 0 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 Prior Year Current Year 220,163 166,604 8 Contributions and grants (Part VIII, line 1h) 11,286,113 11,223,156 9 Program service revenue (Part VIII, line 2g) 50,748 42,141 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 133,617 105,597 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 690,641 537,498 0 13 Grants and similar amounts paid (Part IX, column (A), lines\_1=3 ō 14 Benefits paid to or for members (Part IX, column 展日底在IV上口 6,766,184 6,962,164 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 16a Professional fundraising fees (Part IX, column (A) புடி 11e) 6 2017 b Total fundraising expenses (Part IX, column (R)), line 25) 0 5,266,559 5,354,426 17 Other expenses (Part IX, column (A), lines 11a-11d 18 Total expenses Add lines 13-17 (must equal Party Column (A), line-25 12,032,743 12,316,590 -779,092 -342,102 19 Revenue less expenses Subtract line 18 from line 12 End of Year Beginning of Current Year 17,575,947 20,173,675 20 Total assets (Part X, line 16) 13,065,549 11,602,898 21 Total liabilities (Part X, line 26) 5,973,049 108,126 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian Here SONIA LATIMER DE CASO PRESIDENT Type or print name and title Print/Type preparer's name Date Preparer's signature Check Paid 2-7-17 LINA MORALES self-employed P00195960 Preparer KEVANE GRANT THORNTON LLP 66-0563256 F<u>irm's name</u> Firm's EIN ▶ **Use Only** 33 BOLIVIA ST STE 400 787-754-1915 SAN JUAN, PR 00917-2000 Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

| MAX - N. MAX 27 PRINCES AND A STATE OF                                |   | <del></del>  | -0272821  | Page <b>2</b>                     |
|---|---|--|---|-----------------------------------|
| •   |   | ervice Accomplishments   | in Dort III   | X                                 |
|   | be the organization's mission:  | ins a response or note to any line in th   | s rait iii  |                                   |
|   |   |  |   |                                   |
| prior Form 99   | 90 or 990-EZ?   | nt program services during the year which were   | not listed on the   | Yes X No                          |
| 3 Did the organ services?   |   | ake significant changes in how it conducts, any  | program   | Yes X No                          |
| 4 Describe the expenses Se  |   | accomplishments for each of its three largest pargent are required to report the amount of   |   |                                   |
| PRE-KIND<br>15-16 WA<br>DURING I<br>II-A PRO<br>FUNDS AP<br>(\$19,728 | FRAM EXPENSES AF<br>DER THROUGH TWEI<br>AS 814.<br>THE YEAR ENDED J<br>DGRAM "TEACHER A<br>PPROVED UNDER TH | 760,802 including grants of \$ E RELATED TO THE EDUCAT IVE GRADE. TOTAL ENROLLM TUNE 30, 2016, THE SCHOOL IND PRINCIPAL TRAINING AT IS PROGRAM (\$88,663) AN IN THE \$11,541,522 OF RE | IONAL ACTIVITIES, COVERNT FOR THE ACADEMIC LECEIVED FUNDS FROM NO RECRUITING FUND". | YEAR<br>: TITLE<br>THE<br>XPENSES |
| 4b (Code  | ) (Expenses \$  | including grants of \$   | ) (Revenue \$   | )                                 |
|   |   |  |   |                                   |
| 4c (Code  | ) (Expenses \$  | including grants of \$   | ) (Revenue \$   | )                                 |
|   |   |  |   |                                   |
|   |   |  |   |                                   |
| 4d Other program (Expenses \$   | n services (Describe in Schedu  | le O )   | ) (Revenue \$   | ·                                 |
|   | service expenses ▶  | 9,760,802  | ,   | <del></del>                       |

|     | •   |               | Yes            | No       |
|-----|---|---------------|----------------|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"   |               |                |          |
|     | complete Schedule A   | 1_1_          | X              | L        |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | _2_           | X              | <b> </b> |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to                                      |               |                |          |
|     | candidates for public office? If "Yes," complete Schedule C, Part I   | 3             | <del> </del> - | X        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)   | }             | }              | <b>.</b> |
| _   | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4_            | <u> </u>       | 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,   | 1 . 1         | 1              | <b>.</b> |
|     | Part III  | _5_           | <del> </del>   | 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   |               |                | x        |
| 7   | "Yes," complete Schedule D, Part I  | 6             | <u> </u>       | ┝≏       |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   | 7             |                | x        |
| 8   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | <b>-</b>      |                |          |
| 0   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"                                   | 8             |                | х        |
| 9   | complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a        | <u> </u>      |                |          |
| 3   | 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   | \_ <u></u>    |                |          |
|     | 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,  | - <del></del> | ( )            | · •      |
|     | VII, VIII, IX, or X as applicable   |               |                |          |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"  | [ ]           | * · *          | //4      |
|     | 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           |                | 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                                      | 1 1           |                |          |
|     | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d           |                | 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              |          |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                               |               |                |          |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                | 11f           | X              |          |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                   | 1 1           |                |          |
|     | Schedule D, Parts XI and XII  | 12a           | X              |          |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If  | ſ             | 1              |          |
|     | "Yes," and if 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        |
| р   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,  | ìi            | 1              |          |
|     | fundraising, business, investment, and program service activities outside the United States, or aggregate   | Ì Ì           |                | 42       |
|     | 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                                     |               |                | 37       |
| 40  | 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  |               |                | v        |
| 17  | 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  | 1 4-1         |                | v        |
| 10  | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17            |                | X        |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on   | 40            |                | x        |
| 19  | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18            |                |          |
| 13  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III | 19            |                | x        |
|     | ni res, complete schedule S, Fart III   | 19            |                |          |

Form 990 (2015) THE BALDWIN SCHOOL OF PUERTO RICO,
Part IV Checklist of Required Schedules (continued)

|     |  |     | Yes        | N        |
|-----|--|-----|------------|----------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a | 1          | 3        |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |            |          |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |     |            | Г        |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  | <u> </u>   | >        |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |     | 1          |          |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |            | K        |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the  | 1   | l          | l        |
|     | organization's current and former officers, directors, trustees, key employees, and highest compensated  | 1   |            |          |
|     | 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  | 1   | <b>!</b>   |          |
|     | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b  | 1   | 1          | ١        |
| _   | through 24d and complete Schedule K. If "No," go to line 25a   | 24a |            | X        |
| þ   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b | <b> </b>   | <b> </b> |
| С   | g  | 1   |            | l        |
|     | to defease any tax-exempt bonds?   | 24c |            | <u> </u> |
| ď   | the second secon | 24d | <b> </b> - | <u> </u> |
| 25a |  | 1   | 1          | ٠,       |
| L   | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a |            | K        |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   | 1   | }          | ĺ        |
|     | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   | 056 | }          |          |
| 26  | 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   |     |            | ĺ        |
|     | 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,   | 20  | <b></b> -  |          |
| ~-  | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  | 1   |            | İ        |
|     | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27  |            | X        |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L,  |     |            |          |
|     | Part IV instructions for applicable filing thresholds, conditions, and exceptions):  | 1   |            |          |
| а   | 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   |     |            |          |
|     | Schedule L, Part IV  | 28b | x          | ļ        |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  |     |            |          |
|     | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c | X          | İ        |
| 29  | 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   |     |            | 1        |
|     | conservation contributions? If "Yes," complete Schedule M  | 30  |            | X        |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  |     | j          | Į        |
|     | Part I   | 31  |            | X        |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  | 1 ! |            |          |
|     | complete Schedule N, Part II   | 32  |            | X        |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   | 1 1 |            |          |
|     | 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,  |     |            |          |
|     | 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          |          |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a  |     |            |          |
| 20  | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b | X          |          |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable   | 1 _ |            | 4=       |
| 24  | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |            | X        |
|     | 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,   |     |            | 42.1     |
|     | Part VI  | 37  |            | X        |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and   | , , | ı .        |          |

19? Note. All Form 990 filers are required to complete Schedule O

14a

X

13c

14a

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

|            | n 990 (2015) THE BALDWIN SCHOOL OF PUERTO RICO, 66-0272821   | <del></del>      |                 |  | age 6                                 |
|------------|--|------------------|-----------------|--|---------------------------------------|
| ·P         | Governance, Management, and Disclosure For each "Yes" response to lines 2 throu  |                  |                 |  |                                       |
|            | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in                              | n Schedule C     | ). See instr    | uction                                   |                                       |
|            | Check if Schedule O contains a response or note to any line in this Part VI  |                  |                 |  | _X                                    |
| <u> 5e</u> | ction A. Governing Body and Management   | <del></del>      |                 |  |                                       |
|            |  | . 1 10           |                 | Yes                                      | No                                    |
| 1a         | Enter the number of voting members of the governing body at the end of the tax year                                      | 1a 10            |                 | 4.4                                      | is a second                           |
|            | If there are material differences in voting rights among members of the governing body, or                               |                  |                 |  |                                       |
|            | If the governing body delegated broad authority to an executive committee or similar                                     | ' I              | , was           | A STANSON                                | 390                                   |
| _          | committee, explain in Schedule O   |                  |                 | 2.0                                      | 2                                     |
| þ          | Enter the number of voting members included in line 1a, above, who are independent                                       | 1b 9             |                 |  |                                       |
| 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  | <b></b>                               |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct                |                  |                 |  |                                       |
|            | supervision of officers, directors, or trustees, or key employees to a management company or other person?               |                  | 3_              |  | 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 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,                        |                  |                 |  | ļ                                     |
|            | stockholders, or persons other than the governing body?  |                  | 7b              | X  | a same                                |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year          | by the following | ıg <sup>.</sup> |  |                                       |
| а          | The governing body?  |                  | 8a_             | X  |                                       |
| b          | Each committee with authority to act on behalf of the governing body?  |                  | 8b              | X  |                                       |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at         |                  |                 |  | l                                     |
|            | 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 Inter                           | nal Revenue      | e Code)         |  |                                       |
|            |  |                  |                 | Yes                                      | No                                    |
| 10a        | Did the organization have local chapters, branches, or affiliates?   |                  | 10a             |  | X                                     |
| þ          | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,           |                  |                 |  | l                                     |
|            | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?              |                  | 10b             |  | <del></del>                           |
|            | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the    | ne form?         | 11a             | X  |                                       |
| b          | Describe in Schedule O the process, if any, used by the organization to review this Form 990                             |                  | 1               | 242                                      |                                       |
| 12a        | Did the organization have a written conflict of interest policy? If "No," go to line 13                                  |                  | 12a             | X  |                                       |
| þ          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to | o conflicts?     | 12b             | X  |                                       |
| 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             | X  |                                       |
| 13         | Did the organization have a written whistleblower policy?  |                  | 13              |  | X                                     |
| 14         | Did the organization have a written document retention and destruction policy?   |                  | 14              | C. C. C. C. C. C. C. C. C. C. C. C. C. C | X                                     |
| 15         | Did the process for determining compensation of the following persons include a review and approval by                   |                  |                 |  | N 1980                                |
|            | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?            |                  |                 | 262.5                                    | ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( |
| а          | The organization's CEO, Executive Director, or top management official   |                  | 15a             |  | X                                     |
| b          | Other officers or key employees of the organization  |                  | 15b             | -2925 SANS.                              | X                                     |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)                                       |                  | 1.3             | nd se                                    |                                       |
| 16a        |  |                  | ,               |  | 46.1                                  |
|            | with a taxable entity during the year?   |                  | 16a             |  | X                                     |
| р          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its           |                  | \$ 156.51       | *** ** *                                 | <i>U</i> 1                            |
|            | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the            |                  | 1               |  |                                       |
|            | organization's exempt status with respect to such arrangements?  |                  | 16b_            |  |                                       |
|            | tion C. Disclosure   |                  |                 |  |                                       |
| 17         | List the states with which a copy of this Form 990 is required to be filed ▶ PR  |                  |                 |  |                                       |
| 18         | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5010)      | c)(3)s only)     |                 |  |                                       |
|            | available for public inspection. Indicate how you made these available. Check all that apply                             |                  |                 |  |                                       |
|            | Own website Another's website Upon request Other (explain in Schedule O)   |                  |                 |  |                                       |
| 19         | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes       | policy, and      |                 |  |                                       |
|            | financial statements available to the public during the tax year   |                  |                 |  |                                       |
| 20<br>~~   | State the name, address, and telephone number of the person who possesses the organization's books and record            | s <b>▶</b>       |                 |  |                                       |
|            | MALIEL RIVERA CARR. 833 KM 13.1 LOS FILTROS AVNABO DR 0096   | 0                | 787-72          | ^ ^                                      | 40-                                   |
| 1 - 1      | ATMARII  | -                | , , , , , , , , | '  | 4 / 1                                 |

| Form 990 (2015 | THE     | BALDWIN      | SCHOOL       | OF I   | PUERTO      | RICO     | 66-0272821                   | Page              |
|----------------|---------|--------------|--------------|--------|-------------|----------|------------------------------|-------------------|
| Part VII       | Compe   | nsation of O | fficers, Dir | ectors | , Trustee   | s, Key E | mployees, Highest Compensate | ed Employees, and |
| `              | Indepe  | ndent Contra | actors       |        |             |          |                              |                   |
| <del></del>    | Check I | f Schedule O | contains a   | respor | nse or note | e to any | line in this Part VII        |                   |

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

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

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

| Check this box if neither the orga      | inization nor any             | rela                              | ted c                |            | nizati<br>C) | on c                            | omp      | ensated any current officer | , director, or trustee<br>(E) | (F)                         |
|---|-------------------------------|-----------------------------------|----------------------|------------|--------------|---------------------------------|----------|-----------------------------|-------------------------------|-----------------------------|
| Name and Title                          | Average                       | Į                                 |                      |            | ition        |                                 |          | Reportable                  | Reportable                    | Estimated                   |
|   | hours per                     |                                   |                      |            |              | than o                          |          | compensation                | compensation from             | amount of                   |
|   | week<br>(list any             |                                   |                      |            |              | s both<br>r/truste              |          | from<br>the                 | related<br>organizations      | other<br>compensation       |
|   | hours for                     | L                                 | -                    |            |              |                                 |          | organization                | (W-2/1099-MISC)               | from the                    |
|   | related                       | div                               | ışt                  | Officer    | Keye         | 흥흥                              | Former   | (W-2/1099-MISC)             | ļ                             | organization<br>and related |
|   | organizations<br>below dotted | dividual                          | Ì                    | , <u>u</u> | į            | st co                           | Θ,       |                             |                               | organizations               |
|   | ine)                          | Individual trustee<br>or director | <u>8</u>             |            | employee     | ğ                               |          | 1                           |                               | •                           |
|   |                               | ê                                 | nstitutional trustee |            | ١            | Highest compensated<br>employee |          |                             |                               |                             |
| CAMALTET DIVIDA                         |                               |                                   | -                    |            | <u> </u>     | 8                               |          |                             |                               |                             |
| (1) GAMALIEL RIVERA                     | 40.00                         |                                   |                      |            |              |                                 |          |                             |                               |                             |
| <b>D</b>                                | 40.00                         |                                   | l                    | 1          |              |                                 |          | 101 004                     |                               | 46 274                      |
| DIRECTOR OF FINANCE                     | 0.00                          | X                                 | <u> </u>             | <u> </u>   |              | <u> </u>                        |          | 101,394                     | 0                             | 46,274                      |
| (2) SONIA LATIMER DE                    |                               | l                                 |                      |            |              |                                 |          |                             |                               |                             |
|   | 2.00                          |                                   | ŀ                    |            |              | 1                               |          |                             |                               | _                           |
| PRESIDENT                               | 0.00                          | X                                 |                      |            | <u>L</u> _   |                                 |          | 0                           | 0                             | 0                           |
| (3) ENRIQUE N. ARSUA                    | Į                             |                                   |                      |            |              |                                 |          |                             |                               |                             |
|   | 2.00                          |                                   |                      |            | İ            |                                 |          |                             |                               |                             |
| VICE-PRESIDENT                          | 0.00                          | X                                 | 1                    |            |              |                                 |          | 0                           | 0                             | 0                           |
| (4) JOAQUIN BACARDI                     |                               |                                   |                      |            |              |                                 |          |                             |                               |                             |
|   | 2.00                          |                                   |                      |            |              |                                 |          |                             |                               |                             |
| CO-TREASURER                            | 0.00                          | X                                 |                      |            |              |                                 |          | [0                          | 0                             | 0                           |
| (5) ALEXANDRA M. CAL                    | DERON                         |                                   |                      |            |              |                                 |          |                             |                               |                             |
|   | 2.00                          | l                                 |                      |            |              |                                 |          |                             |                               | ,                           |
| TREASURER                               | 0.00                          | X                                 |                      |            |              |                                 |          | 0                           | 0                             | 0                           |
| (6) ALBERTO LEDESMA,                    | P.E.                          |                                   |                      |            |              |                                 |          |                             |                               |                             |
|   | 2.00                          | ]                                 | ļ                    |            | ļ            |                                 |          |                             |                               |                             |
| DIRECTOR                                | 0.00                          | X                                 | İ                    |            | ļ            | [                               |          | l o                         | 0                             | 0                           |
| (7) FEDERICO SANCHEZ                    |                               | T                                 |                      | _          |              |                                 |          |                             |                               |                             |
|   | 2.00                          | ţ                                 |                      |            |              | } '                             |          |                             |                               |                             |
| DIRECTOR                                | 0.00                          | X                                 |                      |            |              |                                 |          | 0                           | o                             | 0                           |
| (8) MIGUEL SOTO CLAS                    |                               | T                                 | _                    |            |              | <u>├</u>                        |          | <u></u>                     | <del></del>                   |                             |
|   | 2.00                          | Ì                                 |                      |            |              | Ì                               |          |                             |                               |                             |
| DIRECTOR                                | 0.00                          | X                                 | }                    |            |              | 1                               |          | 0                           | 0                             | 0                           |
| (9) ALEIDA L. ARBONA                    |                               | T -                               |                      |            | $\vdash$     |                                 | _        | <u> </u>                    |                               |                             |
|   | 2.00                          | ì                                 |                      | İ          |              | i                               |          |                             | 1                             |                             |
| SECRETARY                               | 0.00                          | x                                 |                      |            |              | Ì                               |          | i o                         | ĺ o                           | 0                           |
| (10) ANTONIO L. FERRE                   |                               | ╁═╾                               | _                    | <b></b> -  | $\vdash$     |                                 |          | <u> </u>                    | <del> </del>                  |                             |
| (**,*********************************** | 2.00                          | İ                                 | 1                    |            |              | 1                               |          |                             |                               |                             |
| GOVERNANCE                              | 0.00                          | x                                 | 1                    |            |              | 1                               | ĺ        | o                           | O                             | o                           |
| (11) JAMES NELLIGAN                     |                               |                                   | t                    | $\vdash$   | $\vdash$     | $\vdash$                        | $\vdash$ |                             | <del> </del>                  | † <u>-</u>                  |
| , ,                                     | 40.00                         | }                                 | 1                    | ]          |              | 1                               |          |                             |                               |                             |
| HEADMASTER                              | 0.00                          |                                   |                      | ]          | ]            | x                               | 1        | 190,550                     | lo                            | 91,602                      |
| DAA                                     |                               |                                   | ـــــ                | Ь          | Ь—           | 1                               | Ь        | 250,550                     | <u> </u>                      | Form <b>990</b> (2015)      |

| (A)<br>Name and title  | (B) Average hours per week (list any   | bo:                            | k, unle                          | Pos<br>check<br>ess pe | rson         | than o                        | an                        | (D) Reportable compensation from the organization                                  | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|--|--|--------------------------------|----------------------------------|------------------------|--------------|-------------------------------|---------------------------|--|--|---|
|  | hours for<br>related<br>organizations<br>below dotted<br>line)                 | Individual trustee or director | institutional trustee            | Officer                | Key employee | Highest compensated employee  | Former                    | (W-2/10 <del>99-M</del> ISC)   | ( <b>44-2</b> 1033-11130)  | organization<br>and related<br>organizations        |
|  |  |                                |                                  |                        |              |                               |                           |  |  |   |
|  |  |                                |                                  |                        |              |                               |                           |  |  |   |
|  |  |                                |                                  |                        |              |                               |                           |  |  |   |
|  |  |                                |                                  |                        |              |                               |                           |  |  |   |
|  |  |                                |                                  |                        |              |                               |                           |  |  |   |
|  |  |                                |                                  |                        |              |                               | i                         |  |  |   |
|  |  |                                |                                  |                        |              |                               |                           |  |  |   |
|  |  |                                |                                  |                        |              |                               |                           |  |  |   |
| 1b Sub-total c Total from continuation shee d Total (add lines 1b and 1c)  | ets to Part VII, S   | ecti                           | on A                             |                        |              |                               | <b>▼ ▼ ▼</b>              | 291,944<br>291,944   |  | 137,876<br>137,876                                  |
| Total number of individuals (increportable compensation from the compensation from             | •  |                                | _                                | nose                   | liste        | ed ab                         | ove                       |  | 100,000 of   |   |
| <ul> <li>Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization list any for employee on line 1a? If "Yes," or any individual listed on line organization and related organization and</li></ul> | mer officer, dire<br>complete Schedi<br>1a, is the sum o<br>izations greater t | ctor,<br>ule J<br>f rep<br>han | or tr<br>for s<br>ortal<br>\$150 | uch<br>ole c<br>0,000  | indivomp     | vidua<br>ensa<br>"Yes<br>from | i<br>tion<br>," co<br>any | and other compensation from plete Schedule J for such unrelated organization or in | om the<br>1  | Yes No  3 X  4 X  5 X                               |
| Section B. Independent Contractor  | rs   |                                |                                  |                        |              |                               |                           |  |  |   |
|  | ation Report coi<br>(A)<br>business address                                    |                                |                                  | on fo                  | or the       | e cale                        | enda                      | ar year ending with or within<br>Descript  |  | (C)<br>Compensation                                 |
| BLACKHORSE CONSTRUCT:<br>SAN JUAN  | ION CORP<br>PR   | 0                              | 093                              |                        | 90           | вох                           |                           | 3316<br>ONSTRUCTION  |  | 820,637   |
| ONESOURCE FACILITY SE<br>ATLANTA   | ERVICES<br>GA  | 3:                             | 119                              | 93                     |              |                               | 9:<br>M                   | 35457<br>AINTENANCE  |  | 184,968   |
| ST JAMES SECURITY SEE<br>SAN JUAN<br>PENNOCK GROWERS INC   | RVICES INC<br>PR   |                                | 092                              | 26                     | JRB<br>PO    |                               | S                         | IBE<br>ECURITY<br>95537  |  | 180,558   |
| SAN JUAN   | PR   | 0                              | 91                               |                        |              | _                             |                           | AINTENANCE   |  | 146,001   |
| Total number of independent correceived more than \$100,000 or   |  |                                |                                  |                        |              |                               |                           | e listed above) who  | 4  |   |

Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated Total revenue (D) Revenue excluded from tax exempt Gifts, Grants business function 1a Federated campaigns under sections 512-514 revenue 1a b Membership dues 1b c Fundraising events 1c d Related organizations 3 1d Contributions, and Other Sim e Government grants (contributions) 1e 19,728 f All other contributions, gifts, grants, and similar amounts not included above 146,876 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Program Service Revenue 166,604 Busn. Code 2a STUDENT TUITION 900099 9,277,231 b 9,277,231 BUILDING FEE 900099 953,700 ENROLLMENT FEE 953,700 611710 d 329,600 TECHNOLOGY FEE 329,600 611710 252,300 SUMMER CAMP 252,300 480000 208,373 f All other program service revenue 208,373 900099 201,952 g Total. Add lines 2a-2f 201,952 Investment income (including dividends, interest, 11,223,156 pr . ( . 4. ŵ and other similar amounts) Income from investment of tax-exempt bond proceeds 46,165 46,165 Royalties 5 (ı) Real (II) Personal 6a Gross rents b Less rental exps Rental inc or (loss) d Net rental income or (loss) Gross amount from sales of assets (II) Other other than inventor 248,675 **b** Less cost or other basis & sales exps 252,699 c Gain or (loss) -4,024 d Net gain or (loss) 8a Gross income from fundraising events 02 Other Revenue -4,024 (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities ▶ See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a OTHER INCOME 900099 b RENTAL INCOME 82,385 82,385 532420 23,212 c 23,212 All other revenue Total. Add lines 11a-11d 105,597 Total revenue. See instructions 11,537,498 11,328,753 42,141

Part IX Statement of Functional Expenses

|          | Check if Schedule O contains a resp   | <del>,</del>          |                              |                                       | X                              |
|----------|---|-----------------------|------------------------------|---------------------------------------|--------------------------------|
|          | not include amounts reported on lines 6b,<br>Bb, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses   | (D)<br>Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations   |                       |                              |                                       | <b>37</b>                      |
|          | and domestic governments. See Part IV, line 21  |                       |                              | Section 200                           |                                |
| 2        | Grants and other assistance to domestic   | ļ                     |                              | · · · · · · · · · · · · · · · · · · · | 307                            |
|          | individuals. See Part IV, line 22   |                       |                              | (C) (C) (C) (C) (C)                   | Property Seat Seat             |
| 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   | <del> </del>          |                              | <b>560 (86)</b>                       |                                |
| 5        | Compensation of current officers, directors,  | ·                     |                              |                                       |                                |
| _        | trustees, and key employees   |                       |                              |                                       |                                |
| 6        | Compensation not included above, to disqualified  |                       |                              | •                                     |                                |
|          | persons (as defined under section 4958(f)(1)) and   |                       |                              |                                       | )                              |
| 7        | persons described in section 4958(c)(3)(B)  | 6,081,864             | 4,358,007                    | 1,723,857                             | <del> </del>                   |
| 8        | Other salaries and wages Pension plan accruals and contributions (include   | 0,001,004             | 4,330,007                    | 1,723,037                             | <u> </u>                       |
| U        | section 401(k) and 403(b) employer contributions)   | 343,842               |                              | 343,842                               |                                |
| 9        | Other employee benefits   | 3.375.2               |                              | 010/012                               |                                |
| 10       | Payroll taxes   | 536,458               | 536,458                      |                                       |                                |
| 11       | Fees for services (non-employees)   |                       |                              | <del> </del>                          |                                |
| a        |   |                       |                              | 1                                     |                                |
| b        |   |                       |                              |                                       |                                |
| С        | Accounting  |                       |                              |                                       | <u> </u>                       |
| d        | Lobbying  |                       |                              |                                       |                                |
| е        | Professional fundraising services. See Part IV, line 17   |                       | .,                           |                                       |                                |
| f        | Investment management fees  |                       |                              |                                       |                                |
| g        | Other (If line 11g amount exceeds 10% of line 25, column  |                       |                              |                                       |                                |
|          | (A) amount, list line 11g expenses on Schedule O)   |                       |                              |                                       |                                |
| 12       | Advertising and promotion   | 95,381                |                              | 95,381                                | '<br>                          |
| 13       | Office expenses   |                       |                              |                                       |                                |
| 14       | Information technology  | 155,544               | 155,544                      |                                       |                                |
| 15       | Royalties   | <del> </del>          |                              |                                       |                                |
| 16       | Occupancy   |                       |                              |                                       |                                |
| 17       | Travel  |                       |                              |                                       | <del></del>                    |
| 18       | Payments of travel or entertainment expenses  |                       |                              |                                       | ı                              |
| 40       | for any federal, state, or local public officials   | <del></del>           |                              |                                       |                                |
| 19<br>22 | Conferences, conventions, and meetings Interest   | 141,263               |                              | 141,263                               |                                |
| 20<br>21 | Payments to affiliates  | 141,203               |                              | 141,203                               | <del> </del>                   |
| 22       | Depreciation, depletion, and amortization   | 1,066,458             | 1,066,458                    |                                       | <del></del>                    |
| 23       | Insurance   | 85,264                |                              |                                       | <del></del>                    |
| 24       | Other expenses Itemize expenses not covered   |                       | 30,720                       |                                       |                                |
| - '      | above (List miscellaneous expenses in line 24e If   |                       | *                            | *                                     |                                |
|          | line 24e amount exceeds 10% of line 25, column  | . *                   | ,                            | <b>.</b>                              |                                |
|          | (A) amount, list line 24e expenses on Schedule O)   | •                     |                              |                                       | 2                              |
| а        | STAFF & FAMILY TUITION DI   | 869,832               | 869,832                      |                                       |                                |
| b        | GENERAL INSURANCE   | 578,871               | 578,871                      |                                       |                                |
| С        | PROFESSIONAL FEES   | 571,611               | 571,611                      |                                       |                                |
| d        | SECURITY GUARDS   | 241,919               |                              |                                       |                                |
| е        | All other expenses  | 1,548,283             |                              | 251,445                               |                                |
| 25       | Total functional expenses. Add lines 1 through 24e  | 12,316,590            | 9,760,802                    | 2,555,788                             | 0                              |
| 26       | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) |                       |                              |                                       |                                |

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2,344,438 5,059,928 Cash-non-interest bearing 1 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 100,415 4 111,429 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, 4.35 ΥÀ trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 66,266 Prepaid expenses and deferred charges 9 98,053 10a Land, buildings, and equipment cost or 26,274,492 other basis Complete Part VI of Schedule D 10a 11,802,177 14,185,326 14,472,315 b Less accumulated depreciation 10b 10c investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 investments—program-related See Part IV, line 11 13 14 Intangible assets 14 761,740 549,712 15 Other assets See Part IV, line 11 15 20,173,675 16 575,947 Total assets. Add lines 1 through 15 (must equal line 34) 16 12,020 17 Accounts payable and accrued expenses 17 85,375 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 269,819 200,211 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 6,490,003 23 Secured mortgages and notes payable to unrelated third parties 5,748,992 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 6,293,707 25 5,568,320 Total liabilities. Add lines 17 through 25 13,065,549 11,602,898 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 6,556,116 27 Unrestricted net assets 5,677,420 27 552,010 295,629 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 7,108,126 33 5,973,049 Total net assets or fund balances 33 20,173,675 17,575,947 Total liabilities and net assets/fund balances 34

Form 990 (2015)

| Fom | 990 (2015) THE BALDWIN SCHOOL OF PUERTO RICO, 66-0272821  |    |                                       | Page   | 12                                      |
|-----|---|----|---------------------------------------|--------|---|
| Pa  | art XI Reconciliation of Net Assets   |    |                                       |        |   |
|     | Check if Schedule O contains a response or note to any line in this Part XI                                   |    |                                       | إحب    | ᆜ                                       |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1  | 11,53                                 |        |   |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 12,31                                 |        |   |
| 3   | Revenue less expenses Subtract line 2 from line 1   | 3  |                                       | 9,0    |   |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 7,10                                  | 8,1    | <u> 26</u>                              |
| 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  |                                       | 5,9    | <u>85</u>                               |
| 10  | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line                 |    |                                       |        |   |
|     | 33, column (B))   | 10 | 5,97                                  | 3,04   | <u>49</u>                               |
| Pa  | rt-XII] Financial Statements and Reporting  |    |                                       |        |   |
|     | Check if Schedule O contains a response or note to any line in this Part XII                                  |    |                                       |        | _]_                                     |
|     |   |    |                                       | Yes N  | No_                                     |
| 1   | Accounting method used to prepare the Form 990 Cash X Accrual Other   |    | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ζ, [   | 3 1                                     |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain in         |    |                                       |        |   |
|     | Schedule O  |    |                                       | 1 1    |   |
| 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        |    | 7.7× × \$                             | · ·    | 1                                       |
|     | reviewed on a separate basis, consolidated basis, or both   |    | L 13                                  |        | .27                                     |
|     | 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   |    |                                       |        | ,                                       |
|     | Separate basis Consolidated basis X Both consolidated and separate basis                                      |    |                                       |        | {                                       |
| 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 |    | 1. (6)                                | 35 -   | 5)                                      |
|     | Schedule O  |    | , ,                                   | -      |   |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in   |    | Andrews of sec                        |        |   |
|     | 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  |    | <del></del>                           |        | _                                       |
| ~   | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       |    | 3ь                                    |        |   |
|     |   |    |                                       | 990 (2 | 2015)                                   |
|     |   |    | . 01111                               | \-     | ,                                       |

## SCHEDULE A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

THE BALDWIN SCHOOL OF PUERTO RICO,

Employer ident

Name of the organization

THE BALDWIN SCHOOL OF PUERTO RICO,

Employer identification number 66-0272821

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

| ne       | oiga   | nization is not | a private foundation becaus                               | se it is (For lines 1 through 11, ci                                 | песк оту      | one box )  |  |                                   |
|----------|--------|-----------------|---|--|---------------|--|--|-----------------------------------|
| 1        |        | A church, co    | nvention of churches, or ass                              | ociation of churches described in                                    | n section     | 170(b)(1)  | (A)(i).                                |                                   |
| 2        | X      | A school des    | scribed in section 170(b)(1)                              | (A)(ii). (Attach Schedule E (Form                                    | 1 990 or 9    | 90-EZ))  |  |                                   |
| 3        |        | A hospital or   | a cooperative hospital servi                              | ce organization described in sec                                     | tion 170(     | b)(1)(A)(i                                       | ii).                                   |                                   |
| 4        |        |                 |   | d in conjunction with a hospital d                                   | lescribed     | in sectior                                       | 170(b)(1)(A)(iii). Enter the ho        | spital's name,                    |
| _        | $\Box$ | city, and stat  |   |  |               |  |  |                                   |
| 5        |        | -               |   | of a college or university owned                                     | or operate    | ed by a go                                       | vernmental unit described in           |                                   |
|          |        | section 170     | (b)(1)(A)(iv). (Complete Par                              | 111)   |               |  |  |                                   |
| 6        |        | -               |   | overnmental unit described in se                                     |               |  |  |                                   |
| 7        |        | <del>-</del>    | ion that normally receives a section 170(b)(1)(A)(vi). (C | substantial part of its support fro                                  | m a gove      | rnmental u                                       | unit or from the general public        |                                   |
| 8        | $\Box$ |                 |   | 170(b)(1)(A)(vi). (Complete Part                                     | на            |  |  |                                   |
| 9        | -      | -               |   | 1) more than 33 1/3% of its supp                                     | -             | ootributior                                      | ne mambarehin fees and gros            | e                                 |
| 9        |        | -               |   |  |               |  |  | 3                                 |
|          |        | •               |   | npt functions—subject to certain                                     | •             |  |  |                                   |
|          |        | • •             | •   | nd unrelated business taxable inc                                    | •             |  |  |                                   |
|          |        |                 | <del>_</del>  | 0, 1975 See section 509(a)(2).                                       |               |  |  |                                   |
| 10       |        | _               | •   | exclusively to test for public safe                                  | -             |  |  |                                   |
| 11       | نــا   |                 |   | exclusively for the benefit of, to p                                 |               |  |  |                                   |
|          |        | one or more     | publicly supported organizat                              | ions described in section 509(a                                      | )(1) or se    | ction 509  | (a)(2). See section 509(a)(3).         | Check                             |
|          |        | the box in fine | es 11a through 11d that des                               | cribes the type of supporting org                                    | anızatıon     | and comp   | lete lines 11e, 11f, and 11g           |                                   |
| а        |        | Type I. A sup   | oporting organization operat                              | ed, supervised, or controlled by i                                   | ts suppor     | ted organi                                       | zation(s), typically by giving         |                                   |
|          |        | the supported   | d organization(s) the power                               | to regularly appoint or elect a ma                                   | ajority of th | ne director                                      | s or trustees of the supporting        |                                   |
|          |        | organization.   | You must complete Part                                    | V, Sections A and B.   |               |  |  |                                   |
| b        |        | -               | •   | vised or controlled in connection                                    | with its si   | upported o                                       | organization(s), by having             |                                   |
|          |        | • •             | • • •   | organization vested in the same                                      |               | •  | • • • •                                |                                   |
|          |        |                 | s) You must complete Pa                                   | · ·  | , po          |  |  |                                   |
| С        |        |                 | • •   | porting organization operated in c                                   | connection    | n with and                                       | functionally integrated with           |                                   |
| C        |        |                 |   |  |               |  |  |                                   |
|          |        |                 |   | tions) You must complete Par   |               |  |  |                                   |
| d        |        |                 |   | supporting organization operate<br>panization generally must satisfy |               |  |  |                                   |
|          |        |                 | · •   | t complete Part IV, Sections A                                       |               |  | _                                      |                                   |
| е        |        | •               | ` '   | d a written determination from th                                    | -             |  |  |                                   |
| -        | لــا   |                 | <u> </u>  |  |               | •  | pe i, Type ii, Type iii                |                                   |
| £        | Ent    | •               | •                   | nctionally integrated supporting of                                  | organizado    | ווכ  |  |                                   |
| f<br>~   |        |                 | of supported organizations                                | innerted erganization(s)   |               |  |  | L                                 |
| <u>g</u> |        |                 | ving information about the si                             | <del>                                     </del>                     | T             |  |  |                                   |
| (1)      |        | of supported    | (ii) EIN  | (ui) Type of organization<br>(described on lines 1–9                 | f ' '         | organization  <br>ur governing                   | (v) Amount of monetary<br>support (see | (vi) Amount of other support (see |
|          | org    | amzation        | }   | above (see instructions))  |               | ment?  | instructions)                          | instructions)                     |
|          |        |                 | }   | 1  |               | <del></del>                                      | !                                      | Ì                                 |
|          |        |                 |   |  | Yes           | No   | L                                      |                                   |
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Schedule A (Form 990 or 990-EZ) 2015 THE BALDWIN SCHOOL OF PUERTO RICO, 66-0272821 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (e) 2015 (d) 2014 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 15 Public support percentage from 2014 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

supported organization

instructions

Partillia 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.

| Sec        | tion A. Public Support   | quality direct t                      | ne tests listed    | below, picase (         | somplete r art i    | ·/          | <del></del> |
|------------|--|---------------------------------------|--------------------|-------------------------|---------------------|-------------|-------------|
|            | ndar year (or fiscal year beginning in)  | (a) 2011                              | (b) 2012           | (c) 2013                | (d) 2014            | (e) 2015    | (f) Total   |
| 1          | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")  |                                       |                    |                         |                     |             |             |
| 2          | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                                       |                    |                         |                     |             |             |
| 3          | Gross receipts from activities that are not an unrelated trade or business under section 513   |                                       |                    |                         |                     |             |             |
| 4          | Tax revenues levied for the<br>organization's benefit and either paid<br>to or expended on its behalf  |                                       |                    |                         |                     |             |             |
| 5          | The value of services or facilities furnished by a governmental unit to the organization without charge  |                                       |                    |                         |                     |             |             |
| 6          | Total. Add lines 1 through 5   |                                       |                    |                         |                     |             |             |
| 7a         | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                                       |                    |                         |                     |             |             |
| b          | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |                                       |                    |                         |                     |             |             |
| С          | Add lines 7a and 7b  |                                       |                    |                         |                     |             |             |
| 8          | Public support. (Subtract line 7c from line 6)   |                                       |                    |                         |                     |             |             |
|            | tion B. Total Support  | · · · · · · · · · · · · · · · · · · · |                    |                         |                     |             |             |
| Caler      | ndar year (or fiscal year beginning in)  | .(a) 2011                             | (b) 2012           | (c) 2013                | (d) 2014            | (e) 2015    | (f) Total   |
| 9          | Amounts from line 6  | L                                     |                    | ļ                       |                     |             |             |
| 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  |                                       |                    |                         |                     |             |             |
| С          | Add lines 10a and 10b  |                                       |                    |                         |                     |             |             |
| 11         | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                                       |                    |                         |                     |             |             |
| 12         | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  |                                       |                    |                         |                     |             |             |
| 13         | Total support. (Add lines 9, 10c, 11, and 12)  |                                       |                    |                         |                     |             |             |
| 14         | First five years. If the Form 990 is for the   | organization's first                  | second, third, fou | irth, or fifth tax year | r as a section 501( | c)(3)       |             |
|            | organization, check this box and stop here   |                                       |                    |                         |                     |             | <b>&gt;</b> |
|            | ion C. Computation of Public Su  |                                       |                    |                         |                     | <del></del> |             |
| 15         | Public support percentage for 2015 (line 8,  | • •                                   | •                  | n (f))                  |                     | 15          | %           |
| 16<br>Soct | Public support percentage from 2014 Sche   |                                       |                    |                         |                     | 16          | %           |
|            | ion D. Computation of Investme   |                                       |                    |                         |                     |             |             |
| 17<br>18   | Investment income percentage for 2015 (III   |                                       | -                  | column (t))             |                     | 17          | <u>%</u>    |
|            | Investment income percentage from 2014 33 1/3% support tests—2015. If the organ  |                                       |                    | .14 and line 15 :-      | more than 22 1/20/  |             | %           |
| ıva        | 33 1/3% support tests—2015. If the organ 17 is not more than 33 1/3%, check this box   |                                       |                    |                         |                     |             | ▶ □         |
| b          | 33 1/3% support tests—2014. If the organ   |                                       |                    | •                       | • • • •             |             |             |
|            | line 18 is not more than 33 1/3%, check this   |                                       |                    |                         |                     |             | <b>•</b> [  |
|            | Private foundation. If the organization did  | · ·                                   | <del>-</del>       |                         |                     | -           |             |

Part IV Supporting Organizations

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

| Section A. All Supporting Organization |
|--|
|--|

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a 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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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          |
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| }   | 10a                                      |   |             |
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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

| Schedule A (Form 990 or 990-EZ) 2015 THE BALDWIN SCHOOL OF PUERTO                              |              |                                       | 821 Page 6                                       |
|--|--------------|---------------------------------------|--|
| Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organic                      | <u>aniza</u> | tions                                 |  |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov | 20, 19       | 70. See instructions. All             | .4   |
| other Type III non-functionally integrated supporting organizations must complete Sections     | s A thr      | ough E.                               | <del>                                     </del> |
| Section A - Adjusted Net Income  |              | (A) Pnor Year                         | (B) Current Year<br>(optional)                   |
| 1 Net short-term capital gain  | 1            |                                       |  |
| 2 Recoveries of prior-year distributions   | 2            |                                       |  |
| 3 Other gross income (see instructions)  | 3            |                                       |  |
| 4 Add lines 1 through 3  | 4            |                                       | <u> </u>   |
| 5 Depreciation and depletion   | 5            |                                       |  |
| 6 Portion of operating expenses paid or incurred for production or                             |              |                                       |  |
| collection of gross income or for management, conservation, or                                 | 1            |                                       |  |
| maintenance of property held for production of income (see instructions)                       | 6            |                                       |  |
| 7 Other expenses (see instructions)  | 7            |                                       | <u></u>  |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)                                  | 8            |                                       |  |
| Section B - Minimum Asset Amount   |              | (A) Prior Year                        | (B) Current Year<br>(optional)                   |
| 1 Aggregate fair market value of all non-exempt-use assets (see                                | 1            |                                       |  |
| instructions for short tax year or assets held for part of year):                              |              |                                       |  |
| a Average monthly value of securities  | 1a           |                                       |  |
| b Average monthly cash balances  | 1b           |                                       |  |
| c Fair market value of other non-exempt-use assets   | 1c           |                                       |  |
| d Total (add lines 1a, 1b, and 1c)   | 1d           |                                       |  |
| e Discount claimed for blockage or other   |              |                                       |  |
| factors (explain in detail in Part VI)   |              |                                       | 3: : 1 \ 1 \ 4.                                  |
| 2 Acquisition indebtedness applicable to non-exempt-use assets                                 | 2            |                                       |  |
| 3 Subtract line 2 from line 1d   | 3            |                                       |  |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,                  |              |                                       |  |
| _see instructions)   | 4            |                                       |  |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)                             | 5            |                                       |  |
| 6 Multiply line 5 by 035   | 6            |                                       |  |
| 7 Recoveries of prior-year distributions   | 7            |                                       |  |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8            |                                       |  |
| Section C - Distributable Amount   |              |                                       | Current Year                                     |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)                        | 1            |                                       |  |
| 2 Enter 85% of line 1  | 2            |                                       |  |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)                       | 3            | A B CAR                               |  |
| 4 Enter greater of line 2 or line 3  | 4            |                                       | <u></u>  |
| 5 Income tax imposed in prior year   | 5            |                                       |  |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to                         |              | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |
| emergency temporary reduction (see instructions)   | 6            |                                       | <u> </u>   |
| 7 Check here if the current year is the organization's first as a non-functionally-integrated  | Type II      | II supporting organization (          | see  |
| instructions)  |              |                                       |  |

Schedule A (Form 990 or 990-EZ) 2015

| Sch<br>P | redule A (Form 990 or 990-EZ) 2015 THE BALDWIN SCHOOL True III Non-Functionally Integrated 509(a)(3)   | L OF PUERTO F                           | RICO, 66-027                            | 2821 Page  |
|----------|--|---|---|--|
| _Se      | ection D - Distributions   | Supporting Organiz                      | cations (continued)                     | T ==========                                     |
| 1        |  | Ses                                     |   | Current Year                                     |
| 2        | Amounts paid to perform activity that directly furthers exempt purpose   | s of supported                          | <del> </del>                            | <del> </del>                                     |
|          | organizations, in excess of income from activity   |   |   | 1  |
| 3        | Administrative expenses paid to accomplish exempt purposes of supp   | orted organizations                     |   | <del>                                     </del> |
| 4        | Amounts paid to acquire exempt-use assets  |   |   |  |
| 5        | approval required)   |   | · · · · · · · · · · · · · · · · · · ·   |  |
| 6        | - See instructions.  |   |   | <del> </del>                                     |
|          | and the street of the street o |   |   |  |
| 8        |  | ation is responsive                     |   |  |
|          | (provide details in Part VI) See instructions.   |   | <u> </u>                                |  |
| 9        | the barries arrived to 12013 from Section C, line 6  |   |   |  |
| _10      | Line 8 amount divided by Line 9 amount   |   |   |  |
|          | Spetion F. District at an an   | (i)                                     | (ii)                                    | (iii)  |
|          | Section E - Distribution Allocations (see instructions)  | Excess Distributions                    | Underdistributions                      | Distributable                                    |
| 1        | Distributable amount for 2015 from Section C, line 6   |   | Pre-2015                                | Amount for 2015                                  |
| 2        | Underdistributions, if any, for years prior to 2015  |   | 1 1 1 N 1 1 1                           |  |
|          | (reasonable cause required-see instructions)   |   |   |  |
| 3        | Excess distributions carryover, if any, to 2015  |   | *                                       |  |
|          | a · · · · · · · · · · · · · · · · · · ·  | 2 2 2 2 2 2                             |   | <u> </u>   |
|          | b  |   |   |  |
|          |  |   |   |  |
|          | d From 2013  |   |   |  |
| -        | e From 2014  | -,                                      | As 1. 192                               |  |
| f        | Total of lines 3a through e  | * * * *                                 |   |  |
|          | Applied to underdistributions of prior years   | e                                       |   |  |
|          | Applied to 2015 distributable amount   |   | S. A. 100 (2) 40                        | <u> </u>   |
| i        | Carryover from 2010 not applied (see instructions)   |   |   |  |
| i        | Remainder Subtract lines 3g, 3h, and 3i from 3f.   | * * * * * * * * * * * * * * * * * * *   |   |  |
| 4        | Distributions for 2015 from Section  |   |   |  |
|          | D, line 7 \$   |   |   |  |
|          | Applied to underdistributions of prior years   |   | , _ , , , , , , , , , , , , , , , , , , |  |
|          | Applied to 2015 distributable amount   |   | 2. N. W. W. W.                          |  |
| <u>c</u> | Remainder Subtract lines 4a and 4b from 4  |   |   |  |
| 5        | Remaining underdistributions for years prior to 2015, if   |   | 7" 9"                                   |  |
|          | any Subtract lines 3g and 4a from line 2 (if amount  |   |   |  |
|          | greater than zero, see instructions).  | V . W X A V                             |   | AR A. W. S. W.                                   |
| 6        | Remaining underdistributions for 2015. Subtract lines 3h   |   |   | ****   |
|          | and 4b from line 1 (if amount greater than zero, see   |   |   |  |
| 7        | instructions)  | x y y hi h                              | 1                                       |  |
| 7        | Excess distributions carryover to 2016. Add lines 3j   |   |   | A 18-36 A 11                                     |
| 8        | and 4c   | 2 2 2                                   |   |  |
| a<br>a   | Breakdown of line 7  | 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |   |  |
| b<br>b   |  |   |   | v * * * · · ·                                    |
|          | Excess from 2013   | ·                                       | , ,                                     | \$   |
|          | Excess from 2014   |   | <u>``_`</u>                             |  |
|          | Excess from 2015   |   |   | , ,  |

Schedule A (Form 990 or 990-EZ) 2015 THE BALDWIN SCHOOL OF PUERTO RICO,

Page 8

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

### SCHEDULE D (Form 990)

## Supplemental Financial Statements

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

▶ Attach to Form 990.

OMB No 1545-0047 Open to Public

Internal Revenue Service Inspection. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization THE BALDWIN SCHOOL OF PUERTO RICO, 66-0272821 INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(t) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

|  | LDWIN SCHOOL                 |                            | <del></del>             | 0272821  | Page 2          |
|--|------------------------------|----------------------------|-------------------------|--|-----------------|
| Part III Organizations Maintai   |                              |                            |                         |  | ets (continued) |
| 3 Using the organization's acquisition, according to the collection items (check all that apply)           | ession, and other records    | , check any of the follo   | wing that are a signif  | ficant use of its                                |                 |
| a Public exhibition  | d 🗌                          | Loan or exchange prog      | grams                   |  |                 |
| <b>b</b> Scholarly research  | е 🗌                          | Other                      |                         |  |                 |
| c Preservation for future generations  |                              |                            |                         |  |                 |
| 4 Provide a description of the organization XIII   | n's collections and explain  | how they further the or    | rganization's exempt    | purpose in Part                                  |                 |
| 5 During the year, did the organization sol  | icit or receive donations o  | f art, historical treasure | es, or other similar    |  |                 |
| assets to be sold to raise funds rather th   | an to be maintained as pa    | art of the organization's  | collection?             |  | Yes No          |
| Part IV Escrow and Custodial   |                              |                            |                         |  |                 |
| Complete if the organiza   | ation answered "Yes'         | ' on Form 990, Pa          | rt IV, line 9, or re    | ported an amou                                   | ınt on Form     |
| 990, Part X, line 21.  |                              |                            |                         |  |                 |
| 1a Is the organization an agent, trustee, cus  | stodian or other intermedia  | ary for contributions or   | other assets not        |  |                 |
| included on Form 990, Part X?  |                              |                            |                         |  | Yes X No        |
| b If "Yes," explain the arrangement in Part  | XIII and complete the foll   | owing table                |                         | <del></del>                                      |                 |
|  |                              |                            |                         | \ <b>i</b>                                       | Amount          |
| c Beginning balance  |                              |                            |                         | 1c   |                 |
| d Additions during the year  |                              |                            |                         | 1d   | <del></del>     |
| <ul> <li>Distributions during the year</li> </ul>  |                              |                            |                         | 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 liability? | •  | X Yes No        |
| <b>b</b> If "Yes," explain the arrangement in Part   | XIII Check here if the exp   | olanation has been pro     | vided on Part XIII      |  | X               |
| Part V : Endowment Funds.  |                              |                            |                         |  |                 |
| Complete if the organization   |                              |                            |                         |  | <del></del>     |
|  | (a) Current year             | (b) Prior year             | (c) Two years back      | (d) Three years ba                               | <del></del>     |
| 1a Beginning of year balance   | 34,936                       |                            | 2,037,81                | 2 1,785,   |                 |
| b Contributions  |                              |                            |                         | <del> </del>                                     | 90,830          |
| c Net investment earnings, gains, and  |                              |                            | 244 26                  |  | 22 522          |
| losses   | 1,262                        | 34,936                     | 211,06                  | 7 255,   | 239 29,578      |
| d Grants or scholarships   | <del></del>                  |                            | <del></del>             | <del>                                     </del> |                 |
| e Other expenditures for facilities and  |                              |                            | 2 240 07                | ol -2 (  | 005             |
| programs   |                              |                            | -2,248,87               | 9 -2,  | 9951            |
| f Administrative expenses  | 36,198                       | 34,936                     |                         | 2,037,   | 312 1,785,568   |
| g End of year balance  | ·                            |                            |                         | 2,037,0  | 1,765,508       |
| <ul> <li>Provide the estimated percentage of the</li> <li>a Board designated or quasi-endowment</li> </ul> | Current year end balance     | (line 1g, column (a)) n    | eiu as                  |  |                 |
| b Permanent endowment  | %                            |                            |                         |  |                 |
| c Temporarily restricted endowment   | %                            |                            |                         |  |                 |
| The percentages on lines 2a, 2b, and 2c  |                              |                            |                         |  |                 |
| 3a Are there endowment funds not in the po   |                              | ion that are held and a    | dministered for the     |  |                 |
| organization by:   | Assession of the organizat   | ion that are nell and a    | dillillatered for the   |  | Yes No          |
| (i) unrelated organizations  |                              |                            |                         |  | 3a(i) X         |
| (ii) related organizations   |                              |                            |                         |  | 3a(ii) X        |
| b If "Yes" on line 3a(ii), are the related orga  | anizations listed as require | ed on Schedule R2          |                         |  | 3b X            |
| 4 Describe in Part XIII the intended uses o  |                              |                            |                         |  | <u> </u>        |
| Part VI Land, Buildings, and E   |                              | VIIICIII IUIIOS            |                         |  | <del></del>     |
| Complete if the organiza   |                              | on Form 990 Par            | rt IV line 11a Se       | ee Form 990. Pa                                  | art X. line 10  |
| Description of property  | (a) Cost or other b          |                            |                         | ) Accumulated                                    | (d) Book value  |
| ,  | (investment)                 | (othe                      | 1                       | depreciation                                     |                 |
| 1a Land  |                              | 9                          | 68,539                  |  | 968,539         |
| b Buildings  | <del></del>                  |                            |                         | 9,658,195  | 11,790,578      |
| c Leasehold improvements   |                              | <del></del>                | <del></del>             |  |                 |
| d Equipment  | <del> </del>                 |                            |                         |  | <del></del> -   |
| e Other  | <del></del>                  | 3.8                        | 57,180                  | 2,143,982  | 1,713,198       |
| Total, Add lines 1a through 1e. (Column (d) mi   | ust equal Form 990 Part      |                            |                         | <b></b>  | 14,472,315      |

| 1.   | (a) Description of liability                                    | (b) Book value |  |
|------|---|----------------|--|
| (1)  | Federal income taxes  |                | *  |
| (2)  | ADV TUITION & SUMMER FEES PAYMENTS                              | 4,995,149      |  |
| (3)  | ACCRUED EXPENSES  | 573,171        | ,  |
| (4)  |   |                | ,  |
| (5)  |   |                |  |
| (6)  |   |                |  |
| (7)  |   |                |  |
| (8)  |   |                |  |
| (9)  |   |                | The second of th |
| Tota | I. (Column (b) must equal Form 990, Part X, col_(B) line 25 ) ▶ | 5,568,320      |  |

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

| Sche            | edule D (Form 990) 2015 THE BALDWIN SCHOOL OF PUERTO  | O RICO,            | 66-0272821                       | Page <b>4</b>                     |
|-----------------|---|--------------------|----------------------------------|-----------------------------------|
| Pa              | art XI   Reconciliation of Revenue per Audited Financial State                              | ments With         | Revenue per Return.              |                                   |
|                 | Complete if the organization answered "Yes" on Form 990                                     | , Part IV, line    | 12a.                             |                                   |
| 1               | Total revenue, gains, and other support per audited financial statements                    | ·                  | 1                                | 11,537,498                        |
| 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                 | <del></del>                      |                                   |
| С               | Recoveries of prior year grants   | 2c                 |                                  |                                   |
| đ               |   | 2d                 |                                  |                                   |
| е               | Add lines 2a through 2d   | <del></del>        | 2e                               |                                   |
| 3               | Subtract line 2e from line 1  |                    | 3                                | 11,537,498                        |
| 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   | <u> </u>           | 4c                               |                                   |
| 5               | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)               |                    | 5_                               | 11,537,498                        |
| Pa              | rt XII Reconciliation of Expenses per Audited Financial State                               | ements With        | Expenses per Return              | ).                                |
|                 | Complete if the organization answered "Yes" on Form 990                                     |                    |                                  |                                   |
| 1               | Total expenses and losses per audited financial statements                                  |                    | 1                                | 12,316,590                        |
| 2               | Amounts included on line 1 but not on Form 990, Part IX, line 25                            |                    |                                  | · - · · - · ·                     |
| a               | Donated services and use of facilities  | 2a                 |                                  |                                   |
| þ               | Prior year adjustments  | 2b                 | 1 "½ ¾" l                        | •                                 |
| С               | Other losses  | 2c                 |                                  |                                   |
| d               | Other (Describe in Part XIII )  | 2d                 |                                  |                                   |
| е               | Add lines 2a through 2d   |                    | 2e                               |                                   |
| 3               | Subtract line 2e from line 1  |                    | 3                                | 12,316,590                        |
| 4               | Amounts included on Form 990, Part IX, line 25, 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                 | , ,                              |                                   |
| C               | Add lines 4a and 4b   |                    | 4c                               |                                   |
| 5               | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)              |                    | 5                                | 12,316,590                        |
| <sup>₹</sup> Pa | rt XIII Supplemental Information.   |                    |                                  |                                   |
| rovi            | de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part | IV, lines 1b and 2 | 2b, Part V, line 4; Part X, line |                                   |
| , Pa            | rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide   | e any additional i | nformation                       |                                   |

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

THE SCHOOL ACTS AS CUSTODIAN FOR CASH HELD FOR STUDENT GROUPS, WHICH IS RESTRICTED FOR THE SPECIFIC USE OF GRADUATION CLASSES AND OTHER STUDENT GROUPS.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

ON FEBRUARY 7, 2015, THE SCHOOL ORGANIZED THE TRUST AND DURING THE YEAR ENDED JUNE 30, 2015 THE BOARD OF DIRECTORS APPROVED THE CREATION OF A TRUST TO BE USED FOR STUDENT SCHOLARSHIPS, CAPITAL FUNDING AND OTHER FUNDS. ON JUNE 23, 2015 THE BOARD OF DIRECTORS APPROVED THE TRANSFER OF THE SCHOOL CASH HELD FOR SCHOLARSHIP FUND NET ASSETS TO THE TRUST AND ON SUCH DATE THE NET ASSETS WERE TRANSFERRED TO THE TRUST.

THE DEED OF TRUST APPOINTED AS TRUSTEE A GOVERNING BOARD TO BE COMPRISED BY
THE PRESIDENT OF THE SCHOOL'S BOARD OF DIRECTORS ("THE BOARD"), THE BOARD
TREASURER AND A GOVERNANCE OFFICER OF THE BOARD.

THE TRUST MAY INVEST IN ANY PROPERTY OR INSTRUMENT CONSIDERED APPROPRIATE
BY THE TRUSTEE. THE TRUSTEE HAS ESTABLISHED THAT THE NET INCOME AFTER THE
PAYMENT OF TRUST EXPENSES DERIVED FROM THE TRUST CORPUS MAY BE DISTRIBUTED
TO THE GRANTOR (THE SCHOOL) TO BE USED FOR THE PURPOSES APPROVED BY THE
BOARD OF DIRECTORS OF THE SCHOOL. THE NET INCOME REFER TO ALL INCOME AND
BENEFITS THAT ARE RECEIVED BY THE TRUST, EXCLUDING THE NET GAIN REALIZED BY
THE SALE OF ASSETS AND PROCEEDS OF ANY LIFE INSURANCE POLICY IN WHICH THE
TRUST IS THE BENEFICIARY. THESE SHALL BE CONSIDER CORPUS OF THE TRUST.
THE TRUST WILL HAVE A PERPETUAL EXISTENCE, OR AT LEAST TO EXIST DURING THE
EXISTENCE OF THE SCHOOL, OR AS OTHERWISE PROVIDED UPON APPLICABLE LAW.

#### PART X - FIN 48 FOOTNOTE

THE ENTITY FOLLOWS ACCOUNTING STANDARDS RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. AS A RESULT OF THIS GUIDANCE, 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. THE ENTITY ALSO FILES INCOME TAX RETURN IN THE COMMONWEALTH OF PUERTO RICO. WITH FEW EXCEPTIONS, THE ENTITY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEAR BEFORE 2011.

### SCHEDULE E

(Form 990 or 990-EZ)

**Schools** 

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

OMB No 1545-0047

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.

THE BALDWIN SCHOOL OF PUERTO RICO.

Final over Identification Open to Public Inspection

| Name   |   | 6-0272821  |               |  |
|--------|---|------------|---------------|--|
| Р      | art I∵-   |            |               |  |
| 1      | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,   |            | YES           | NO                                       |
| •      | bylaws, other governing instrument, or in a resolution of its governing body?   | 1_1_       | X             |  |
| 2      | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its   |            | 4,5%          |  |
|        | 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  | * *        | , t           |  |
|        | during the period of solicitation for students, or during the registration period if it has no solicitation program,  |            | 4.6           |  |
|        | 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                       | 3          | X             |  |
|        | THE SCHOOL PUBLICIZED IT'S RACIALLY NON-DISCRIMINATORY PO   | 15 %       |               |  |
|        | THROUGH THE EMPLOYMENT APPLICATIONS, SCHOOL BROCHURES, ST MANUALS, AND DURING THE ADMISSION PROCESS.  | ODENTS     |               |  |
|        | MANOALS, AND DOKING THE ADMISSION PROCESS.  | \$         |               |  |
|        |   | , w        |               |  |
| 4      | Does the organization maintain the following?   | <u>i î</u> | 1             | 3  |
| a<br>b | Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially | <u>4a</u>  | -             | X  |
| D      | nondiscriminatory basis?  | 4b         | x             |  |
| С      | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?                                   | 4c         | x             | !  |
| 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  | Drim TE    | ~ .* <u>`</u> | e se se se se se se se se se se se se se |
|        | THE RECORDS ARE NOT USED FOR THE DECISION MAKING PROCESS, THE NATIONAL ASSOCIATION OF MIDDLE SCHOOL REQUEST THE REC   | 18* >      | 3, 5          |  |
|        | THE SCHOOL MAKE SURVEYS TO GET THE INFORMATION.   |            |               |  |
| 5      | Does the organization discriminate by race in any way with respect to   | نَدُ ا     |               | 1  |
| а      | Students' rights or privileges?   | 5a         | <del> </del>  | X  |
| b      | Admissions policies?  | 5b         | l             | x  |
|        |   | -          |               |  |
| С      | Employment of faculty or administrative staff?  | 5c         |               | X  |
| d      | Scholarships or other financial assistance?   | 5d         |               | x  |
|        |   |            |               |  |
| е      | Educational policies?   | <u>5e</u>  |               | X  |
| f      | Use of facilities?  | 5f         |               | x  |
|        |   |            |               |  |
| g      | Athletic programs?  | <u>5g</u>  |               | <u> </u>                                 |
| h      | Other extracurricular activities?   | 5h_        |               | X  |
|        | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II  |            |               |  |
|        |   | { · ·      |               |  |
|        |   | *          |               |  |
|        |   | -          |               |  |
| 6a     | Does the organization receive any financial aid or assistance from a governmental agency?   | 6a         | X             |  |
| h      | Has the organization's right to such aid ever been revoked or suspended?  | i 6h       | 1             | X  |

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

If you answered "Yes" on either line 6a or line 6b, explain on Part II

Schedule E (Form 990 or 990-EZ) 2015 THE BALDWIN SCHOOL OF PUERTO RICO, 66-0272821

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

SCH E - FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION

PART I LINE 6: ORGANIZATION RECEIVED FUNDS UNDER TITTLE II-A: "TEACHER AND PRINCIPAL TRAINING AND RECRUITING FUND".

3

#### **SCHEDULE J**

(Form 990)

**Compensation Information** 

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

OMB No 1545-0047

2015

Open to Public / Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. THE BALDWIN SCHOOL OF PUERTO RICO,

INC

Employer identification number 66-0272821

| P  | Part I, Questions Regarding Compensation   |                            |          |                     |
|----|--|----------------------------|----------|---------------------|
|    |  |                            | Yes      | No                  |
| 18 | 1a Check the appropriate box(es) if the organization provided any of the following to or for a po    | erson listed on Form       | ₽        | ,                   |
|    | 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regar        | ding these items           | ,        | <b>*</b>            |
|    |  | residence for personal use | ľ        |                     |
|    |  | use of personal residence  | , 43,    | <b>\$</b>           |
|    | Tax indemnification and gross-up payments  X Health or social club du                                | ·                          | , , , ,  | 27                  |
|    |  | , maid, chauffeur, chef)   | ( )      |                     |
|    |  | ,,                         |          | رة · أ              |
| ŀ  | b If any of the boxes on line 1a are checked, did the organization follow a written policy regard    | ding payment               | lí       | 1                   |
| •  | or reimbursement or provision of all of the expenses described above? If "No," complete Pa           | 1                          |          |                     |
|    | explain  | 1b                         | x        | 1                   |
|    | CAPICALITY   |                            |          | <del>.  </del>      |
| 2  | 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurre      | ed by all                  | 1        |                     |
| _  | directors, trustees, and officers, including the CEO/Executive Director, regarding the items         | •                          | 1        | 1                   |
|    | 1a?  | 2                          | x        | }                   |
|    | id:  |                            | +        | - <del> </del>      |
| ,  | 3. Indicate which if any of the following the films are a material world to establish the assessment | -4 <b>6</b> 44             |          | , [                 |
| 3  |  | ı                          | ľ        |                     |
|    | organization's CEO/Executive Director Check all that apply Do not check any boxes for me             | I ś                        | 1        |                     |
|    | related organization to establish compensation of the CEO/Executive Director, but explain            | 1 %                        | ٠ .      | . [                 |
|    | Compensation committee X Written employment co   | 4                          | Ĭ``      |                     |
|    | Independent compensation consultant Compensation survey of   | - 15                       |          |                     |
|    | Form 990 of other organizations  X Approval by the board of  | or compensation committee  |          | ` [ ` ,             |
|    |  |                            | S 1      | 1                   |
| 4  | 3 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -  | et to the filing           | 1        |                     |
|    | organization or a related organization   |                            | . S.     | <u>.</u>            |
|    | a Receive a severance payment or change-of-control payment?  | 4a                         | +        | X                   |
|    | b Participate in, or receive payment from, a supplemental nonqualified retirement plan?              | 4b                         | ╁        | $\frac{\Lambda}{X}$ |
| С  | c Participate in, or receive payment from, an equity-based compensation arrangement?                 |                            | ┼─       |                     |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each it       | em ın Part III.            | ļ., ·    | ', <sub>.</sub>     |
|    |  |                            | (A)      | ľ                   |
|    | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5                | 143.                       | 1        | ٠,                  |
| 5  | 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or acc      | rue any                    | 1 %      | . \$                |
|    | compensation contingent on the revenues of   | Š.                         |          | <u> </u>            |
| а  | a The organization?  | <u>5a</u>                  | ┼—       | X                   |
| b  | b Any related organization?  | <u>5b</u>                  | ╂        | X                   |
|    | If "Yes" to line 5a or 5b, describe in Part III  |                            |          | Ì                   |
|    |  | *                          | 1 1      | 1                   |
| 6  | 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or acc      | rue any                    | 1        | 1                   |
|    | compensation contingent on the net earnings of   | Angel and the second       | _        | _                   |
| а  | a The organization?  | _6a                        | ↓        | X                   |
| þ  | b Any related organization?  |                            | <u> </u> | X                   |
|    | If "Yes" on line 6a or 6b, describe in Part III  |                            |          | 1                   |
| 7  | 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide an      | ny non-fixed               |          | -                   |
|    | payments not described on lines 5 and 6? If "Yes," describe in Part III                              | 7                          | [        | x                   |
| 8  |  | <del> </del>               | 1        | 1                   |
| -  | to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," of     |                            | 1        | 1                   |
|    | in Part III  | 8                          |          | x                   |
|    | m, wem   | ├ <del>-</del>             | _        | <del> </del>        |
| 9  | 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure desi     | cribed in                  |          | 1                   |
| _  |  |                            |          | 1                   |

Regulations section 53 4958-6(c)?

9 [

Page 2

66-0272821 THE BALDWIN SCHOOL OF PUERTO RICO,

Parill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2015

For each individual whose compensation must be reported on 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 W-2 and/or 1099-MISC compensation (c) Retirement and (d) Nontaveble (F) Total of columns | (B) Breakdown of | of W-2 and/or 1099-MISC compensation | C compensation                      | (C) Retirement and             | (D) Nontexable | (F) Total of columns   | (E) Compensation   |
|---|------------------|--------------------------------------|-------------------------------------|--------------------------------|----------------|------------------------|--|
| (A) Name and Title  |                  | (ii) Bonus & incentive compensation  | (iii) Other reportable compensation | other deferred<br>compensation | benefits       | (B)(i) <del>(</del> D) | in column (B) reported<br>as deferred on prior<br>Form 990 |
| IGAN  | 177,05           | 13,50                                | 1                                   | 33,000                         | 58,602         | 282,152                | 0  |
| 1 HEADMASTER  | 0                | 0                                    | 0                                   | 0                              | 0              | 0                      | 0  |
|   | € ;              |                                      |                                     | •                              |                |                        |  |
| 2   | <u> </u>         |                                      |                                     |                                |                |                        |  |
|   | S                |                                      | •                                   |                                | •              |                        |  |
| 3   | (ij)             |                                      |                                     |                                |                |                        |  |
|   | (2)              |                                      |                                     |                                | <b>-</b>       |                        |  |
| 4   | (11)             |                                      |                                     |                                |                |                        |  |
|   | (0)              |                                      |                                     |                                |                |                        |  |
| 9   | (ii)             |                                      |                                     |                                |                |                        |  |
|   | (0)              |                                      |                                     | •                              |                | -                      |  |
|   | (11)             |                                      |                                     |                                |                |                        |  |
|   | (0)              |                                      |                                     |                                |                |                        |  |
| 7   | (11)             |                                      |                                     |                                |                |                        |  |
|   | (1)              |                                      |                                     |                                |                | :                      |  |
| 8   | (11)             |                                      |                                     | İ                              |                |                        |  |
|   | (3)              |                                      | <u></u>                             |                                |                |                        |  |
| 6   | (II)             |                                      |                                     |                                |                |                        |  |
|   | ⊕                |                                      |                                     |                                |                |                        |  |
| 10  | (u)              |                                      |                                     |                                |                |                        |  |
|   | ê                |                                      |                                     |                                | -              |                        |  |
| 11  |                  |                                      |                                     |                                |                |                        |  |
| ÷   | · <u>·</u> •     |                                      |                                     |                                | :              | :                      | -  |
|   | 3                |                                      |                                     |                                |                |                        |  |
| 13  | (ii)             |                                      |                                     | -                              |                |                        |  |
|   | (0)              |                                      |                                     |                                |                |                        |  |
| 14  | (II)             |                                      |                                     |                                |                |                        |  |
|   | <u>.</u>         |                                      |                                     | •                              | •              |                        |  |
| 15  | (11)             |                                      |                                     |                                |                |                        |  |
|   | ÷ 3              |                                      |                                     |                                |                |                        |  |
|   |                  | 1                                    |                                     |                                |                |                        |  |

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015 THE BALDWIN SCHOOL OF PUERTO RICO, 66–0272821

Rearthis Supplemental Information

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

# SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

**Transactions With Interested Persons** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OM8 No 1545-0047

Open To Public

Internal Revenue Service Name of the organization

THE BALDWIN SCHOOL OF PUERTO RICO,

Employer identification number

|                        | INC.   | <del></del>        |                                   |          |          |          |             |                       | 02728        | 21   |  |  |  |  |
|------------------------|--|--------------------|-----------------------------------|----------|----------|----------|-------------|-----------------------|--------------|--|--|--|--|--|
| Part l                 | Excess Benefit Transacti                               |                    |                                   |          |          |          |             |                       |              | _  |  |  |  |  |
|                        | Complete if the organization answ                      |                    |                                   |          |          |          | or Form 9   | 990-EZ, Part V, I     | ne 40b       |  |  |  | Cor  |  |
| 1                      | (a) Name of disqualified person                        | (b) Relation       | nship between disc<br>organizatio | -        | d pers   | son and  |             | (c) Description of ti | ansactio     | n  |  | Yes  | Соттес   | No.  |
| (1)                    |  |                    | organizatio                       | <u> </u> |          |          |             |                       |              |  |  | 163  | +  |  |
| (2)                    |  |                    |                                   |          |          |          |             |                       |              |  | _  | <del>                                     </del> | 十  |  |
| (2)                    |  |                    |                                   |          |          |          |             |                       |              |  | -  | $\vdash$   | _  |  |
| /A)                    |  |                    |                                   |          |          |          |             |                       |              |  |  |  |  |  |
| (5)                    |  |                    |                                   |          |          |          |             |                       |              |  |  |  |  |  |
| (6)                    |  |                    |                                   |          |          |          |             |                       |              |  |  | <u>L</u> .                                       | .  |  |
|                        | e amount of tax incurred by the orga                   | nızatıon managers  | or disqualified                   | i pers   | sons     | during t | he year     |                       | <b>.</b>     | •  |  |  |  |  |
|                        | ection 4958<br>e amount of tax, if any, on line 2, abo | we reimbureed by   | the organizat                     | ion      |          |          | -           |                       |              | <u>'</u>   | _  |  |  |  |
| J Linter (iii          | e amount of tax, if any, on line 2, abo                | ove, remibursed by | tile olyanizat                    | IUII     |          |          |             |                       | •            | ·  |  |  |  |  |
| Part II                | Loans to and/or From Into                              | erested Perso      | ne                                |          |          |          |             |                       |              |  |  |  |  |  |
|                        | Complete if the organization answ                      |                    |                                   | t V. li  | ne 3     | 8a or Fo | rm 990.     | Part IV, line 26, o   | or if the    | ,  |  |  |  |  |
|                        | organization reported an amount of                     |                    |                                   |          |          |          |             | , ,                   |              |  |  |  |  |  |
|                        | (a) Name of interested person                          | (b) Relationship   | (c) Purpose of                    | (d) L    | oan to   |          | -           | (f) Balance due       | (g) In (     | default?   |  | proved<br>pard or                                |  | Vritten  |
|                        |  | with organization  | loan                              |          | g?       | principa | amount      | }                     | <u></u>      |  |  | nittee?  | agie   | ement?   |
|                        |  |                    |                                   | To       | From     |          |             |                       | Yes          | No   | Yes  | No   | Yes  | No   |
| 445                    |  |                    |                                   |          |          |          |             | 1                     |              | }  |  | j  |  |  |
| _(1)                   | <del></del>  |                    |                                   | ╁        | _        |          |             | <del> </del>          |              |  | ├  | <del>}</del> —                                   | ├  | <del> </del>                                     |
| (2)                    |  | }                  |                                   |          |          |          |             | 1                     | 1            | 1  | 1  | l  | Í  | 1  |
| <u></u>                |  |                    |                                   | +        | -        |          |             | <del> </del>          | 1            | <del>                                     </del> | <del>                                     </del> | <del>                                     </del> |  | <del>                                     </del> |
| (3)                    |  |                    |                                   | _        |          |          |             |                       |              |  |  | <u> </u>   | <u> </u>   |  |
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| _(4)                   | <del></del>  |                    |                                   | —        | <b> </b> | L        |             | <b></b>               | <del></del>  |  |  | <u> </u>   | <u> </u>   | <b>↓</b>   |
| (6)                    |  |                    |                                   | }        |          |          |             | 1                     |              |  | 1  | ĺ  | )  | 1  |
| (5)                    |  |                    |                                   | ┼        | ├╌       | <u> </u> |             |                       | +            | _  | -  | ├  | <del>                                     </del> | <del> </del>                                     |
| (6)                    |  |                    |                                   |          |          |          |             | <b>,</b>              | -            |  | ĺ  | 1  |  | İ  |
|                        |  |                    |                                   | † -      | $\vdash$ |          |             |                       | †            |  | 1  | T  |  | <del>                                     </del> |
| (7)                    |  |                    |                                   | <u> </u> |          | _        |             |                       |              |  |  |  |  | <u>L</u>   |
|                        |  |                    |                                   |          |          |          |             |                       |              |  |  |  | ]  | Ì  |
| (8)                    |  |                    |                                   | ↓_       |          |          |             |                       | <del> </del> |  | ļ  | ļ  | <b> </b>   | <u> </u>   |
| 40)                    |  |                    |                                   |          |          |          |             |                       | 1            | ļ  | }  | [  | •  | 1  |
| _(9)                   |  |                    |                                   | ╂        | $\vdash$ |          | <del></del> |                       | +            | ├  | <del> </del>                                     | ├  | ├  | ├  |
| (10)                   |  | [ [                |                                   |          |          |          |             | [                     |              |  |  |  |  | 1  |
| Total                  |  |                    |                                   | .Ц       | ட        |          | <b>▶</b> \$ | ·                     | 1.1          |  |  | <u>,</u>   | A TONE   |  |
| Part III               | Grants or Assistance Ben                               | efiting Interes    | ted Persor                        | ns.      | _        |          |             | <del></del>           | 4 %          | *****  | <del></del>                                      | >25100   |  | ~ 78c /  |
| m m management and a d | Complete if the organization answer                    |                    |                                   |          | 27       |          |             |                       |              |  |  |  |  |  |

(a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2) (3) (4) (5) (6) \_(7) (8) (9) (10)

|             | orm 990 or 990-EZ) 2015 THE BALDW  | IN SCHOOL OF P                | UERTO RICO,       | 66-0272821                     | P            | age 2           |
|-------------|--|-------------------------------|-------------------|--------------------------------|--------------|-----------------|
| Part IV     | Business Transactions Involving  |                               |                   |                                |              |                 |
|             | Complete if the organization answered "Yes"  | on Form 990, Part IV, line 28 | a, 28b, or 28c    |                                |              |                 |
|             | (a) Name of interested person  | (b) Relationship between      | (c) Amount of     | (d) Description of transaction |              | Sharing<br>forg |
|             |  | interested person and the     | transaction       |                                | reve         | euness          |
|             |  | organization                  |                   |                                | Yes          | No              |
|             | S PENNOCK  | FORMER PRESIDEN               |                   |                                | <b>-</b>     | X               |
|             | O CASELLAS   | FORMER TREASURE               | 85,264            | PREMIUM PAID                   | <del> </del> | <u> </u>        |
| (3)         |  |                               |                   |                                | ∔            | <del></del>     |
| (4)         |  |                               |                   |                                | ↓            | ∔               |
| (5)         |  | <u> </u>                      |                   |                                | ↓            | <del> </del>    |
| (6)         |  |                               |                   |                                | ↓            | ↓               |
| (7)         |  | <u> </u>                      |                   |                                | ┼            | ∔               |
| (8)         |  | <del> </del>                  |                   |                                | ↓_           | <del>↓</del> —  |
| (9)         |  | <del></del>                   |                   |                                | ┼            | <del> </del>    |
| 10)         |  | . L                           | Ĺ                 |                                | ⊥_           | ⊥               |
| Part V      | Supplemental Information   |                               |                   |                                |              |                 |
|             | Provide additional information for responses to  | o questions on Schedule L (s  | see instructions) |                                |              |                 |
| 00111111    |  | Tillon/Amtor                  | -                 |                                |              |                 |
| SCHEDO      | ULE L, PART V - ADDITION   | VAL INFORMATION               | ·                 |                                |              |                 |
| D3 D8 -     | TIL T TARE 1 AM DOLLOT NO F  |                               | AC DOMOTORN       | M OF DEMICOR                   |              |                 |
| PART .      | IV LINE 1- MR. DOUGLAS E   | PENNOCK SERVES                | AS PRESIDEN       | T OF PENNOCK                   |              |                 |
| CDOM        | no two a tampocane etc   | NA WILLIAM DEVILLE            | ac tampecant      | NG GEDUTCES MO                 |              |                 |
| GROWEI      | RS, INC. A LANDSCAPE FIF   | M THAT PROVIDE                | S LANDSCAPI       | NG SERVICES TO                 |              |                 |
| DATEM       | IN COURSE OF DIVERBES DISC   | N TNO                         |                   |                                |              |                 |
| DALLUW.     | IN SCHOOL OF PUERTO RICC   | J, INC.                       |                   |                                |              |                 |
| ייים אם     | TU TINE 2- MD ANTIONIO (   | יאכשוואפ פשטנישפ              | . AC EVECTOR      | THE TICE DESCRIPTION           | Э.П          | г               |
| PARI        | IV LINE 2- MR. ANTONIO C   | WASETTWO SEKAES               | AS EXECUTI        | VE VICE PRESIDENT              |              |                 |
| CARRIC      | ON, LAFFITTE & CASELLAS,   | TNC (CLC) 7                   | WHOLLY OWN        | ED SUBSIDIARY OF               | uitt         | <b>a</b>        |
| CARRIL      | ON, MARRITIE & CASELLIAS,  | INC. (CEC), F                 | WUOTITI ONN       | ED SUBSIDIARI OF               | 1101         | <u>-</u>        |
| TNTERN      | NATIONAL LLC, A CHICAGO  | BASED THSIBANO                | E BROKERAGE       | FIRM CLC SERVES                | <b>A</b> 9   | 3               |
|             | THE THE THE PROPERTY OF THE PR | DIADED INSCITUTE              | DIOLUIUI          |                                |              |                 |
| INSURA      | ANCE BROKERS FOR THE BAI   | DWIN SCHOOL OF                | PUERTO RIC        | O. TNC.                        |              |                 |
|             |  |                               |                   | <u> </u>                       |              |                 |
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|             |  |                               |                   |                                |              |                 |

**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.

▶ Attach to Form 990 or 990-EZ.

Internal Revenue Service ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. THE BALDWIN SCHOOL OF PUERTO RICO,

Employer identification number

OMB No 1545-0047

66-0272821

Name of the organization

Department of the Treasury

INC.

FORM 990 - ORGANIZATION'S MISSION

OR MOST SIGNIFICANT ACTIVITIES

BALDWIN IS AN INDEPENDENT, NOT-FOR-PROFIT, NON-SECTARIAN, COLLEGE PREPARATORY ENGLISH LANGUANGE SCHOOL WHOSE MISSION IS TO OFFER A RIGOROUS CURRICULUM IN A NURTURING ENVIRONMENT, CHALLENGING STUDENTS TO BE THOUGHTFUL LEARNERS AND ENGAGED, COMPASSIONATE CULTURALLY AWARE CITIZENS IN A DIVERSE WORLD.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

ENRIQUE ARZUAGA

NANCY VAZQUEZ

VICEPRESIDET

TEACHER

MARRIED

ALBERTO LEDESMA

TERESA LEDESMA

DIRECTOR

TEACHER

MARRIED

FEDERICO SANCHEZ

ELISMARI SANCHEZ

DIRECTOR

PRINCIPAL

SISTER

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS FOR THE CLASSES OF MEMBERS OF STOCKHOLDERS PLEASE SEE EXHIBIT A- BY LAWS OF THE BALDWIN SCHOOL OF PUERTO RICO, INC., ARTICLE III, SECTIONS 1, 2 AND 3.

Name of the organization

ivalile of the organization

THE BALDWIN SCHOOL OF PUERTO RICO,

Employer identification number 66-0272821

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

FOR THE ELECTION OF MEMBERS AND THEIR RIGHTS PLEASE SEE EXHIBITS A -BY

LAWS OF THE BALDWIN SCHOOL OF PUERTO RICO ARTICLE III, SECTION 4.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

THE MEMBERS OF THE CORPORATION HAVE ALL THE RIGHTS AND PRIVILEGES STATED IN

THE BALDWIN SCHOOL OF PR INC. BY-LAWS, COPY OF WHICH IS ATTACHED

HERETO. SEE EXHIBIT A - BY LAWS OF THE BALDWIN SCHOOL OF PUERTO RICO, INC.

ARTICLE IV.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE RETURN PREPARER EMAILS A COPY OF A DRAFT OF THE RETURN, FORM 990, TO
THE BUSINESS MANAGER OF THE CORPORATION. SHE/HE FORWARDS A HARD COPY OF THE
FORM TO THE CORPORATION'S TREASURER. THE TREASURER WILL DISCUSS AND REVIEW
FORM 990 WITH ALL THE MEMBERS OF THE BOARD OF DIRECTORS IN THEIR MONTHLY
BOARD MEETING. ONCE ALL POINTS ARE REVIEWED AND CLEARED, THE RETURN WILL BE
SENT IN FINAL FORM FOR PROPER SIGNATURES AND FILING PROCEDURES.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
PLEASE MAKE REFERENCE TO ATTACHED CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THEY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION

AMOUNT

MATERIALS EXPENSE

| Schedule O (Form 990 or Name of the organization | 990-EZ) (201 | 5)              |    | <del></del> | Employer ide | Page 2                        |
|--|--------------|-----------------|----|-------------|--------------|-------------------------------|
|  | SCHOOL       | OF PUERTO RICO, |    |             |              | 272821                        |
| •  | \$           | 239,318         | \$ | 0           | \$           | 0                             |
| UTILITIES  |              |                 |    |             |              |                               |
|  | \$           | 191,686         | \$ | 0           | \$           | 0                             |
|  | ¥            | 191,000         | 4  | Ū           | *            | · ·                           |
| SUMMER CAMP                                      |              |                 |    |             |              | _                             |
|  | \$           | 172,296         | \$ | 0           | \$           | 0                             |
| PROFESSIONA                                      | L DEVEL      | OPMENT          |    |             |              |                               |
|  | \$           | 24,742          | \$ | 117,275     | \$           | 0                             |
| BANK CHARGE                                      | s            |                 |    |             |              |                               |
|  | \$           | 0               | \$ | 134,170     | \$           | o                             |
| SCHOLARSHIP                                      | EXPENS       | ES              |    |             |              |                               |
|  | \$           | 126,479         | \$ | 0           | \$           | 0                             |
| DEDATES CAS                                      |              |                 | ~  | · ·         | *            | · ·                           |
| REPAIRS & M                                      |              |                 | _  |             |              |                               |
|  | \$           | 86,412          | \$ | 0           | \$           | 0                             |
| OTHER EXPEN                                      | SES          |                 |    |             |              |                               |
|  | \$           | 64,832          | \$ | 0           | \$           | 0                             |
| TELEPHONE  |              |                 |    |             |              |                               |
|  | \$           | 64,482          | \$ | 0           | \$           | 0                             |
| SPECIAL ACT                                      | IVITIES      |                 |    |             |              |                               |
|  | \$           | 61,747          | \$ | 0           | \$           | 0                             |
| FINANCIAL A                                      |              | ,               | •  | -           | ·            |                               |
| I IMMOIAL II.                                    |              | 46,000          | •  | •           |              | o                             |
|  | \$           | 46,000          | \$ | 0           | \$           | U                             |
| ADMINISTRATI                                     | ION          |                 |    |             |              |                               |
|  | \$           | 40,736          | \$ | 0           | \$           | 0                             |
| OFFICES SUPP                                     | PLIES        |                 |    |             |              |                               |
|  | \$           | 38,544          | \$ | 0           | \$           | o                             |
| MAINTENANCE                                      | CONTRAC      | CT              |    |             |              |                               |
|  | \$           | 38,453          | \$ | 0           | \$           | 0                             |
|  | -            | ,               | •  |             |              | 2 OF 4                        |
|  |              |                 |    |             |              | O (Form 990 or 990-FZ) (2015) |

| nedule O (Form 990 or the of the organization |         |                | TCO      |            | Employer identifica |       |
|---|---------|----------------|----------|------------|---------------------|-------|
|   |         | OL OF PUERTO R | 100,     |            | 66-02/2             | 021   |
| ÆHICLE EXPE                                   | NSES    | •              |          |            |                     |       |
|   | \$      | 21,609         | \$       | 0          | \$                  | 0     |
| GRANT- TITLE                                  | II      |                |          |            |                     |       |
|   | \$      | 19,728         | \$       | 0          | \$                  | 0     |
| ZEARBOOK                                      |         |                |          |            |                     |       |
|   | \$      | 19,274         | \$       | 0          | \$                  | 0     |
| FUND RAISING                                  | DEVI    | ELOPMENT       |          |            |                     |       |
|   | \$      | 16,994         | \$       | 0          | \$                  | 0     |
| POSTAGE                                       |         |                |          |            |                     |       |
|   | \$      | 9,592          | \$       | 0          | \$                  | 0     |
| RANSPORTATI                                   | ON      |                |          |            |                     |       |
|   | \$      | 7,444          | \$       | 0          | \$                  | 0     |
| NFIRMARY                                      |         |                |          |            |                     |       |
|   | \$      | 6,485          | \$       | 0          | \$                  | 0     |
| ELLNESS PRO                                   | GRAM    |                |          |            |                     |       |
|   | \$      | 4,457          | \$       | 0          | \$                  | 0     |
| UES & SUBSC                                   | RIPT    | IONS           |          |            |                     |       |
|   |         | 4,254          | \$       | 0          | \$                  | 0     |
| UMMER SCHOO                                   |         | ,              | ·        |            | ·                   |       |
|   | _<br>\$ | 1,294          | \$       | 0          | \$                  | 0     |
| AD DEBT EXP                                   |         | _,             | ۳        | ·          | *                   | -     |
| JAJI HAE                                      | \$      | 243            | \$       | 0          | \$                  | 0     |
| UMMER PAYRO                                   | -       | 233            | <b>Y</b> | J          | <b>Y</b>            | J     |
| OFWIER PAIRU                                  |         | 10.000         | <b>A</b> | ^          | 6                   | •     |
|   | \$      | -10,263        | \$       | 0          | \$                  | 0     |
|   |         | _              |          |            |                     |       |
|   |         | I, LINE 9 - OT |          | N NET ASSE |                     |       |
| OSS ON DISP                                   | OSITI   | ON OF INVESTM  | ENT      |            | \$                  | 4,024 |

PAGE 3 OF 4

| Schedule O (Form 990 or 990-EZ) (2015)     |                                |
|--|--------------------------------|
| Name of the organization                   | Employer identification number |
| THE BALDWIN SCHOOL OF PUERTO RICO,         | 66-0272821                     |
| TRANSFER OF CASH HELD FOR SCHOLARSHIP FUND | \$ -360,009                    |
| TOTAL                                      | \$ -355,985                    |

OMB No 1545-0047

3

|        |  |                         |                              |                            |                             | _                         |   |                     |
|--------|--|-------------------------|------------------------------|----------------------------|-----------------------------|---------------------------|---|---------------------|
| Partil | 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 | omplete if the org      | anization answe              | red "Yes" on Fo            | rm 990, Part IV, I          | ine 34 because            | it had  |                     |
|        | (a) Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state | (d)<br>Exempt Code section | (e)<br>Public chanty status | (f)<br>Direct controlling | (g)<br>Section 512(b)(13)<br>controlled entity? | 2(b)(13)<br>entity? |
| (1)    |  |                         | or foreign country)          |                            | (if section 501(c)(3))      | entity                    | Yes   | S<br>S              |
|        |  |                         |                              |                            |                             |                           |   |                     |
| (3)    |  |                         |                              |                            |                             |                           |   |                     |
| (3)    |  |                         |                              |                            |                             |                           |   |                     |
|        |  |                         |                              |                            |                             |                           |   |                     |
| (4)    |  |                         |                              |                            |                             |                           |   |                     |
| (2)    |  |                         |                              |                            |                             |                           |   |                     |

Schedule R (Form 990) 2015

66-0272821

THE BALDWIN SCHOOL OF PUERTO RICO,

Page 2 Schedule R (Form 990) 2015 (k) Percentage ownership (I) Section 512(b)(13) controlled entity? ş × General or managing partner? Yes No 100 100.000000 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 Ê (I)
Code V—UBI
amount in box 20
of Schedule K-1 (Form 1065) end-of-year assets Share of (h)
Disproportionate
alloc ? Yes 9 (g) Share of end-of-year assets 100 Share of total INCOMB (f) Share of total (C corp, S corp, Type of entity or trust) H Predominant income (related, unrelated, excluded from tax under sections 512-514) Direct controlling entity € YES (d) Direct controlling Legal domicile foreign country) (state or 묪 ق (c) Legal domicile (state or foreign country) PASS ACTIV Primary activity (b) Primary activity (1) THE BALDWIN SCHOOL EDUCATIONAL DEVE PR 00960 Name, address, and EIN of related organization Name, address, and EIN of related organization PO BOX 1827 66-6040285 BAYAMON PartIII PartIV ð  $\in$ <u>4</u> 3 | ଚ 13 2 3

Schedule R (Form 990) 2015

66-0272821 THE BALDWIN SCHOOL OF PUERTO RICO, Schedule R (Form 990) 2015

960

Page 3

Schedule R (Form 990) 2015 × × × × × CASH HELD FOR SCHOLARSHIP Yes Method of determining amount involved £ 두 19 9 4 4 **=** ¥ 48 4 4 7 5 = # Ē Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. 2 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 360,009 Amount involved 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? Transaction type (a-s) ê ф 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) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule TRUST Lease of facilities, equipment, or other assets to related organization(s) BALDWIN SCHOOL EDUC. DEV. Other transfer of cash or property from related organization(s) Name of related organization Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) Part V € 2 3 € 3 <u>@</u>

Schedule R (Form 990) 2015 THE BALDWIN SCHOOL OF PUERTO RICO,

66-0272821

Part VI

960

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

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

| (k)<br>Percentage<br>ownership   |          |  |              |  |                                       |             |                |          |          |          |       |
|--|----------|--|--------------|--|---------------------------------------|-------------|----------------|----------|----------|----------|-------|
|  | S.       | 1  | 1            |  |                                       |             |                |          |          |          |       |
| (J)<br>General or<br>managing<br>partner?  | Yes      |  |              |  |                                       |             |                |          |          |          |       |
|  |          | <del>                                     </del> | <del> </del> | <del>                                     </del> |                                       |             | <del> </del> - |          |          |          |       |
| (I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)  |          |  |              |  |                                       |             |                |          |          |          |       |
| Code<br>amour<br>of Sch  |          |  |              |  |                                       |             |                |          |          | }        |       |
| bonate<br>nns?   | 2        | <del>                                     </del> | <b> </b>     |  |                                       |             |                |          |          |          |       |
|  | Yes      | <del>                                     </del> | <del> </del> | <del>                                     </del> |                                       | <del></del> |                |          |          |          |       |
|  |          |  |              |  |                                       |             |                |          |          |          |       |
| (g)<br>Share of<br>end-of-year<br>assets   |          |  |              |  | [                                     |             |                | <u> </u> |          |          |       |
| e de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della comp |          |  |              |  | ł                                     |             |                |          | <u> </u> |          |       |
|  | <u> </u> | †  |              |  |                                       |             |                |          |          |          |       |
| (f)<br>Share of<br>total income  |          |  |              |  |                                       |             |                |          |          |          |       |
| tota   |          |  |              |  |                                       | İ           | j              |          |          |          |       |
| artners<br>on<br>((3)<br>trons?  | 2        |  |              |  |                                       |             |                |          | -        |          |       |
| (e) Are all partners section 501(c)(3) organizations?  | Yes      | <u> </u>   |              |  |                                       |             |                |          |          |          |       |
| ant<br>sted,<br>Sluded<br>der  |          |  |              |  |                                       |             |                |          |          |          |       |
| (d) Predominant income (related, unrelated, excluded from tax uncome 51.05.4 M   |          |  |              |  |                                       |             |                |          |          |          |       |
| e Ince   | ğ  <br>  | <del> </del>                                     | ļ            | ļ  |                                       |             |                | <br>     | ·        |          |       |
| (c) Legal domicile (state or foreign   | fains    |  |              |  |                                       |             |                |          |          |          |       |
| ctivity  | 1        |  |              |  |                                       |             |                | ı        |          |          |       |
| (b)<br>Primary activity  |          |  |              |  |                                       |             |                |          |          |          |       |
| <u> </u>   | -        | <del> </del>                                     |              |  |                                       |             |                | -        | <u> </u> |          |       |
|  |          |  |              |  |                                       |             |                |          |          |          |       |
|  |          |  | }            |  | l                                     |             |                |          |          |          |       |
|  |          |  |              | ]<br>[   |                                       |             |                |          |          |          |       |
| entity   |          |  |              |  | į                                     |             | ļ              | İ        |          |          |       |
| d EIN of   |          |  |              |  |                                       | ;           | i              |          |          |          |       |
| (a)<br>ess, and  |          |  |              |  | l                                     |             |                |          |          |          |       |
| (a)<br>Name, address, and EIN of entity  |          |  | }            |  |                                       |             |                |          |          | :        |       |
| Z<br>Z   |          |  |              |  |                                       |             |                |          |          |          |       |
|  |          |  |              |  | · · · · · · · · · · · · · · · · · · · |             |                |          |          |          |       |
|  | -        |  |              |  |                                       |             |                |          |          |          |       |
|  | Ξ        | (2)  | <u>(6)</u>   | (4)  | (2)                                   | (9)         | (2)            | (8)      | (6)      | (10)     | (11)  |
|  | 1        | 1  | , –          | 1 -  | -                                     | -           | -              | i —      | _        | <u>ت</u> | ا ت ا |

Schedule R (Form 990) 2015 THE BALDWIN SCHOOL OF PUERTO RICO, 66-0272821

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

Page 5