

Department of the Treasury Internal Revenue Service

SCANNED AUG 2 & LOND

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.

2016

Open to Public Inspection

<u> </u>			C Name of organization THE BALDWIN SCHOOL OF PILERTO RICO.) Employer	identification number
В	٦	pplicable			D Employer	idenuncation number
	Address	change	INC.		66 0	272221
L	Name cha	ange	Doing business as BALDWIN SCHOOL Number and street (or P O box if mail is not delivered to street address) R	loom/suite	E Telephon	272821 e number
	Initial retu	ırn	P.O. BOX 1827			720-2421
Ī	Final retu		City or town, state or province, country, and ZIP or foreign postal code			
_	7		BAYAMON PR 00960		G Gross rece	eipts \$ 11,825,751
L	Amended		F Name and address of principal officer	H(a) Is this a group	a colura for cu	ubordinates? Yes X No
L	_ Application	on pending	JOAQUIN BACARDI	•		
	-		PALMA REAL CALLE VIAJERA #81	H(b) Are all subor		
_			GUAYNABO PR 00969	it "No," a	ittach a list	(see instructions)
		mpt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527 () 7			
<u>1</u>	Website		ww.baldwin-school.org	H(c) Group exem		55
<u>K</u>		organization		r of formation 19	68	M State of legal domicile PR
<u>.</u>	Part I		immary	,		
	1	•	scribe the organization's mission or most significant activities Schedule O			
	힐	see	Schedule O			
	E					
	Activities & Governance	Check thi	s box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net asset	e	
(5 2 3		of voting members of the governing body (Part VI, line 1a)	or its fiet asset	ິ 3	11
•	φ 4		of independent voting members of the governing body (Part VI, line 1b)		4	10
3	#		nber of individuals employed in calendar year 2016 (Part V, line 2a)		5	150
;	É 6		nber of volunteers (estimate if necessary)		6	1
•			elated business revenue from Part VIII, column (C), line 12		7a	0
			ated business taxable income from Form 990-T, line 34		7b	0
_				Prior Year		Current Year
2018	<u>ω</u> 8	Contribut	ions and grants (Part VIII, line 1h)		,604	152,500
7	ᇎ 9	Program	service revenue (Part VIII, line 2g)	11,223		11,408,712
83	Revenue 0 10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		,141	38,125
e V	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,597	205,539
ÀŲĠ	12	Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,537	,498	11,804,876
¥			nd similar amounts paid (Part IX, column (A), lines 1–3)			0
Ω		•	paid to or for members (Part IX, column (A), line 4)			0
Щ	ဖွ 15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,962	,164	7,278,843
CANNED	a .		onal fundraising fees (Part IX, column (A), line 11e)			0
ξ	ğ b	Total fund	draising expenses (Part IX, column (D), line 25) benses (Part IX, column (A), lines 11a–110, line 24a) VED	5 054	40.5	5 000 100
သွ	1		penses (Part IX, column (A), lines 11a-11d, Will 246) 9	5,354		5,039,123
			less expenses Subtract line 18 from the 12 u.u. 0 9 2018	12,316		12,317,966
_		Revenue	111 115 2010 101	- / / 9 Beginning of Curre	,092	-513,090 End of Year
	Assets of Balances	Total acc	ets (Part X, line 16)	17,575		17,321,979
	SSE 21		ilities (Part X, line 26)	11,602		11,752,888
	무리		ts or fund balances Subtract line 21-from fine 20	5,973		5,569,091
] -	Part II		gnature Block	<u> </u>	70.50	0,000,002
-1 -1			perjury, I declare that I have examined this return, including accompanying schedules and statements	and to the best	of my kno	wledge and belief it is
ନ ଜୁନ			complete Declaration of preparer (other than officer) is based on all information of which preparer has		or my mio	modge and boildi, it is
		TK				
CANNED	Sign	P s̄s	Signature of officer		Date	
Ž	Here		JOAQUIN BACARDI PRESIDI	ENT		6.20.2018
2		▼ 7	ype or print name and title			
उं ं		Print/Typ	e preparer's name Preparer's name	Pate	Check	If PTIN
W E	Paid	SHARRI	LYN SANCHEZ Share 4	(pro. 1. 6	elf-em	ployed P01597464
F	Preparer	Firm's na	me > Kevane Grant Thornton I/LP	Fin	m's EIN 🕨	66-0563256
ι	Jse Only	'	33 Calle Bolivia Ste 400			
_		Firm's ad	dress > San Juan, PR 00917-2013	Ph	one no	787-754-1915
_			s this return with the preparer shown above? (see instructions)			Yes No
	or Paper	work Redu	uction Act Notice, see the separate instructions.			Form 990 (2016)
	v ·					1 ' N (

66-0272821

LGABUEJ

<u> </u>			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		res	NO
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	Į.	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	,		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	/	\$ ·	ľ
	VII, VIII, IX, or X as applicable	مئدة		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11 <u>e</u>	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	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	•••	X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			,,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b_		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			٠,
	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			77
	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			
	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	مد ا	v	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "You " complete Schedule G. Part III.	4.		x
	If "Yes," complete Schedule G, Part III	19_		_^

Part IV (Checklist	of Required S	Schedules	(continued)
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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b]	}	37
	through 24d and complete Schedule K. If "No," go to line 25a	24a	——- 	<u>x</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24.5	ł	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u	-	
L Ja	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		- 1	
	If "Yes," complete Schedule L, Part I	25b	ŀ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
	disqualified persons? If "Yes," complete Schedule L, Part II	26	ŀ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,]		~ 3,
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	,		
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	
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	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	22	ł	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		
J-T	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	000		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35Ь	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36]	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1	ļ	
	Part VI	37]	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		٠.	. 000	

b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			A 1000	\$ 194
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods	September 1	->** ₂₀ ,	£ 1.
	and services provided to the payor?		7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		}	}	1
	required to file Form 8282?	t.	7c	<u> </u>	<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		****	1.86
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	tract?	7e	<u> </u>	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	t?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	n 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a Form 1098-C?	7h		<u>L</u> _
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	by the	_		. 5
	sponsoring organization have excess business holdings at any time during the year?		8	<u> </u>	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		[-
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9ь		Ļ
0	Section 501(c)(7) organizations. Enter		1		ľ
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-	ĺ	ĺ
1	Section 501(c)(12) organizations. Enter	ı	1		ł
а	Gross income from members or shareholders	11a	4	[
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	ŀ	ì
	against amounts due or received from them)	11b	-		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_	ł	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which	i i	1	}	
	the organization is licensed to issue qualified health plans	13b	_		}
С	Enter the amount of reserves on hand	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<u> </u>	14b	L	<u> </u>
٩A			For	m 990	(2016
	=				

Form 990 (2016) THE BALDWIN SCHOOL OF PUERTO RICO, 66-0272821 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or ş % if the governing body delegated broad authority to an executive committee or similar . . . committee, explain in Schedule O 10 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Ľa a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 1/20 Did the process for determining compensation of the following persons include a review and approval by 16 6 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15<u>a</u> Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure PR List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records GAMALIEL RIVERA

CARR. 833 KM 13.1 LOS FILTROS

PR 00969

GUAYNABO

Form 990 (2016)	THE BALDWIN	SCHOOL OF	PUERTO	RICO,	66-0272821	Page 7
Part VIII	Còmpensation of C	fficers, Director	s, Trustee	s, Key Em	ployees, Highest Compensate	d Employees, and
•	Independent Contra	actors				
	Check if Schedule O	contains a respo	nse or note	e to any lin	e in this Part VII	
Section A.	Officers, Directors, Trus	stees, Key Employee	s, and High	est Compen	sated Employees	
1a Complete the	s table for all persons requ	ured to be listed Rep	ort compensa	ition for the c	alendar year ending with or within the	

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list any hours for	bo off	x, unle icer a	Pos check ess pe nd a d	rson	than or is both or/truste	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
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(N-21033-NISC)	organization and related organizations
(1) GAMALIEL RIVERA			<u> </u>							-
	40.00									
DIRECTOR OF FINANCE	0.00	X						125,000	0	24,392
(2) JOAQUIN BACARDI		1								
	2.00							_		
PRESIDENT	0.00	X						0	0	0
(3) ENRIQUE N. ARSUA										
	2.00							_		
VICE-PRESIDENT	0.00	X	ļ			\sqcup		0	0	0
(4) ALBERTO LEDESMA,	P.E.									
	2.00	l								_
DIRECTOR	0.00	X				\vdash		0	0	0
(5) FEDERICO SANCHEZ						-				
D.T.D.T.G.T.O.D.	2.00	x								_
DIRECTOR (6) DORA MONSERRATE	0.00	 ^	<u> </u>					0	0	0
(6) DORA MONSERRATE	2.00	1	l						ļ	
DIRECTOR	0.00	x				li		o	ام	•
(7) ALEIDA L. ARBONA		 ^			├—	H	_		0	0
(I) ALEIDA I. ARBONA	2.00									
SECRETARY	0.00	x						o	o	^
(8) ALEXANDRA M. CAI		+^	\vdash		\vdash	-	-			0
(6) FEED MANDER IT. CALL	2.00									
TREASURER	0.00	x						o	ol	0
(9) ANTONIO L. FERRE		+==			_	\vdash				
(0,22,1200,120	2.00									
GOVERNANCE	0.00	x						o	o	0
(10) SONIA CASO DE LA		1								
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.00									
MEMBER	0.00	x					ì	o	o	0
(11)MIGUEL SOTO CLAS					1	\Box				
` '	1.00									
MEMBER	0.00	x			1	H		ol	ol	0

Part VII Section A. Officers (A) Name and title	(B) Average			(C Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related	bo: off	x, unle	ss pe nd a d	rson irecto	than o s both r/truste	an ee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations
(12) JAMES NELLIGA			<u> </u>			a				
HEADMASTER	40.00					x		192,350	0	119,743
	,									
1b Sub-total c Total from continuation she	ets to Part VII,	Secti	on A	4	l		>	317,350		144,135
d Total (add lines 1b and 1c) Total number of individuals (in	cludina but not li	mited	d to t	hose	e list	ed at	DOVE	317,350 who received more than \$	100.000 of	144,135
reportable compensation from	•		_				_			Yes No
3 Did the organization list any fo employee on line 1a? If "Yes,"	•					•	•	oyee, or highest compensate	ed	3 × X
4 For any individual listed on line	e 1a, is the sum	of rep	orta	ble c	om	ensa	atioi			1 mg (2 m %)
organization and related orgar individual	_									4 X
5 Did any person listed on line 1 for services rendered to the or									ndividual 	5 X
Section B. Independent Contracto							4 -		#100 000 of	
Complete this table for your five compensation from the organization.	zation Report co	mpe	nsat	ion f	ena or th	ent co e cal	enc	lar year ending with or withir	the organization's tax ye	ar
	(A) business address						Ļ		(B) tion of services	(C) Compensation
ONESOURCE FACILITY S ATLANTA		. 3	11		Ю	BOX	1	935457 MAINTENANCE		
ST JAMES SECURITY SE	RVICES IN	3		1	URE	3. 0	1 .	RIBE		
San Juan PENNOCK GROWERS INC	PF	0	09		PO.	BOX	_	SECURITY .95537	···	154,835
San Juan	PF	0	09				1	MAINTENANCE		128,768
		·	_		. —	_				
2 Total number of independent or received more than \$100,000								se listed above) who	3	13843.77
DAA	P = 1,000.00	2.1								Form 990 (2016

Form 990 (2016) THE BALDWIN SCHOOL OF PUERTO RICO, 66-0272821 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or (C) Unrelated (D) Revenue exempt business revenue excluded from tax under sections function revenue 512-514 ifts, Grants ar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 152,500 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 152,500 Program Service Revenue Busn Code 2a STUDENT TUITION 900099 9,635,807 9,635,807 b BUILDING FEE 900099 938,400 938,400 c ENROLLMENT FEE 611710 325,600 325,600 611710 TECHNOLOGY FEE 250,500 250,500 INITIAL ENROLLMENT FEE 480000 <u>126,</u>000 126,000 f All other program service revenue 900099 132,405 132,405 g Total. Add lines 2a-2f 11,408,712 Investment income (including dividends, interest, and other similar amounts) 38,125 38,125 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents Less rental exps c Rental inc or (loss) d Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) Net gain or (loss) \triangleright 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 61,616 b Less. direct expenses 20,875 c Net income or (loss) from fundraising events 40,741 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 b

38,125

0

11a

h

d

12

c Net income or (loss) from sales of inventory Miscellaneous Revenue

OTHER INCOME

RENTAL INCOME

Total. Add lines 11a-11d

Total revenue. See instructions

All other revenue

Busn Code

900099

532420

 \blacktriangleright

142,165

22,633

164,798

804,876

142,165

11,573,510

22,633

	Check if Schedule O contains a respo			(C)	X_
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
			expenses	general expenses	охрензез
-	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	_			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	6 400 057	4 626 126	1 770 101	····
	Other salaries and wages	6,408,257	4,636,136	1,772,121	
8	Pension plan accruals and contributions (include	320 675		329,675	
_	section 401(k) and 403(b) employer contributions)	329,675		329,013	
9	Other employee benefits	540,911	540,911	*	
10	Payroll taxes	340,311	340,311		
11	Fees for services (non-employees) Management				
a b	Legal				
	Accounting				
	Lobbying				
	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	50,073		50,073	
13	Office expenses				
14	Information technology	114,072	114,072		
15	Royalties				
16	Occupancy	-			
17	Travel	-			.,
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	148,626		148,626	
20	Interest	140,020		148,020	
21	Payments to affiliates Depreciation, depletion, and amortization	1,104,828	1,104,828		
22 23	Insurance	88,827	88,827		· -
24	Other expenses Itemize expenses not covered	30,021	00/02/		-
24	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	,				
b					
c					
d					
е	All other expenses	3,532,697	3,322,818	209,879	
25	Total functional expenses. Add lines 1 through 24e	12,317,966	9,807,592	2,510,374	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				
	followage COD 08 2 (ACC 058 720)	i l			

Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 2,344,438 2,494,196 Cash-non-interest bearing 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 111,429 196,555 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 98,282 98,053 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 26,810,083 other basis Complete Part VI of Schedule D 10a 13,968,839 14,472,315 12,841,244 10b 10c b Less accumulated depreciation Investments—publicly traded securities 11 11 12 Investments—other securities See Part IV, line 11 12 Investments---program-related See Part IV, line 11 13 13 14 Intangible assets 14 564,107 549,712 Other assets See Part IV, line 11 15 15 17,321,979 17,575,947 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 85,375 100,605 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 200,211 222,544 Escrow or custodial account liability Complete Part IV of Schedule D 21 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 5,748,992 5,473,561 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 5,568,320 5,956,<u>1</u>78 of Schedule D 11,752,888 11,602,898 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 5,677,420 5,290,310 Unrestricted net assets 27 278,781 295 *,* 629 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 5,569,091 5,973,049 Total net assets or fund balances 17,575,947 17,321,979 Total liabilities and net assets/fund balances

Form 990 (2016)

Balance Sheet

orm	990 (2016) THE BALDWIN SCHOOL OF PUERTO RICO, 66-0272821			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets	_			
	. Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,80		
2	Total expenses (must equal Part IX, column (A), line 25)	_ 2	12,3	17,	<u>966</u>
3	Revenue less expenses Subtract line 2 from line 1	3			090
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,9	73,	049
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	10	09,	132
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	5,5	69,	091
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				4
	Schedule O				l
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		×		١, ,
	reviewed on a separate basis, consolidated basis, or both				, ,
	Separate basis Consolidated basis Both consolidated and separate basis				, ()
b	Were the organization's financial statements audited by an independent accountant?		2b	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				ľ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				,
	Schedule O			`	1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		За		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Forr	n 990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 **2016**

> Open to Public Inspection

Internal Revenue Service

Name of the organization

| ► 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
1NC. 66-027

Employer identification number 66-0272821

Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iv) is the organization (v) Amount of monetary (vi) Amount of (iii) Type of organization listed in your governing support (see other support (see (described on lines 1-10 organization document? instructions) above (see instructions)) instructions) Yes (A) (B) (C) (D) (E)

Total

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

Sec	tion A. Public Support	1					
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					/	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	 			,		
3	The value of services or facilities furnished by a governmental unit to the organization without charge	ļ	,		.'		
4	Total. Add lines 1 through 3	<u> </u>	<u> </u>		<u> </u>		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			·			
	tion B. Total Support		/				
Caler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013 [′]	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4			``			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			``			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	/			`		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				```		
11	Total support. Add lines 7 through 10	<u>/</u>	<u> </u>	<u> </u>	\\.		<u></u>
12	Gross receipts from related activities, etc. (/				12	
13	First five years. If the Form 990 is for the	-	t, second, third, fou	rth, or fifth tax year	r as a section 501(c)(3)	-
	organization, check this box and stop here				·		<u> </u>
	tion C. Computation of Public Su	 					
14	Public support percentage for 20.16 (line 6,			n (f))		14	
15	Public support percentage from 2015 Sche					15	%
16a	33 1/3% support test—2016. If the organi				3 1/3% or more, ch	neck this	.
	box and stop here. The organization quality	· · · · · ·			F - 22 4/20/		
b	33 1/3% support test 2015. If the organi				5 IS 33 1/3% Or MO	те, спеск	. .
47.	this box and stop here. The organization of				4Cb	44	• '
17a	10%-facts-and-ofrcumstances test—201						
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac	cis-ang-circumstar	nces test The orga	anization qualifies	as a publicly suppo	ortea	
_	organization	E If the evaporation		hay an line 12 16	a 16b ar 17a ann	Llina	_
b	10%-facts-and-circumstances test—201	-				iline	\
	15 is 10% or more, and if the organization is				•	dicty	
	Explain in Part VI how the organization med	ets the Tacts-and-	circumstances tes	st the organization	i quaimes as a pub	oncry	
40	supported organization	not obook a hour	on line 12 164 164	17a or 17h cha	ok this how and		-
18	Private foundation. If the organization did	пот спеск а вох (אווווופ וט, 16a, 16t	o, 17a, 01 17b, che	CK HIIS DOX AND SEE	;	_
	instructions		- -				

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						/
$\overline{}$	dar year (or fiscal year beginning in)	(a) 2012 \	(b) 2013	(c) 2014	(d) 2015	(e) 2016,	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		1				
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		'i' '\				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		"		/		
6	Total. Add lines 1 through 5		··				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			```			
8	Public support. (Subtract line 7c from			,	,		
	line 6)	<u> </u>		<u> </u>			L_,
	tion B. Total Support		/ / / / / / / / / / / / / / / / / / / /		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4) 0040	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	`. (d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		/		`	<u> </u>	
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,						ŀ
	and 12)					- \	
14	First five years. If the Form 990 is for the organization, check this box and stop here		, secona, tnira, tou	rtn, or fifth tax year	r as a section 501(c)(3)	
500	tion C. Computation of Public St		tage				
15	Public support percentage for 2016 (line 8)					15	%
16	Public support percentage from 2015 Sche			(1))		16	%
	tion D. Computation of Investme					110	
17	Investment income percentage for 2016 (li			column (f))		17	%
18	Investment income percentage from 2015			301011111 (1))		18	%
19a	33 1/3% support tests—2016 If the orga			14, and line 15 is	more than 33 1/3%		
	17 is not more than 33 1/3%, check this bo						•
b	33 1/3% support tests—2015. If the orga	· ·	=				<u> </u>
•	line 18 is not more than 33 1/3%, check this						> _
20	Private foundation. If the organization did					-	•

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section	A. All	Supporting	Organizations
	, ,	O = P P - 11119	• · ga · · · • · · · ·

			Yes	No
1	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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3ь		
С	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	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
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	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			_
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in 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)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		j
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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.	9a		
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.	9ь		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
I0a	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	10a		_
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	10b	1	1

	ile A (Form 990 or 990-EZ) 2016 THE BALLOWIN DEMOCE OF TOURIST NEW YORK OF THE PROPERTY OF THE			. 2900
Par	t IV Supporting Organizations (continued)	Т		NI -
			Yes	<u>No</u>
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations		Yes	
		$\overline{}$	162	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			-
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			i
	supervised, or controlled the supporting organization	2	l	
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations	- 1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sect	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	- Description of the Control of the	ons)		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	But the state of the state of the second tends of the state of the sta			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	The state of the s			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
s a	2. It is a secretary have the accurate regularly appoint or alors a majority of the officers, directors or	1		
ć	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	1	
t	to the state of th			
ı.	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E						
Section A - Adjusted Net Income	st comp	(A) Prior Year	(B) Current Year			
1 Net short-term capital gain	1		(optional)			
Recoveries of prior-year distributions	2	-				
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or	1					
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Section B - Minimum Asset Amount	1.0	(A) Prior Year	(B) Current Year (optional)			
Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year)	_					
a Average monthly value of securities	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)	İ					
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					
4 Enter greater of line 2 or line 3	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions)	6					
•						

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

Schedule A (Form 990 or 990-EZ) 2016

_Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)				
Sect	Section D- Distributions						
1	Amounts paid to supported organizations to accomplish exempt purpo						
2	Amounts paid to perform activity that directly furthers exempt purposes						
	organizations, in excess of income from activity						
	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the organizations	ation is responsive					
·	(provide details in Part VI) See instructions	ation is responsive					
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount		 	 			
10	Line o amount divided by Line 9 amount	(1)	(.:)	/:::\			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
	Underdistributions, if any, for years prior to 2016						
2	(reasonable cause required-explain in Part VI) See						
	instructions						
3	Excess distributions carryover, if any, to 2016						
a				ļ			
b			·				
	From 2013	 	<u> </u>				
d	From 2014						
е	From 2015						
f	Total of lines 3a through e	 					
9	Applied to underdistributions of prior years						
h	Applied to 2016 distributable amount		·				
i	Carryover from 2011 not applied (see instructions)						
i	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2016 from						
	Section D, line 7 \$						
a	Applied to underdistributions of prior years						
b	Applied to 2016 distributable amount						
c	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2016, if						
	any Subtract lines 3g and 4a from line 2 For result						
	greater than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2016 Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in	1					
	Part VI See instructions						
7	Excess distributions carryover to 2017. Add lines 3	 					
•	and 4c						
	Breakdown of line 7	 					
a		 					
	Excess from 2013	 		 			
	Excess from 2014	 					
		 					
a	Excess from 2015	 	 				

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

SCHEDULE D (Form 990)

Department of the Treasury

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 ▶ 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. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 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 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear 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 Yes No 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, 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 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 \$

ched	lule D (Form 990) 2016	N SCHOOL (OF PU	JERTO	RICO.	66-02	272821			Page 2
	t III Organizations Maintaining					or Other	Similar A	ssets (continue	<u>d)</u>
3	Using the organization's acquisition, accession collection items (check all that apply)									
а	Public exhibition	d 🗆 L	oan or e	xchange p	rograms					
_	Scholarly research	=	Other	Monango p	.09.4					
b	Preservation for future generations	· .	J.11.0.							
С 4	Provide a description of the organization's colle	ctions and explain l	now they	further the	organization's	exempt pu	roose in Part			
	XIII	ctions and explain	now they	TOTAL CO	organization o	Oxompt pu	iipooc iii i ait			
	During the year, did the organization solicit or re	aceive donations of	art histo	orical treasi	ires or other si	ımılar				
5	assets to be sold to raise funds rather than to b								Yes	No
Da	rt IV Escrow and Custodial Arra		it or the	organizatio	II 3 CONCONOTI				1 1 100	1 . 1.10
r a	Complete if the organization a		on Fo	rm 990 F	Part IV line 9	or rend	orted an arr	nount o	n Form	
	990, Part X, line 21.	2113446164 163	01110.	000, 1	artiv, mo	o, or rope	ortog arran	iount o		
10	Is the organization an agent, trustee, custodian	or other intermedia	ny for co	ntributions	or other assets	not				
ıa	included on Form 990. Part X?	Of Other Internieura	ily 101 CO	IIIIIbullona	or other assets	1101			Yes	X No
_	If "Yes," explain the arrangement in Part XIII an	d complete the follo	www.a tah	مام						
D	ii res, explain the arrangement in Fatt Am an	a complete the lone	wing tac	,ic					Amount	
_	Desuming helenes						1c			
	Beginning balance						1d			
	Additions during the year						1e			
_	Distributions during the year						1f			
f 2-	Ending balance Did the organization include an amount on Fori	m 000 Bort V line 1	1 for or	orow or ou	stadial assaust	liability?	<u> </u>		X Yes	No
	•								163	\mathbf{x}
	If "Yes," explain the arrangement in Part XIII C rt V: Endowment Funds.	neck here it the exp	nanauon	nas been j	orovided on Far	ILVIII				
ŗą	Complete if the organization	anewered "Vec"	on Fo	rm 990 F	Part IV line	10				
	Complete if the organization	(a) Current year		Prior year	(c) Two yea		(d) Three year	rs back	(e) Four ye	ars back
4	Perinning of year balance	36,198	(5)	34,93		uio 2461		7,812		5,568
	Beginning of year balance	30,130		34,30	<u> </u>		=700	-,		<u> </u>
	Contributions Not investment corpus and									
C	Net investment earnings, gains, and	6,145		1,26	52	34,936	21	1,067	25	5,239
	losses	0,143		-,-	,-	32,330				<u> </u>
	Grants or scholarships									
е	Other expenditures for facilities and						-2,24	9 979	_	2,995
	programs						2,24	0,015		2,000
	Administrative expenses	42,343		36,19	20	34,936			2 03	7,812
g	End of year balance		/l:== 4=			34, 330 _[,,,,,,,
2	Provide the estimated percentage of the current	nt year end balance	(line ig,	column (a)) neid as					
	Board designated or quasi-endowment > 1	30.00%								
	Permanent endowment ▶ %	0/								
С	Temporarily restricted endowment ►	%								
	The percentages on lines 2a, 2b, and 2c should		41 4		al = alan, m, at = a = al	far the				
3a	Are there endowment funds not in the possess	ion of the organizat	ion that	are neid an	a administered	for the			[v	es No
	organization by									es No X
	(i) unrelated organizations								3a(i)	K A
	(ii) related organizations									K
b	If "Yes" on line 3a(ii), are the related organization	•							3b 2	<u>~ </u>
4			wment fu	ınds			- ': .		<u> </u>	
Pa	rt VI Land, Buildings, and Equip			,	5 () ()	44 0	5 000	D-4 V	/ los - 40	
	Complete if the organization							, Part X		
	Description of property	(a) Cost or other b	asis		or other basis	1 ''	ccumulated		(d) Book val	ue
		(investment)			other)		preciation			
1a	Land				968,539					3,539
b	Buildings			21,	456,108	10	<u>,360,42</u>	.2	11,09	686
С	Leasehold improvements							\bot		

4,385,436

Schedule D (Form 990) 2016

1,904,614

13,968,839

2,480,822

d Equipment

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11b See Form 990, Part X, line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)	<u> </u>	
(B)		
(C)	<u> </u>	
(D)	<u> </u>	
(E)		
(F)		
(G)		
(H) Tatal (Calumn (h) must sound form 200, Bort X and (B) line 12 \ \bar{\textbf{D}}		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ► Part VIII, Investments—Program Related.		The state of the s
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11c See Form 990 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation
., .	, ,	Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶	,	
Part IX Other Assets.		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d See Form 990, Part X, line 15
(a) Description		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities.		
Complete if the organization answered "Yes" or	n Form 000 Bort IV line	110 or 11f Soo Form 000 Port V
line 25	in tomin 990, Fait IV, line	THE OF THE SECTION 1990, FAIL A,
	(b) Book value	
	(b) BOOK Value	
	5,460,804	
	495,374	
(4)		
(5)	 	
(6)		
(7)	 	
(8) (9)	- 	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	5,956,178	
, , , _ , _ , _ , _ , _ , _ , _		

Sche	dule D (Form 990) 2016 THE BALDWIN SCHOOL OF PUR	ERTO RICO,	66-0272821	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial S	Statements With F	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	11,804,876
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	_2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		_2e	
3	Subtract line 2e from line 1		3	11,804,876
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	,	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	11,804,876
Pa	rt XII Reconciliation of Expenses per Audited Financial			ı .
	Complete if the organization answered "Yes" on Form	990, Part IV, line	12a	
1	Total expenses and losses per audited financial statements		1	12,317,966
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
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	12,317,966
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	* *	
þ	Other (Describe in Part XIII)	4b		

• Part XIII • Supplemental Information.

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

c Add lines 4a and 4b

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

2. Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part IV, Line 2b - Escrow Liability Arrangement Explanation

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.

12,317,966

Part XIII Supplemental Information (continued)

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 2012.

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

Open to Public

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.

Inspection

Name of the organization

THE BALDWIN SCHOOL OF PUERTO RICO,

INC

Employer identification number 66-0272821

<u>Pa</u>	art I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1_1_	x	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	****
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space, use Part II	3	X	
	The School publicized it's racially non-discriminatory policy through the employment applications, school brochures, students manuals, and during the admission process.			
4	Does the organization maintain the following?	2.7		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a		X
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	x	
đ	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	* **	Mark S	4. 1984 S.
	The records are not used for the decision making process, but if	E24 2		MARKET
	the National Association of Middle School request the records,		1000	2
	the School make surveys to get the information.			367
5	Does the organization discriminate by race in any way with respect to		1357	4 ("
а	Students' rights or privileges?	5a	ļ <u>.</u>	X
b	Admissions policies?	5b_		х
С	Employment of faculty or administrative staff?	5c		х
d	Scholarships or other financial assistance?	5d		x
е	Educational policies?	5e		x
f	Use of facilities?	5f		х
g	Athletic programs?	5g		x
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	_
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II			1
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through]		l

4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Part II 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".

SCHEDULE J

(Form 990)

Compensation Information

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

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

201 Open to Public

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

Inspection

6

OMB No 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

THE BALDWIN SCHOOL OF PUERTO RICO, INC

Employer identification number 66-0272821

Questions Regarding Compensation Part ! Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel X Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Ki Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as, maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain X 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line X 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III X Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization 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 X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of X a The organization? 5a X b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a X b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed X payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe X in Part III 8

Regulations section 53 4958-6(c)?

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 Open to Public

Internal Revenue Service THE BALDWIN SCHOOL OF PUERTO RICO, Name of the organization Employer identification number 66-0272821 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (II) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col (i) Yes No

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing

▶

10

Total

Sche	edul	e G (Form 990 or 990-EZ)		SCHOOL OF PUERT		272821 Page 2
P	art		vents. Complete if the organ		·	
			fundraising event contribute	ons and gross income on F	Form 990-EZ, lines 1 an	d 6b. List events with
		gross receipts of	reater than \$5,000			
			(a) Event #1	(b) Event #2	(c) Other events	
		•	SCHOOL STORE		None	(d) Total events
			(event type)	(event type)	(total number)	(add col (a) through col (c))
e e			(overally poy	(Crein type)	(total flumber)	
Revenue	4	Gross receipts	61,616			61,616
	i i	Civos iocopio			 	
	2	Less Contributions				
	3	Gross income (line 1 minus				
	<u> </u>	line 2)	61,616		<u> </u>	61,616
	١					
	4	Cash prizes				
	5	Noncash prizes				
	ľ	Noncusti prizes			 	
S	6	Rent/facility costs				
ens		·			T	
Direct Expenses	7	Food and beverages				<u> </u>
ect						
۵	8	Entertainment			 	
	١	Other direct expenses	20,875			20,875
	3	Other direct expenses	20,0.0			20,0,0
		Direct expense summer	Add lines 4 through 9 in column (d	`	•	20.875
	10	Direct expense summary	riaa iiiloo i tiiloagii o iii oolaliiii (a	1	•	
	11	Net income summary Su	btract line 10 from line 3, column (d)	<u>`</u>	20,875 40,741
; _P		Net income summary Sulli Gaming. Com	<u>btract line 10 from line 3, column (d</u> plete if the organization ansv)	Part IV, line 19, or repo	
<u>.</u> P	11	Net income summary Sulli Gaming. Com	btract line 10 from line 3, column (d) wered "Yes" on Form 990,	Part IV, line 19, or repo	
	11	Net income summary Sulli Gaming. Com	<u>btract line 10 from line 3, column (d</u> plete if the organization ansv	wered "Yes" on Form 990,	Part IV, line 19, or repo	rted more (d) Total gaming (add
	11	Net income summary Sulli Gaming. Com	btract line 10 from line 3, column (d plete if the organization answ on Form 990-EZ, line 6a) wered "Yes" on Form 990,	Ţ	rted more
Revenue 2	art	Net income summary Sulli Gaming. Com than \$15,000 c	btract line 10 from line 3, column (d plete if the organization answ on Form 990-EZ, line 6a	wered "Yes" on Form 990,	Ţ	rted more (d) Total gaming (add
	art	Net income summary Sulli Gaming. Com	btract line 10 from line 3, column (d plete if the organization answ on Form 990-EZ, line 6a	wered "Yes" on Form 990,	Ţ	rted more (d) Total gaming (add
Revenue	art	Net income summary Sulli Gaming. Com than \$15,000 c	btract line 10 from line 3, column (d plete if the organization answ on Form 990-EZ, line 6a	wered "Yes" on Form 990,	Ţ	rted more (d) Total gaming (add
ses Revenue	art	Net income summary Su III Gaming. Com than \$15,000 c	btract line 10 from line 3, column (d plete if the organization answ on Form 990-EZ, line 6a	wered "Yes" on Form 990,	Ţ	rted more (d) Total gaming (add
ses Revenue	11 art	Net income summary Su III Gaming. Com than \$15,000 c	btract line 10 from line 3, column (d plete if the organization answ on Form 990-EZ, line 6a	wered "Yes" on Form 990,	Ţ	rted more (d) Total gaming (add
ses Revenue	11 art	Net income summary Su III Gaming. Com than \$15,000 c Gross revenue Cash prizes Noncash prizes	btract line 10 from line 3, column (d plete if the organization answ on Form 990-EZ, line 6a	wered "Yes" on Form 990,	Ţ	rted more (d) Total gaming (add
Revenue	11 art	Net income summary Su III Gaming. Com than \$15,000 c Gross revenue Cash prizes	btract line 10 from line 3, column (d plete if the organization answ on Form 990-EZ, line 6a	wered "Yes" on Form 990,	Ţ	rted more (d) Total gaming (add
ses Revenue	11 art 2 3 4	Net income summary Sulli Gaming. Com than \$15,000 co	btract line 10 from line 3, column (d plete if the organization answ on Form 990-EZ, line 6a	wered "Yes" on Form 990,	Ţ	rted more (d) Total gaming (add
ses Revenue	11 art 2 3 4	Net income summary Su III Gaming. Com than \$15,000 c Gross revenue Cash prizes Noncash prizes	btract line 10 from line 3, column (d plete if the organization answ on Form 990-EZ, line 6a	wered "Yes" on Form 990,	Ţ	rted more (d) Total gaming (add
ses Revenue	11 art 1 2 3 4 5	Net income summary Sulli Gaming. Com than \$15,000 co	btract line 10 from line 3, column (d plete if the organization answ on Form 990-EZ, line 6a (a) Bingo	wered "Yes" on Form 990, (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	rted more (d) Total gaming (add
ses Revenue	11 art 1 2 3 4 5	Net income summary Sull Gaming. Com than \$15,000 comparison of the state of the sta	btract line 10 from line 3, column (d plete if the organization answ on Form 990-EZ, line 6a (a) Bingo	wered "Yes" on Form 990, (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	rted more (d) Total gaming (add
ses Revenue	11 2 3 4 5 6	Net income summary Suill Gaming. Com than \$15,000 comparison than \$15,000 comp	btract line 10 from line 3, column (d plete if the organization answ on Form 990-EZ, line 6a (a) Bingo	yered "Yes" on Form 990, (b) Pull tabs/instant bingo/progressive bingo Yes % No	(c) Other gaming	rted more (d) Total gaming (add
ses Revenue	11 2 3 4 5 6 7	Met income summary Suill Gaming. Come than \$15,000 conthan \$15	btract line 10 from line 3, column (diplete if the organization answord form 990-EZ, line 6a (a) Bingo Yes % No Add lines 2 through 5 in column (diplete if the organization answord from 990-EZ, line 6a	yered "Yes" on Form 990, (b) Pull tabs/instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	rted more (d) Total gaming (add
ses Revenue	11 2 3 4 5 6 7	Met income summary Suill Gaming. Come than \$15,000 conthan \$15	btract line 10 from line 3, column (d plete if the organization answ on Form 990-EZ, line 6a (a) Bingo	yered "Yes" on Form 990, (b) Pull tabs/instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	rted more (d) Total gaming (add
Direct Expenses Revenue	11 2 3 4 5 6 7 8	Met income summary Sull Gaming. Com than \$15,000 comparison than \$15,000 compa	obtract line 10 from line 3, column (deplete if the organization answord form 990-EZ, line 6a (a) Bingo Yes % No Add lines 2 through 5 in column (deplete if the organization answord form in the second form in the secon	yes % No Yes % No wered "Yes" on Form 990, (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Yes % No	rted more (d) Total gaming (add
o Direct Expenses Revenue	11 art 1 2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summary neter the state(s) in which the	obtract line 10 from line 3, column (diplete if the organization answord form 990-EZ, line 6a (a) Bingo Yes % No Add lines 2 through 5 in column (dimary Subtract line 7 from line 1, column are organization conducts gaming active organization conducts gaming active process.	yes % No Yes % No world "Yes" on Form 990, (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c))
b c Direct Expenses Revenue	11 ant 1 2 3 4 5 6 7 8 En Is	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summary neter the state(s) in which the	obtract line 10 from line 3, column (deplete if the organization answord form 990-EZ, line 6a (a) Bingo Yes % No Add lines 2 through 5 in column (deplete if the organization answord form in the second form in the secon	yes % No Yes % No world "Yes" on Form 990, (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Yes % No	rted more (d) Total gaming (add
b c Direct Expenses Revenue	11 ant 1 2 3 4 5 6 7 8 En Is	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summary ter the state(s) in which the organization licensed to	obtract line 10 from line 3, column (diplete if the organization answord form 990-EZ, line 6a (a) Bingo Yes % No Add lines 2 through 5 in column (dimary Subtract line 7 from line 1, column are organization conducts gaming active organization conducts gaming active process.	yes % No Yes % No world "Yes" on Form 990, (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c))
g a c Direct Expenses Revenue	11 2 3 4 5 6 7 8 En Is If "	Met income summary Sull Gaming. Com than \$15,000 comparison than \$15,000 compa	btract line 10 from line 3, column (diplete if the organization answord form 990-EZ, line 6a (a) Bingo Yes % No Add lines 2 through 5 in column (dimary Subtract line 7 from line 1, column organization conducts gaming activities in each organization conduct gaming activities in each organization conduct gaming activities in each organization.	yes % No Yes % No world "Yes" on Form 990, (b) Pull tabs/instant bingo/progressive bingo Yes % No yes % the session of these states?	(c) Other gaming Yes % No	rted more (d) Total gaming (add col (a) through col (c)) Yes No
Direct Expenses Revenue	11 1 2 3 4 5 6 7 8 En Is If "	Met income summary Suill Gaming. Come than \$15,000 conthan \$15	obtract line 10 from line 3, column (diplete if the organization answord form 990-EZ, line 6a (a) Bingo Yes % No Add lines 2 through 5 in column (dimary Subtract line 7 from line 1, column are organization conducts gaming active organization conducts gaming active process.	yes % No Yes % No world "Yes" on Form 990, (b) Pull tabs/instant bingo/progressive bingo Yes % No yes % the session of these states?	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c))
Direct Expenses Revenue	11 1 2 3 4 5 6 7 8 En Is If "	Met income summary Sull Gaming. Com than \$15,000 comparison than \$15,000 compa	btract line 10 from line 3, column (diplete if the organization answord form 990-EZ, line 6a (a) Bingo Yes % No Add lines 2 through 5 in column (dimary Subtract line 7 from line 1, column organization conducts gaming activities in each organization conduct gaming activities in each organization conduct gaming activities in each organization.	yes % No Yes % No world "Yes" on Form 990, (b) Pull tabs/instant bingo/progressive bingo Yes % No yes % the session of these states?	(c) Other gaming Yes % No	rted more (d) Total gaming (add col (a) through col (c)) Yes No

Sche	dule G (Form 990 or 990-EZ) 2016 THE BALDWIN SCHOOL OF PUERTO RICO,	66-0272821 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	□ vaa □ Na
13	formed to administer charitable gaming? Indicate the percentage of gaming activity conducted in	Yes No
а	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name ▶	
	Address ►	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	∏ Yes ∏ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ an	d the
	amount of gaming revenue retained by the third party ▶ \$	
C	If "Yes," enter name and address of the third party	
	Name ▶	
	Address ►	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, co	umns (III) and (V); and
i	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addi	
	See instructions	
	·	

66-0272821 THE BALDWIN SCHOOL OF PUERTO RICO,

Schedule J (Form 990) 2016

Part

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

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

	(B) Breakd	own of W	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	own of W-2 and/or 1099-MISC compensation (c) Retirement and (p) Nonlaxable (c) Total of columns	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(I) Base compensation	uo uo	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred on prior Form 990
IGAN	(1) 178	,850	13,500	0	32,250	87,493	312,093	0
1 HEADMASTER	(n)	0	0	0		0	0	0
	8							
2	(E)							
	②							
3	(11)							
	(0)							
4	(n)							
	(1)							
8	(11)							
	(1)							
9	(n)							
	(1)	-						
7	(n)							
	0							
8	(II)							
	(1)							
6	(II)							
	(1)							
10	(11)							
	3							
	(n)							
	3							
12	(n)							
	(0)					•	-	
13	(II)							
					-	•		
14	(II)							
	(0)							
15	(11)							
	(E)	-						
16		1						

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 THE BALDWIN SCHOOL OF PUERTO RICO, 66-0272821

Part III 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 Internal Revenue Service

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

2016

Inspection

Name of the organization THE BALDWIN SCHOOL OF PUERTO RICO,

INC 66-0272821 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes (1) (2) (3) (4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons.

	Complete if the organization answere	ed "Yes" on Forr	m 990-EZ, Par	t V, lıı	ne 38	8a or Form 990,	Part IV, line 26, c	r if the	;				
	organization reported an amount on l	Form 990, Part	X, line 5, 6, or	22									
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo or from	m the		(f) Balance due	(g) In (default?	by bo	proved ard or nittee?	(ı) Wı agreer	
				То	From			Yes	No	Yes	No	Yes	No
_(1)													L
(2)								_					
(3)								_					L
_(4)													
(5)			<u>.</u>										
_(6)													
(7)													Ĺ.
_(8)			_										
(9)					!								
(10)													
Total			_					T			$\neg \neg$		_

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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)

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

Schedule L (Form 990 or 990-EZ) 2016

DA

Schedule L (Form 990 or 990-EZ) 2016 THE BALDWI			<u>UERTO RICO, </u>	66-0272821	<u>P</u> ;	age 2
Part IV Business Transactions Involving In						
Complete if the organization answered "Yes" or	Form 990,	Part IV, line 28	a, 28b, or 28c		100	Channa
(a) Name of interested person		nship between	(c) Amount of	(d) Description of transaction		Sharing forg enues?
	· ·	person and the inization	transaction			1
(1) DOUGLAS PENNOCK			120 760	MATNENANCE C TAND	Yes	No
(1) DOUGLAS PENNOCK (2) ANTONIO CASELLAS		PRESIDEN TREASURE		MAINTENANCE & LANDS PREMIUM PAID	3 4—	x
	FORMER	IREASURE	88,827	PREMION PAID	+	+~
(3)						+-
(4)	· · · · · · · · · · · · · · · · · · ·				+	+-
(5) (6)					+-	+
(7)						+
(8)	· -					$\overline{}$
(9)					\top	1
(9) (0)					\top	\top
Part V Supplemental Information				·		
Provide additional information for responses to	questions of	n Schedule L (s	see instructions)			
						
Schedule L, Part V - Additiona	al Info	ormation	1			
			.			
Part IV line 1- Mr. Douglas Pe	ennock	serves	as Presiden	t of Pennock		
Growers, Inc. a landscape firm	m that	provide	es landscapi	ng services to		
	_					
Baldwin School of Puerto Rico	, Inc.					
Dest TV Time 2- Mm Antonio C			B	Wise Presiden		L
Part IV Line 2- Mr. Antonio Ca	aserra	s serves	as Executi	ve vice Presiden	t a	<u> </u>
Carrion, Laffitte & Casellas,	Inc	(CT.C) =	wholly own	ed subsidiant of	нш	a
Carrion, Parricco a Caberrao,		(СДС), е	wholly own	ed substituting of	1101	
International LLC, a Chicago l	based :	insurano	ce brokerage	firm. CLC serve	s a:	s
insurance brokers for The Bald	dwin S	chool of	F Puerto Ric	o, Inc.		
			_			
	·					
						
						
<u> </u>						
						
			·- <u> </u>			——
						

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization THE BALDWIN SCHOOL OF PUERTO RICO, INC.

Employer identification number

66-0272821

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

James Nelligan

Michelle Nelligan

Headmaster

Teacher

Married

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.

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 Amended & restated By Laws: Article IX

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation They are available to the public upon request.

Name of the organization

THE BALDWIN SCHOOL OF PUERTO RICO,

Employer identification number

66-0272821

Form 990, Part IX, Line 24e - Other Expenses

Description

	Progra	m Service	Mgt &	General	Fundr	aising
ADMINISTRATI	ON					
	\$	15,249	\$	0	\$	0
BANK CHARGES						
	\$	0	\$	163,106	\$	0
GENERAL INSU	RANCE					
	\$	620,592	\$	0	\$	0
DUES & SUBSC	RIPTIC	ons				
	\$	6,090	\$	0	\$	0
FINANCIAL AI	D					
	\$	48,500	\$	0	\$	0
INFIRMARY						
	\$	3,368	\$	0	\$	0
MATERIALS EX	PENSE					
	\$	160,640	\$	0	\$	0
OFFICES SUPP	LIES					
	\$	12,343	\$	0	\$	0
OTHER EXPENS	ES			,		•
	\$	31,507	\$	0	\$	0
POSTAGE						
	\$	1,832	\$	0	\$	0
PROFESSIONAL	DEVEI	LOPMENT				
	\$	22,075	\$	46,773	\$	0
PROFESSIONAL	FEES					

Name of the organization THE BALDWIN		L OF PUERTO R	ico,		Employer identifie	
	\$	564,452	\$	0	\$	0
REPAIRS & M	IAINTEN	ANCE				
	\$	40,210	\$	0	\$	0
SCHOLARSHIE	EXPEN	ISES				
	\$	137,025	\$	0	\$	0
SECURITY GU	JARDS					
	\$	240,562	\$	0	\$	0
SPECIAL ACT	IVITIE	S				
	\$	39,227	\$	0	\$	0
STAFF & FAM	ILY TU	UTION DI				
	\$	928,559	\$	0	\$	0
SUMMER CAME	•					
	\$	3,305	\$	0	\$	0
SUMMER PAYE	ROLL					
	\$	29,975	\$	0	\$	0
SUMMER SCHO	OOL					
	\$	21,062	\$	0	\$	0
TELEPHONE						
	\$	58,143	\$	0	\$	0
TRANSPORTAT	TION					
	\$	12,475	\$	0	\$, o .
UTILITIES						
	\$	157,370	\$	0	\$	0
VEHICLE EXE	PENSES					
	\$	21,294	\$	0	\$	0
YEARBOOK						
	\$	18,526	\$	0	\$	0
					Page 3 d	of 4

Name of the organization					Employer identific	
THE BALDW	IN SCHOO	L OF PUERTO RI	co,		66-02728	321
WELLNESS	PROGRAM					
	\$	9,262	\$	0	\$	0
FUND RAIS	ING DEVE	LOPMENT				
	\$	18,441	\$	0	\$	0
MAINTENAN	CE CONTR	ACT				
	\$	84,061	\$	0	\$	0
BAD DEBT	EXPENSE					
	\$	16,673	\$	0	\$	0
Tota	1					
	\$	3,322,818	\$	209,879	\$	0
Form 990,	Part XI	, Line 9 - Oth	er Changes	in Net Asset	s Explanation	on
TRANSFER	OF CASH	HELD FOR SCHOOL	ARSHIP FUND	(NET)	\$	109,132

Open to Public Inspection Section 512(b)(13)
controlled entity? (f)
Direct controlling
entity 2016 OMB No 1545-0047 Employer Identification number 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 YES 66-0272821 (f)
Direct controlling
entity 3,026,871 (e) End-of-year assets (e)
Public chanty status
(if section 501(c)(3)) 205,328 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section Legal domicile (state or foreign country) છ PR (c)
Legal domicile (state or foreign country) ▶ Attach to Form 990. PASS ACTIV Primary activity Primary activity THE BALDWIN SCHOOL OF PUERTO RICO, 66-6040295 (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 09600 PR BALDWIN SCHOOL EDUCATIONAL INC. PO BOX 1827 Department of the Treasury Internal Revenue Service Name of the organization BAYAMON SCHEDULE R (Form 990) Part Part II Ξ 4 (2) Ξ (2) <u>8</u> 3 3 3 €

Schedule R (Form 990) 2016

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

Page 2

Schedule R (Form 990) 2016 (k) Percentage ownership (i) Section 512(b)(13) controlled entity? ž (I) General or managing partner? 100 100.0000000 Yes No 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 "Yes" on Form 990, Part Ξ (i)
Code V.—UBI
amount in box 20
of Schedule K-1
(Form 1065) Share of end-of-year assets (h)
Disproportionate
alloc ? £ 6 Yes Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered line 34 because it had one or more related organizations treated as a corporation or trust during the tax year (g) Share of end-of-year assets 100 Share of total income (f) Share of total income (C corp, S corp, Type of entity Н (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512-514) YES (d)
Direct controlling
entity (c) Legal domicile foreign country) (state or PR (c) Legal domicile (state or foreign country) PASS ACTIV Primary activity Primary activity (1) THE BALDWIN SCHOOL EDUCATIONAL DEVE PR 00960 Name, address, and EIN of related organization Name, address, and EIN of related organization Schedule R (Form 990) 2016 PO BOX 1827 66-6040285 BAYAMON Part IV Part.III l ≸ 3 ල 3 E 2 <u>@</u> 1

PartV

Transactions With Related Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2016 × × × × × × × × × × × CASH HELD FOR SCHOLARSHIP CASH HELD FOR SCHOLARSHIP Yes × Method of determining amount involved ξ **1**a 9 10 79 **1**g ť 무 4 <u>4</u> ¥ 9 19 s # ‡ = ਉ 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 276,933 167,801 Amount involved I 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) O Ω 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) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule k Lease of facilities, equipment, or other assets from related organization(s) TRUST TRUST j Lease of facilities, equipment, or other assets to related organization(s) BALDWIN SCHOOL EDUC. DEV. BALDWIN SCHOOL EDUC. DEV. s Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Vame of related organization Reimbursement paid by related organization(s) for expenses p Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) b 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) 3 € Ξ 9 9 ල

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66-0272821 Schedule R (Form 990) 2016 THE BALDWIN SCHOOL OF PUERTO RICO,

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

Partivi

Schedule R (Form 990) 2016 (k) Percentage ownership (J) General or managing partner? Yes No (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) 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 (h) Disproportionate allocations? Yes No (g)
Share of
end-of-year
assets (f) Share of total income (e) Are all partners section 501(c)(3) organizations? (state or unrelated, excluded foreign from tax under or country) sections 512-514) (d) Predominant income (related, (c) Legal domicile (b) Primary activity Name, address, and EIN of entity E Ξ (5 3 (10) 3 3 9 9 (8) 6

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