SCANNED MAR 1 8 2019

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public 308

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Ā	For th	e 2017 calendar year, or tax year beginning SEP 1, 2017 and ending	AUG 31, 2018	_
R	Check if	C Name of organization	D Employer identification number	_
_	applicab	le Chambon organization		
Г	Addre	BELLWETHER EDUCATION PARTNERS, INC.		
F	chang Name		26-1914515	
누	chang lnitial	Popmio		—
┝	ireturn Final		uite E Telephone number 877-636-0909	
L	return termir	n	12 ((1 207	,
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		÷
닏	return	BODBORI, MA 01//0	H(a) Is this a group return	
L	— tion pendi	Finame and address of principal officer PERCL IX WILLIES	for subordinates? Yes X N	
		SAME AS C ABOVE	H(b) Are all subordinates included? Yes N	0
			527) 3If "No," attach a list (see instructions)	
		te: ▶ BELLWETHEREDUCATION.ORG	H(c) Group exemption number	_
			ear of formation 2007 M State of legal domicile. M	<u>A</u>
P	art I	Summary		
ø	1	Briefly describe the organization's mission or most significant activities HELPING	ED. ORGS. ACHIEVE	
Š		RESULTS THROUGH POLICY ANALYSIS/TALENT SERVI	CES/STRATEGIC SUPPORT.	
ř	2	Check this box I if the organization discontinued its operations or disposed of n	nore than 25% of its net assets	
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
g	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
SS	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 7	2
Activities & Governance	6	Total number of volunteers (estimate if necessary) RECEIVED	6	5
ŧ	7 a	Total unrelated business revenue from Part VIII. column Ci. line 12	7a 0	•
4	b	Not applied the second transfer from Form [88] Through	7b 0	•
_		Net unrelated business taxable income from Form 1991, import 199 2019 0	Prior Year Current Year	_
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,742,031. 2,926,385	.
	9	Program service revenue (Part VIII, line 2g) OGDEN, UT	9,454,897. 10,721,685	
ķ	10	Investment income (Part VIII, column (A), lines 3, 4, and 70)	6,543. 13,317	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0	_
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,203,471. 13,661,387	$\overline{\cdot}$
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	346,645. 1,730	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	8,351,330. 9,353,183	_
Expenses	15			•
en	10a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 167,331.		Ť
X	1.5	(,, , , , , , , , , , , , , , , , , ,	2,697,339. 3,981,107	_
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,395,314. 13,336,020	
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	808,157. 325,367	
		Revenue less expenses Subtract line 18 from line 12		÷
ts or	1	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Beginning of Current Year End of Year 6,958,858. 7,540,016	_
Net Assets	20	Total assets (Part X, line 16)	1,804,738. 2,060,529	
귷	21	Total liabilities (Part X, line 26)	5,154,120. 5,479,487	
즟	22	Net assets or fund balances Subtract line 21 from line 20	J,134,120: J,479,407	÷
	art II	Signature Block	Assessed and to the heat of my knowledge and heliof it is	_
		lities of perjury, I declare that I have examined this return, including accompanying schedules and sta		,
true	e, correc	et, and complete. Declaration of preparer (other than officer) is based on all information of which prep	THIS any knowledge	_
		Signature of officer	Date	—
Sig		' · · · · · · · · · · · · · · · · · ·		
He	re	MARY K WELLS, PRESIDENT Type or print name and title		
			Date Check PTIN	_
		Print/Type preparer's name Preparer's signature		
Pai		MICHELLE Y. HATCH MICHELLE Y. HATCH	01/02/19 self-employed P01222458	_
	parer	Firm's name BLUM, SHAPIRO & COMPANY, P.C.	Firm's EIN ▶ 06-1009205	_
Use	Only	Firm's address 4 BATTERYMARCH PARK, SUITE 100	077 636 0000	
_		QUINCY, MA 02169-7431	Phone no. 877 - 636 - 0909	_
Мa	y the li	RS discuss this return with the preparer shown above? (see instructions)	X Yes N	
7326	001 11-2	8-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (201	7)

Form	n 990 (2017) BELLWETHER EDUCATION PARTNERS, INC.	26-1914515	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u> </u>
1	Briefly describe the organization's mission BELLWETHER EDUCATION PARTNERS IS A NATIONAL NONPROFIT DRAMATICALLY CHANGING EDUCATION AND LIFE OUTCOMES FOR	UNDERSERVED	
	CHILDREN. WE DO THIS BY HELPING EDUCATION ORGANIZATION		
	THEIR IMPACT AND BY WORKING TO IMPROVE POLICY AND PRAC	TICE.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		s X No
_	If "Yes," describe these new services on Schedule O	T V	s 🔲 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services,	= :	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c revenue, if any, for each program service reported.		
4a	(Code SUPPORT EDUCATION ORGANIZATIONS AND LEADERS THROUGH		<u>,003.</u>)
	GRANT-FUNDED PROGRAMS TO BENEFIT THE FIELD AT LARGE AN		
	CONSULTING SERVICES FOR ORGANIZATIONS AND INDIVIDUALS		
	EDUCATION. OUR ACTIVITIES FOCUS ON: THOUGHT LEADERSHIP		TNG
	FOR THE FIELD, STRATEGIC ADVISING AND CONSULTING, AND		
	FOR THE FIELD, STRATEGIC ADVISING AND CONSULTING, AND	TADENT SERVI	<u> </u>
	BELLWETHER'S PROGRAMS AND SERVICES ARE AIMED AT IMPROV	TNC THE	
	EFFECTIVENESS OF EDUCATION ORGANIZATIONS AT A CRUCIAL		TD
	COUNTRY WHEN OUR GOAL OF A MORE EQUITABLE DEMOCRATIC S		
	OUR CHANGING ECONOMY DEMAND DRAMATICALLY BETTER OUTCOM		
	PUBLIC EDUCATION SYSTEM.	ES FROM OUR	
	PUBLIC EDUCATION SISTEM.	<u> </u>	
	1/2		
4b	(Code) (Expenses \$) (Re	venue \$,
			
4c	(Code) (Expenses \$) (Re	venue \$)
		<u>-</u> _	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 11,914,946.		
732002	SEE SCHEDULE O FOR CONTINUATION		990 (2017)

26-1914515

Form 990 (2017) BELLWETHER E Part IV Checklist of Required Schedules

		Form	990 (2017)
	complete Schedule G, Part III	19		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- '0		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		-22
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	ĺ	х
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			. .
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	Schedule D, Parts XI and XII	12a	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
۵	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		X
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	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	116		
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
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		^
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	146		Х
	Part VI	11a	Х	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	as applicable			-
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	If "Yes," complete Schedule D, Part IV	9		Х
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	Schedule D, Part III	8_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	┌╌		<u> </u>
4	during the tax year? If "Yes," complete Schedule C, Part II	4		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	۲		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
	If "Yes," complete Schedule A	1	X	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		٦,	
			163	-110

Part IV Checklist of Required Schedules (continued)

			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		X
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			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			_v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ļ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete	l		x
	Schedule L, Part I	25b		_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		x
	complete Schedule L, Part II	26		
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	27		х
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	2		
20	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		Χ̈
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	100		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, 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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		., l	
	Note. All Form 990 filers are required to complete Schedule O		X	
		Form	990 (2017)

Pai	Tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V							
	,			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	103						
b								
c		table gaming		L				
	(gambling) winnings to prize winners?		1c	X				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a	72						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	:	Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		L			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account	unt)?	4a		Х			
b	If "Yes," enter the name of the foreign country	 	'					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ınts (FBAR)			 -			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b		12	5b		Х			
			5c		<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or	ganization solicit			v			
	any contributions that were not tax deductible as charitable contributions?	16.	6a		X			
b		or gifts	6 L					
_	were not tax deductible?		6b	-				
7	Organizations that may receive deductible contributions under section 170(c).	provided to the payor?	7a		X			
a b	 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 							
		guired	7b					
·	to file Form 8282?	quiou	7c		х			
d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri		7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by t	he						
	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a					
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter	1			l			
	Initiation fees and capital contributions included on Part VIII, line 12	 						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	Ч		ļ	l			
11	Section 501(c)(12) organizations. Enter	1			ļ			
	Gross income from members or shareholders			ŀ				
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)							
10-	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a					
			120					
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.		.					
	Is the organization licensed to issue qualified health plans in more than one state?		13a	-				
a	Note. See the instructions for additional information the organization must report on Schedule O		-50					
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans		. }		ı			
c	Enter the amount of reserves on hand	1	. [
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b					

26-1914515 BELLWETHER EDUCATION PARTNERS, Form 990 (2017) 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. XCheck 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 5 **b** Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 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 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a 15b **b** Other officers or key employees of the organization 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 X 16a taxable entity during the year? 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 List the states with which a copy of this Form 990 is required to be filed ►MA, CA, NY, IL, GA 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

Another's website Upon request Other (explain in Schedule O) Own website

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 MARY K WELLS - 877-636-0909

517 BOSTON POST ROAD, #171, SUDBURY, MA 01776

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

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

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

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

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

Check this box if neither the organization in (A)	(B) (C)							(D)	(E)	(F)	
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated	
	hours per	box, unless person is both an officer and a director/trustee)						compensation from	compensation from related	amount of other	
	week (list any	ĕ	Г			1	Ė	the	organizations	compensation	
	hours for	direc				, E		organization	(W-2/1099-MISC)	from the	
	related	tee o	nstee			ensat		(W-2/1099-MISC)		organization	
	organizations	al tru:	nal tr		loyee	S S				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizations	
(1) AARON MILLER	5.00	<u> </u>	<u> </u>	0	Ť	1 0	_	-			
DIRECTOR		Х				ĺ		0.	0.	0	
(2) PAUL REVILLE	5.00							_	_		
DIRECTOR		Х				_		0.	0.	0	
(3) TINA FERNANDEZ	5.00							_	0		
DIRECTOR	F 00	X	L.			<u> </u>		0.	0.	0	
(4) GRACE HEINTZ	5.00	x		x				0.	0.	0	
CHAIRMAN/DIR. & SECRETARY	5.00	^	<u> </u>	₽	┝	├	-	U •	0.		
(5) KENDRICK ASHTON DIRECTOR/TREASURER	3.00	x	١.	X				0.	0.	0	
(6) MARY WELLS	40.00	^		Α	┢─	┢	\vdash	•			
PRESIDENT/PARTNER-STRATEGIC ADVISING	40.00	x		X	1			325,830.	0.	11,024	
(7) ANDREW ROTHERHAM	40.00					┢		020,000			
PARTNER, POLICY & THOUGHT LEADERSHIP		1			x			329,455.	0.	22,721	
(8) ELINA BANKERT	40.00		_								
PARTNER, STRATEGIC ADVISING					X			276,875.	0.	10,800	
(9) XIOMARA PADAMSEE	40.00										
PARTNER, EXECUTIVE SEARCH		L			X			236,079.	0.	10,176	
(10) SARA MEAD	40.00							0.50 500	^	45 046	
PARTNER, POLICY & THOUGHT LEADERSHIP	10.00				X			268,627.	0.	15,016	
(11) REBECCA GOLDBERG	40.00				۱,,			220 002	0.	0 506	
PARTNER, STRATEGIC ADVISING	40 00	\vdash			X	-		239,892.	0.	9,596	
(12) MONISHA LOZIER	40.00					x		217,152.	0.	9,659	
PARTNER, EXECUTIVE SEARCH (13) ALLISON CREAN DAVIS	40.00					^		211,132.	0.	5,055	
PARTNER, POLICY & THOUGHT LEADERSHIP	40.00					х		236,667.	0.	9,467	
(14) JEFFREY SCHULZ	40.00				_	<u> </u>		230,0076	•	3,20,	
PRINCIPAL, STRATEGIC ADVISING	10.00					x		188,269.	0.	20,455	
(15) CHAD ALDEMAN	40.00		_	Н		Ť				,	
PRINCIPAL, POLICY & THOUGHT LEADERSH						х		150,200.	0.	18,332	
(16) LORA L COVER	40.00								·		
PRINCIPAL, TALENT SERVICES						Х		164,188.	0.	18,241	
							l				

Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	compensated Employe	es (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(40	not c	Pos	ition	than	000	Reportable	Reportable	Es	timate	ed
		hours per	ю́ох	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	an	nount	of
		week	_	cer an	dad	recto	or/trus	tee)	from	from related		other	
		(list any hours for	recto			İ			the	organizations		pensa	
		related	p o	ee ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		om th anızat	
		organizations	nstee	trust		8	uadu		(88-2/1099-181130)		-	d relat	
		below	la f	bona	_	ploy	st cor	<u>.</u>]			anızatı	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3-		
			_		_	<u> </u>							
										•		_	
			\vdash			┝	┢						
			<u> </u>				<u> </u>						
			-			 	 						
1b	Sub-total							>	2,633,234.	0.	15	5,4	
c	Total from continuation sheets to Part VI	I, Section A						>	0.	0.			0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	2,633,234.	0.	15	5,4	<u>87.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	DOVE	e) wł	o re	eceived more than \$100	,000 of reportable			20
	compensation from the organization	*									1	V	28
_												Yes	No
3	Did the organization list any former officer,	•	ıstee	e, ke	y en	nplo	yee,	or I	highest compensated ei	mployee on			X
	line 1a? If "Yes," complete Schedule J for si										3		
4	For any individual listed on line 1a, is the su									the organization		<u>x</u>	
_	and related organizations greater than \$150	•		-						al cal face and	4		
5	Did any person listed on line 1a receive or a							elate	ed organization or indivi	qual for services	<u> </u>		<u> </u>
C	rendered to the organization? If "Yes," com	piete Schedule	e J f	or su	ich j	pers	on				5		
	tion B. Independent Contractors		J	•	4					\$100,000 of	at.c = 1		
1	Complete this table for your five highest co										ation f	rom	
	the organization Report compensation for	the calendar y	ear e	endii	ng w	vith (or w	ithin	tne organization's tax y	/ear			

(A) Name and business address	(B) Description of services	(C) Compensation
		Compensation
LYLE HURST	SUBCONTRACTOR -	
726 HARVARD AVE, MENLO PARK, CA 94025	CONSULTING SERVICES	162,463.
EMPOWER SCHOOLS, 24 SCHOOL STREET 3RD.	SUBCONTRACTOR -	
FLOOR, BOSTON, MA 02108	CONSULTING SERVICES	100,578.
2 Total number of independent contractors (including but not limited to those	e listed above) who received more than	
\$100,000 of compensation from the organization.]	

		Check if Schedule O con	tains a response	e or note to any lin	e in this Part VIII			
				, , , , , , , , , , , , , , , , , , ,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b			j		
P,G		Fundraising events	1c					1
ar /		Related organizations	1d					İ
S, C		e Government grants (contribu	— 					
rigi	f	All other contributions, gifts, grar	its, and					
‡ë		similar amounts not included abo		2,926,385.				
	ç	Noncash contributions included in lines	s 1a-1f \$		_			
a Ĉ	-	Total. Add lines 1a-1f		<u> </u>	2,926,385.			
		· ·		Business Code				
စ္ပ	2 8	PROGRAM SERVICE FEES		611710	7,982,632.	7,982,632.		
Program Service Revenue	k	PROMISE54 FEES		611710	2,708,792.	2,708,792.		
Ser		PROMISE54 OTHER FEES		611710	30,261.	30,261.		
eve	•	1						
900	•	·						=
<u>. </u>	f	All other program service reve	enue					
		Total. Add lines 2a-2f		•	10,721,685.			
	3	Investment income (including	dıvıdends, inter	est, and				
		other similar amounts)		▶	13,317.			13,317.
	4	Income from investment of ta	x-exempt bond	proceeds 🕨				
	5	Royalties		•				ļ
			(ı) Real	(II) Personal				
ŀ	6 a	Gross rents						
	t	Less rental expenses		 				
	c	Rental income or (loss)		<u> </u>				
	C	Net rental income or (loss)		<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		1				
	t	Less. cost or other basis		1				
I		and sales expenses	ļ					!
		Gain or (loss)	<u> </u>					
		Net gain or (loss)		>				
evenue	8 a	 Gross income from fundraisin including \$ 	g events (not of					
		contributions reported on line	1c) See	1				
Other R		Part IV, line 18	а					
Ĕ	b	Less direct expenses	t					
١	c	: Net income or (loss) from fund	draising events	•				
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	а					
	b	Less direct expenses	t	, []				
	c	: Net income or (loss) from gan	ning activities	•				
	10 a	Gross sales of inventory, less	retums					
- 1		and allowances	a					
	b	Less cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory	>				
		Miscellaneous Revenu		Business Code				
ſ	11 a	· · · · · · · · · · · · · · · · · · ·						
	b							
- }	c	· <u></u>						
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶ [
	12	Total revenue. See instructions.		•	13,661,387.	10,721,685.	0.	13,317.

Form 990 (2017) BELLWETHER ED
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon			(0)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	4 500	4 500		
	and domestic governments See Part IV, line 21	1,730.	1,730.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,788,049.	1,489,927.	205,525.	92,597
6	Compensation not included above, to disqualified	2,,00,015.	2/103/32/1	200,0200	32,05
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,494,569.	5,949,411.	488,152.	57,00€
8	Pension plan accruals and contributions (include	·			
	section 401(k) and 403(b) employer contributions)	212,412.	201,168.	8,939.	2,305
9	Other employee benefits	319,643.	280,438.	36,879.	2,305
10	Payroll taxes	538,510.	482,634.	47,897.	7,979
11	Fees for services (non-employees).				
а	Management				
b	Legal	64,256.		64,256.	
C	Accounting	71,738.		71,738.	
d	Lobbying				-
е	Professional fundraising services. See Part IV, line 17		'		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	1 061 766	1 012 525	40 024	215
	column (A) amount, list line 11g expenses on Sch O.)	1,961,766. 10,146.	1,912,525. 9,786.	49,024.	217
12	Advertising and promotion	222,932.	141,337.	81,595.	
13	Office expenses	222,332.	141,337.	01,333.	
14	Information technology				
15 16	Royalties	207,819.	186,720.	17,495.	3,604
16 17	Occupancy Travel	1,271,284.	1,173,809.	97,475.	3,004
17 18	Payments of travel or entertainment expenses	1/2/1/2010	2/2/3/003	3.72.30	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,608.	41,876.	3,924.	808
23	Insurance	28,193.	25,331.	2,373.	489
24	Other expenses Itemize expenses not covered			L.	
	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 0.)				
а	DUES AND SUBSCRIPTIONS	93,641.	18,254.	75,387.	
b	MISCELLANEOUS	2,724.		2,724.	
C					
d					
е	All other expenses	12 226 000	11 014 046	1 252 242	160 224
25	Total functional expenses. Add lines 1 through 24e	13,336,020.	11,914,946.	1,253,743.	167,331
26	Joint costs. Complete this line only if the organization		1		
	reported in column (B) joint costs from a combined		İ		
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20)

orm 990 (2017) BELLWETHER EDU	JCATION	PARTNERS,	INC.	26-1	.914515 Page 11
Part X	Balance Sheet		Ab Dt-V	<u> </u>		
	Check if Schedule O contains a response or no	te to any line	In this Part X	(A)	Г	(B)
				Beginning of year		End of year
1	Cash - non-interest-bearing			2,404,801.	1	1,496,684.
2	Savings and temporary cash investments	F	3,261,968.	2	3,962,315.	
3	Pledges and grants receivable, net	F	209,232.	3	181,305.	
4	Accounts receivable, net		-	878,137.	4	1,623,905.
5	Loans and other receivables from current and for	ormer officers	directors			
•	trustees, key employees, and highest compens	1				
	Part II of Schedule L				5	<u> </u>
6	Loans and other receivables from other disquale	ified persons	(as defined under	·		
	section 4958(f)(1)), persons described in section					
	employers and sponsoring organizations of sec					
_ω	employees' beneficiary organizations (see instr)				6	· · · · · · · · · · · · · · · · · · ·
Assets 7	Notes and loans receivable, net		7	-		
8 8	Inventories for sale or use		-		8	
9	Prepaid expenses and deferred charges		-	126,987.	9	170,306
I '	Land, buildings, and equipment cost or other	1 1		-		
	basis Complete Part VI of Schedule D	10a	212,080.			
Ь	Less: accumulated depreciation	10b	130,051.	77,733.	10c	82,029
11	Investments publicly traded securities	-	· · · · · · · · · · · · · · · · · · ·	11		
12	Investments other securities See Part IV, line	<u> </u>		12		
13	Investments - program-related See Part IV, line		13			
14	Intangible assets	-		14		
15	Other assets See Part IV, line 11	Ī	0.	15	23,472.	
16	Total assets. Add lines 1 through 15 (must equ	al line 34)		6,958,858.	16	7,540,016.
17	Accounts payable and accrued expenses	1,804,738.	17	2,060,529		
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete	Part IV of Sch	edule D		21	
တ္က 22	Loans and other payables to current and former	r officers, dire	ctors, trustees,			
Liabilities & Communication	key employees, highest compensated employee	es, and disqu	alified persons			
<u> </u>	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela	ated third part	ties	-	23	
24	Unsecured notes and loans payable to unrelate	d third parties	; <u> </u>		24	
25	Other liabilities (including federal income tax, pa	•				
	parties, and other liabilities not included on lines	s 17-24) Com	plete Part X of			
	Schedule D		<u> </u>	1 004 530	25	0.000.500
26	Total liabilities. Add lines 17 through 25		- 1991	1,804,738.	26	2,060,529.
	Organizations that follow SFAS 117 (ASC 958		e▶ LXL and			
ន្ត	complete lines 27 through 29, and lines 33 an	nd 34.	-	2 6 5 7 1 2 4	-	4 200 440
E 27	Unrestricted net assets	3,657,134.	27	4,389,440.		
ਲ 28 0	Temporarily restricted net assets	1,496,986.	28	1,090,047.		
g 29	Permanently restricted net assets		29			
2	Organizations that do not follow SFAS 117 (A	SC 958), che	ck here ▶└─			
5	and complete lines 30 through 34.		l-		-	
30	Capital stock or trust principal, or current funds		<u> </u>		30	
ĝ 31	Paid-in or capital surplus, or land, building, or ed				31	
27 28 29 30 31 32 30 31 30 30 31 30 30 31 30 30 30 30 30 30 30 30 30 30 30 30 30	Retained earnings, endowment, accumulated in	come, or othe	er funds	E 15/ 100	32	E 470 407
² 33	Total net assets or fund balances	<u> </u>	5,154,120.	33	5,479,487.	
34	Total liabilities and net assets/fund balances			6,958,858.	34	7,540,016.

Forn	990 (2017) BELLWETHER EDUCATION PARTNERS, INC.	26	-191451	<u> 5</u>	Page 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
			12 /	1	207		
1	Total revenue (must equal Part VIII, column (A), line 12)	_1			,387.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			,020.		
3	Revenue less expenses Subtract line 2 from line 1	3			,367.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,1	.54	,120.		
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			0.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u> </u>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		E /	70	107		
Da	column (B))	10	5,4	: /9	487.		
Part XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII			TY	es No		
1	Accounting method used to prepare the Form 990			- · ·			
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<u> </u>			- }		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•		a →	_ <u></u> ,		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	<u> </u>	_	1 1		
	separate basis, consolidated basis, or both	57. 4					
	Separate basis Consolidated basis Both consolidated and separate basis				- [. :]		
ь	Were the organization's financial statements audited by an independent accountant?		2	b 3			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	, -	7	7		
	consolidated basis, or both				1 1		
	Separate basis Consolidated basis Both consolidated and separate basis						
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit	, <u> </u>	_ _			
	review, or compilation of its financial statements and selection of an independent accountant?		2	c 3	2		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C			- 1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dıt	_ -	<u>.</u>		
	Act and OMB Circular A-133?		3	а	X		
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au	dıt				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3		\perp		
			Fo	rm 9 9	(2017)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 26-1914515 BELLWETHER EDUCATION PARTNERS, INC. Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 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)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(IV). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 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 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (ia) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

Total

26-1914515 Page 2 Schedule A (Form 990 or 990-EZ) 2017 BELLWETHER EDUCATION PARTNERS, Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2017 (f) Total (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by 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 Section B. Total Support (c) 2015 Calendar year (or fiscal year beginning in) (b) 2014⁴ (d) 2016 (e) 2017 (f) Total (a) 2013 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, fetc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33 1/3% support test. 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

(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

Se	ction A. Public Support	elow, please comp	nete r art ii j		 		-
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(4)	. (-/,==	1-7			
•	membership fees received (Do not						
	include any "unusual grants ")	3,081,610.	5,072,471.	2,521,562.	2,742,031.	2,926,385.	16,344,059.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	5,420,836.	5,762,244.	7,183,596.	9,454,897.	10,721,686.	38,543,259.
_	organization's tax-exempt purpose	3,420,030.	3,702,244.	- ,,103,330.	3,434,037.	10,721,000.	30,010,1001
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	8,502,446.	10,834,715.	9,705,158.	12,196,928.	13,648,071.	54,887,318.
7 a	Amounts included on lines 1, 2, and			_			
	3 received from disqualified persons	3,375,610.	4,816,258.	2,332,895.	1,868,085.	2,679,183.	15,072,031.
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	1,493,979.	1,443,910.	1,569,782.	1,584,463.	1,940,746.	8,032,880.
c	: Add lines 7a and 7b	4,869,589.	6,260,168.	3,902,677.	3,452,548.	4,619,929.	23,104,911.
	Public support. (Subtract line 7c from line 6.)						31,782,407.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	8,502,446.	10,834,715.	9,705,158.	12,196,928.	13,648,071.	54,887,318.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	343.	1,394.	3,058.	6,543.	13,317.	24,655.
h	Unrelated business taxable income			,			<u> </u>
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					·	
_	Add lines 10a and 10b	343.	1,394.	3,058.	6,543.	13,317.	24,655.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	, 100					
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	8,502,789.	10,836,109.	9,708,216.	12,203,471.	13,661,388.	54,911,973.
	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here	: 3	,				
Sec	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2017 (li		••	olumn (f))		15	57.88 %
	Public support percentage from 2016		•			16	53.30 %
	ction D. Computation of Inves						
	Investment income percentage for 20			e 13, column (f))		17	.04 %
	Investment income percentage from 2	•				18	.03 %
	33 1/3% support tests - 2017. If the			n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	ation	$\triangleright X$
D	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization						
ZV	rrivate journation. If the organization	GIO HOL CHECK &	JOA OIT III 18 14, 130	, or lab, check th	S DOX GITU SEE ITS		200 57) 2047

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)

	<u> </u>	_
Section A	All Supporting Organizations	

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 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.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 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)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
	3b		
	3c		<u> </u>
	4a	-	 1
	4c		
	5a		
	5b		
	5c		
	7	-	
	8		
	9a		
	9b	—	
	9c		
	10a		
	10b		
ո 9	90 or 99	10-EZ)	2017

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

Sahadula	A (Earm	990 05	990-E7	204

2

<u>3</u>

5

Enter 85% of line 1

Enter greater of line 2 or line 3
Income tax imposed in prior year

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

c Excess from 2015d Excess from 2016e Excess from 2017

Schedule A	(Form 990 or 990-E	Z) 2017 BELLWE	THER ED	UCATION	PARTNERS,	INC.	26-1914515 Page 8
Part VI	Supplemental Part IV, Section A line 1, Part IV, Sec	I Information. Pro , lines 1, 2, 3b, 3c, 4b ction D, lines 2 and 3, , 6, and 8, and Part V,	vide the expla , 4c, 5a, 6, 9a, Part IV, Sectio	anations require , 9b, 9c, 11a, 11 on E, lines 1c, 2	d by Part II, line 10; lb, and 11c, Part IV, a, 2b, 3a, and 3b, P	Part II, line 17a or Section B, lines 1 art V, line 1, Part V	17b; Part III, line 12, and 2, Part IV, Section C, /, Section B, line 1e, Part V,
-	(Occ mandonoms)	<u>'</u>					
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BELLWETHER EDUCATION PARTNERS

Employer identification number 26-1914515

Pa	rt I Organizations Maintaining Donor Advise		or Accounts Complete if the
Га	organizations waintaining Donor Advisor		of Moodalito.Complete if the
	organization answered Tes on Form 990, Fart IV, III	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(4, 20, 30, 40, 50, 50, 50, 50, 50, 50, 50, 50, 50, 5	
1	Total number at end of year Aggregate value of contributions to (during year)		
2 3	Aggregate value of grants from (during year)		
4	Aggregate value of grants from (during year) Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis-	ed funds
3	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or derior durinor, or for dry extrem purposes	Yes No
Par		ganization answered "Yes" on Form 990, F	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certi	· ·
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired	···	ire
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	the organization's accounting for
	conservation easements		No Oissilan Assass
Pai	1 III Organizations Maintaining Collections o		iner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
Ь	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of put	olic 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 tre		gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	.
	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

732051 10-09-17

Sche	dule D (Form 990) 2017 BELLWET	HER EDUCAT	ION	PARTNE	RS, IN	rc.		26-19	14515	Page 2
Pai	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Oth	er Simil	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following th	at are a s	ignificant	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	C	ı 🖳	Loan or exc	hange progr	rams				
þ	Scholarly research	•	. 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how t	hey further t	he organızat	ion's exe	mpt purp	ose in Pai	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	ner sımıla	r assets	_	_	
	to be sold to raise funds rather than to be m	_							_ Yes	No_
Pa	rt IV Escrow and Custodial Arran	•	ete if the	e organizatio	n answered	"Yes" or	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other a	ssets not	included	_	_	
	on Form 990, Part X?								_ Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table			_	,		
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d	ļ		
е	Distributions during the year						1e		<u></u>	<u>.</u>
f	Ending balance						1f	L	T	
	Did the organization include an amount on F	, ,					•	L	∐ Yes	∐ No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V. Endowment Funds. Complete		T							
		(a) Current year	(b) F	Prior year	(c) Two yea	irs dack	(d) Inree	years back	(e) Four	years back
1a	Beginning of year balance									
Ь	Contributions								-	
C	Net investment earnings, gains, and losses					-			-	
	Grants or scholarships			_					 	
e	Other expenditures for facilities									
_	and programs							·	-	
f	Administrative expenses	_					-		-	
g	End of year balance		// 4	l l /-	\\	1			<u> </u>	
	2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as									
	Board designated or quasi-endowment	0/	_%							
	Permanent endowment	%								
С	Temporarily restricted endowment									
0-	The percentages on lines 2a, 2b, and 2c sho		otion th	at ara hald a	nd administr	orad for t	ho organi	zation		
Ja	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are rietu a	nu auministi	erea ior i	ne organi	Zation	Г	Yes No
	(i) unrelated organizations								3a(i)	. 55 140
	(i) unrelated organizations (ii) related organizations								3a(ii)	
L	If "Yes" on line 3a(ii), are the related organizations	ations listed as recili	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	•							00	
Par	t VI Land, Buildings, and Equipm		OWINGHE	Tarras						
<u> </u>	Complete if the organization answere		0. Part I	V. line 11a S	See Form 99	0. Part X.	line 10.			
	Description of property	(a) Cost or o			or other		ccumulat	ed	(d) Book	value
	bosonplion of property	basis (investi		, , ,	(other)		preciation		,, 2000	
1a	Land	<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·	† <u>-</u>	-			
	Buildings									
	Leasehold improvements									
	Equipment			21	2,080.		130,0	51.	82	2,029.
	Other				·					0.
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0c)			ightharpoonup	82	,029.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Book v	value
(1) Federa	I income taxes		
(2)			
(3)			
(4)			
(5)			·
(6)			
(7)			<u> </u>
(8)			
(9)	<u> </u>		
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)	▶	

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

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO

THE ORGANIZATION IS SUBJECT TO

BY THE INTERNAL REVENUE SERVICE (IRS).

AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Schedule D (Form 990) 2017 BELLWETHER EDUCATION PARTNERS, INC.	26-1914515 Page 5
Schedule D (Form 990) 2017 BELLWETHER EDUCATION PARTNERS, INC. Part XIII Supplemental Information (continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
PROMISE54 REVENUE INCLUDED IN EXPENSES	3,434,054.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN ASSETS FROM DISCONTINUED OPERATIONS	446,108.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
PROMISE54 REVENUE INCLUDED IN EXPENSES	3,434,054.
	
	

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BELLWETHER EDUCATION PARTNERS, INC. **Employer identification number** 26-1914515

L.	arti Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	-		1
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			1 1
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	1		1 1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	i		
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	1		1
		-		[]
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	l		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	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 on line 1a?	2		
			-	<u> </u>
3	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			
	Compensation committee Written employment contract			
	Independent compensation consultant Independent compensation consultant Independent compensation consultant			[
	Form 990 of other organizations X Approval by the board or compensation committee			
	Tom 930 of other organizations			
4	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			
_	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
U	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	1.0		
	Thes to any or lines 42°C, list the persons and provide the applicable amounts for each term in the time			
	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			
a	The organization?	5a		X
	Any related organization?	5b		X
_	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			
Ū	contingent on the net earnings of	1		
2	The organization?	6a		<u> </u>
	Any related organization?	6b		X
U	If "Yes" on line 6a or 6b, describe in Part III	T		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			إ ا
′	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u> </u>		1
0	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		<u>x</u> ,
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
J	Regulations section 53 4958-6(c)?	9		
	For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule		n 990	2017
	t for rapermont negacion met notice, see the insulactions for room coo.		,	

Schedule J (Form 990) 2017 BELLWETHER EDUCATION PARTNERS, INC. 26–1914515 Page 2

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Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of \	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Trtle	1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) MARY WELLS	Ξ	249,658.	76,172.	0	10,800.	224.	336,854.	0
PRESIDENT/PARTNER-STRATEGIC ADVISING (ii)	Ξ	0	0	0	0	0	0	0
(2) ANDREW ROTHERHAM	ε	279,455.	50,000.	0	10,800.	11,921.	352,176.	0.
PARTNER, POLICY & THOUGHT LEADERSHIP (II)	€	0	0	0	0	0.	0	0
(3) ELINA BANKERT	Ξ	194,375.	82,500.	0	10,800.	0	287,675.	0.
PARTNER, STRATEGIC ADVISING	Ξ	0	0	0.	0	0	0	0
(4) XIOMARA PADAMSEE	Ξ	208,079.	28,000.	0	9,470.	706.	246,255.	0
PARTNER, EXECUTIVE SEARCH	3	0	0	0	0	0		0
(5) SARA MEAD	Ξ	218,627.	50,000.	0	10,800.	4,216.	283,643.	0
PARTNER, POLICY & THOUGHT LEADERSHIP (ii)	€	0	•	0.	0	0.	0	0
DBERG	Ξ	162,093.	. 661, 77	0	9,596.	0.	249,488.	0
PARTNER, STRATEGIC ADVISING	<u></u>			0.	l	0	l	0
(7) MONISHA LOZIER	Ξ	197,152.	20,000.	0	8,800.	859.	226,811.	0
PARTNER, EXECUTIVE SEARCH	€	0	0	0	0	0	0	0
(8) ALLISON CREAN DAVIS	Ξ	186,667.	50,000.	0	9,467.	0	246,134.	0
PARTNER, POLICY & THOUGHT LEADERSHIP (ii)	(ii)			0.	ľ	0		0
(9) JEFFREY SCHULZ	ω	140,269.	48,000.	0.	7,871.	12,584.	208,724.	0
PRINCIPAL, STRATEGIC ADVISING	(ii)	0	0	0.	0	0.		0
(10) CHAD ALDEMAN	(!)	136,200.	14,000.	0	6,218.	12,114.	168,532.	0
PRINCIPAL, POLICY & THOUGHT LEADERSH (ii)] (ii) [0	0	0	0	0.	0.	0
(11) LORA L COVER	(9)	156,918.	7,270.	0.	6 6 6 6 6 9	11,292.	182,429.	0
PRINCIPAL, TALENT SERVICES	<u>(ii</u>	0.	0.	0.	0	.0	0.	0
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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

LINE
BONUSES ARE AWARDED ON AN ANNUAL BASIS WHICH ARE BASED ON A NUMBER OF
FACTORS INCLUDING: THE OVERALL FINANCIAL HEALTH OF THE ORGANIZATION, THE
INDIVIDUAL'S CONTRIBUTION TO THE ORGANIZATION, HOW BUSY THE SERVICE LINE IN
WHICH THAT INDIVIDUAL WORKS WAS DURING THE YEAR, AND HOW THE PERSON HELPED
TO BUILD THE ORGANIZATION AND CONTRIBUTE TO THE CULTURE. IN 2015, A
COMPENSATION STUDY WAS PREPARED BY AN OUTSIDE PARTY. THE ORGANIZATION
DETERMINED THAT THE TOTAL COMPENSATION WAS REASONABLE BASED ON THE
COMPENSATION STUDY. SEE ALSO THE DESCRIPTION OF THE MANAGEMENT
COMPENSATION POLICY ON SCHEDULE 0.
Schedule J (Form 990) 2017

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

Name of the organization

BELLWETHER EDUCATION PARTNERS, INC.

DIVISION AS A SEPARATE NONPROFIT ORGANIZATION, PROMISE54. MANAGEMENT

Employer identification number 26-1914515

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE INCUBATION AND SPIN-OFF OF NEW ORGANIZATION IS A STRATEGIC PRIORITY

FOR THE ORGANIZATION IN CERTAIN CIRCUMSTANCES. THIS YEAR, MANAGEMENT

AND THE BOARD MADE PLANS TO SPIN OFF ITS EXECUTIVE SEARCH AND TALENT

EXPECTS THIS SPIN OFF TO BE COMPLETED IN FISCAL YEAR 2019.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DURING THE ELEVEN YEARS OF OPERATIONS, WE INCREASED OUR IMPACT BY

REACHING 225 ORGANIZATIONS FOR EXECUTIVE SEARCH, CONSULTING, TALENT AND

THOUGHT LEADERSHIP SERVICES AND COUNTLESS OTHERS THROUGH PUBLICATIONS

ON KEY ISSUES REGARDING INNOVATION AND REFORM, INCLUDING OUR EDUWONK

AND AHEAD OF THE HEARD BLOG.

FORM 990, PART VI, SECTION B, LINE 11B:

ONCE THE FORM 990 IS COMPLETE, IT IS SENT TO MARY WELLS, PRESIDENT, AS WELL AS TO THE BOARD MEMBERS COMPRISING THE AUDIT COMMITTEE. THE FORM 990 IS REVIEWED AND NOTES AND QUESTIONS ARE DISCUSSED. THE FORM 990 IS THEN CIRCULATED TO THE FULL BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, DIRECTORS,

KEY EMPLOYEES, OFFICERS AND MEMBERS OF A COMMITTEE WITH GOVERNING BOARD

DELEGATED POWERS WHO HAVE A DIRECT OR INDIRECT FINANCIAL INTEREST (I.E.

INTERESTED PERSON) HAVE A DUTY TO DISCLOSE AND SHALL FULLY DISCLOSE THE

EXISTENCE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE DIRECTORS

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Schedule O (Form 990 or 990-EZ) (2017)

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AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. UPON DISCLOSURE OF A POSSIBLE CONFLICT OF INTEREST AND ALL MATERIAL FACTS AND AFTER DISCUSSION WITH THE INTERESTED PERSON HE OR SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS DETERMINE IF A CONFLICT OF INTEREST EXISTS. THE MINUTES TO THE GOVERNING BOARD AND ALL COMMITTEES WITH BOARD DELEGATED POWERS SHALL CONTAIN THE NAMES OF PERSONS WHO DISCLOSED OR WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT AND THE DECISION AS TO WHETHER THE CONFLICT OF INTEREST EXISTS. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A DISCLOSURE STATEMENT WHICH AFFIRMS EACH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ, UNDERSTANDS AND HAS AGREED TO COMPLY WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

BELLWETHER EDUCATION PARTNERS' TALENT PRACTICE CONDUCTED AN EXTENSIVE

COMPENSATION STUDY IN 2015 TO ENSURE THAT COMPENSATION FOR THE PRESIDENT,

ALL PARTNERS AND EXECUTIVES WERE REASONABLE AND COMPARABLE WITH OTHER

INSTITUTIONS IN THE SAME INDUSTRY. A RANGE OF SOURCES ACROSS MULTIPLE

SECTORS - EDUCATION, RESEARCH INSTITUTES & PUBLIC POLICY, PRIVATE,

NONPROFIT - WERE REVIEWED AND COMPARED TO ASSESS THE DEGREE TO WHICH

BELLWETHER COMPENSATION EXCEEDED OR FELL BELOW NATIONAL BENCHMARKS. ONCE

THE COMPENSATION WAS ESTABLISHED, THE BOARD OF DIRECTORS REVIEWED AND

APPROVED. ALL DATA, DELIBERATIONS AND DECISIONS WERE DOCUMENTED

CONTEMPORANEOUSLY. THOSE MEMBERS OF THE BOARD WHOSE COMPENSATION WAS BEING

Schedule O (Form 990 or 990-EZ) (2017)

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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization BELLWETHER EDUCATION PARTNERS, INC.	Employer identification number 26-1914515
DETERMINED DID NOT PARTICIPATE IN THE REVIEW OR APPROVAL.	CURRENT YEAR
COMPENSATION ADJUSTMENTS WERE REVIEWED AND APPROVED BY TH	E BOARD AS PART OF
THE BUDGET PROCESS. AN OUTSIDE FIRM WILL BE ENGAGED IN F	Y19 TO PERFORM
ANOTHER COMPENSATION STUDY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PROVIDES COPIES OF THE GOVERNING DOCUMEN	TS, CONFLICT OF
INTEREST POLICY & FINANCIAL STATEMENTS UPON REQUEST. CON	TACT INFORMATION
IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ADMINISTRATION/BACK OFFICE SUPPORT:	
PROGRAM SERVICE EXPENSES	83,650.
MANAGEMENT AND GENERAL EXPENSES	8,023.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	91,673.
PROFESSIONAL SERVICES-PROJECT SUBCONTRACTORS, WRITING, CO	NSULTING:
PROGRAM SERVICE EXPENSES	1,817,644.
MANAGEMENT AND GENERAL EXPENSES	39,949.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,857,593.
	
PAYROLL SERVICES FEES:	
PROGRAM SERVICE EXPENSES	11,231.
MANAGEMENT AND GENERAL EXPENSES	1,052.
FUNDRAISING EXPENSES	217.
TOTAL EXPENSES	12,500.

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TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	<u>A</u>	1,961,766.
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