

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

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

benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For the	2009 cal	endar year, or tax year beginning $JUL 1, 2009$ and ending	JUN 30, 2010	
В	Check if	Please	C Name of organization	D Employer identifi	cation number
1	applicable	use IRS	THE EDUCATION ALLIANCE-BUSINESS AND		
Г	Addres	s label or print or	COMMUNITY FOR PUBLIC SCHOOLS, INC.		
Ē	Name change	type	Doing Business As	55-0	630914
⊢	initial return	See	Number and street (or P O box if mail is not delivered to street address) Room/su	<del></del>	
一	Termin	Specific	803 QUARRIER ST, 500		342-7850
늗	ated Amend		City or town, state or country, and ZIP + 4	G Gross receipts \$	904,868.
┌	retum Applica	a-	CHARLESTON, WV 25301	H(a) Is this a group re	
_	tion pending	g E Nan	ne and address of principal officer:DR. PATRICIA KUSIMO	for affiliates?	Yes X No
		803		WV H(b) Are all affiliates inc	
	Tov-ovo		us: X 501(c) ( 3 ) ◀ (insert no.)		list. (see instructions)
			W.EDUCATIONALLIANCE.ORG	H(c) Group exemption	•
_		organizatio			M State of legal domicile WV
,		Summa		ear or formation 2300 in	W Otate of legal definerie ***
			scribe the organization's mission or most significant activities: PROMOTE	CLOSER RELATI	ONSHIPS
e	1 5	Shetiy des	EN THE PRIVATE SECTOR & WV PUBLIC SCHOOL	LS IN ORDER T	O SUPPORT
Governance	1 -				
Je T	1	Check this	·		42
é	1		f voting members of the governing body (Part VI, line 1a)	3	41
જ			f independent voting members of the governing body (Part VI, line 1b)	4	6
Activities &			ber of employees (Part V, line 2a)	. 5	240
₹			ber of volunteers (estimate if necessary)	. 6	
₽Ġ	7a 1	Total gros	s unrelated business revenue from Part VIII, column (C), line 12	. <u>7a</u>	57,388.
	b	Net unrela	ated business taxable income from Form 990-T, line 34	7b	0.
			RECEIVED	Prior Year	Current Year
ē	8 (	Contributi	ons and grants (Part VIII, line 1h)	671,801.	780,457.
Revenue	9	Program s	service revenue (Part VIII, line 2g)	00.445	
ě	10	Investmer	nt income (Part VIII, column (A), lines 3, 4, analyd) OCT 1 5 2010	<30,117.	
u	11 (	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,000.	44,080.
	12 7	Total reve	nue - add lines 8 through 11 (must equal Part VIII, Colümn (A) line 12)	705,684.	881,925.
	13 (	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)	272 <b>,</b> 178.	180,756.
	14 E	Benefits p	oald to or for members (Part IX, column (A), line 4)		
S	15 8	Salanes, c	other compensation, employee benefits (Part IX, column (A), lines 5-10)	409,069.	338,763.
Expenses	16a F	Profession	nal fundraising fees (Part IX, column (A), line 11e)	·····	
ğ	ь	Total fund	Iraising expenses (Part IX, column (D), line 25)		
Ш	17 (	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24f)	255,206.	296,708.
	18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	936,453.	816,227.
	19		ess expenses. Subtract line 18 from line 12	<230,769.	<b>65,698.</b>
Net Assets or Fund Balances				<b>Beginning of Current Year</b>	End of Year
sets	20	Total asse	ets (Part X, line 16)	941,127.	1,172,733.
AS B	21	Total liabil	Ities (Part X, line 26)	9,815.	175,723.
25	22	Net assets	s or fund balances. Subtract line 21 from line 20	931,312.	997,010.
P.			ture Block		
2		Under penal	tites of perjury, I declare that I have examined this return, including accompanying sehedules and stateme A Declaration of preparer (other than offiger) is based onyall information of which preparer has any knowle	nts, and to the best of my knowled dge	ige and belief, it is true, correct,
				101.	al. D
_Sig	n İ	$\mathbf{L}$	Othero B'ausum	1017	2110
<b>≘</b> Hei	re	Şıgn	ature of officer	Date	1
>	l	DR			
 		Туре	e or print name and title	0 - 1 -	
— 3 Paid	.	Preparer's	Date of the last	Check if Prepar	rer's identifying number istructions)
•	D2101'C	signature	- Clay + 1916 CIH 918/10	employed	
ادار Seرات	' !	Firm's name yours if	GRAI, BRITTIII & HAID, A.C.	EIN ►	
2 736	Jilly	self-employ			
<u> </u>		address, an ZIP + 4	CHARLESTON, WV 25301-2711	Phone no ► (	
∕2 <sub>Ma</sub>	y the IR	RS discuss	s this return with the preparer shown above? (see instructions)		X Yes No

Par	t 翻:Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: PROMOTE CLOSER RELATIONSHIPS BETWEEN THE PRIVATE SECTOR AND WV PUBLIC
	SCHOOLS IN ORDER TO SUPPORT EXCELLENCE IN TEACHING AND TO PROMOTE
	STUDENT ACHIEVEMENT.
	STODENT ACTIEVEMENT.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	if "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 676,368. including grants of \$ ) (Revenue \$ )
	MINIGRANTS: GRANTS ARE MADE TO DESERVING TEACHERS IN WV TO FUND
	EDUCATIONAL PROJECTS FOR WHICH FUNDING WOULD OTHERWISE BE UNAVAILABLE.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	POLICY RESEARCH: THE PROGRAM IS DESIGNED TO EXPLORE CORE POLICY ISSUES
	IN PUBLIC SCHOOL EDUCATION.
4c	
	FOCUSES ON QUALITY TEACHING IN ALL FIFTY-FIVE COUNTIES OF WEST VIRGINIA.
	VIRGINIA.
4	Other average convices (Decembe in Schedule O.)
4d	- Fred
A-	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ \$ 676,368.
<b>₩</b>	Total program service expenses ▶\$ 676,368.

Form 990 (2009)

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	X	İ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(8) organizations. Is the organization subject to the section 6033(e) notice and			
•	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	•	8	1	X
	Schedule D, Part III			<del></del>
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	-		<del></del>
10		10	1	X
	If "Yes," complete Schedule D, Part V	10	$\vdash$	<del>  ••</del>
11		11	X	
_	as applicable	h		<b> </b>
•	·			
_	Part VI.  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
•	The state of the s			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•		1		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  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.  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
40	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	•	12	X	1
404	Schedule D, Parts XI, XII, and XIII.  Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	† <u> </u>		<del>                                     </del>
12A	- I V	1		
40	11 765, Completing Consoling System and Annual System Consoling System S	13	<del></del>	X
13	The second secon	14a		X
14a	Did the organization maintain an office, employees, or agents outside or the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		t	<del>                                     </del>
D	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		t	
15	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
18	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		<del> </del>	<del>                                     </del>
16	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-		†==
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	X
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>'''</del>	<u> </u>	<del> </del>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1	<del>                                     </del>	
10	complete Schedule G, Part III	19		X
20	Dud the organization operate one or more hospitals? If "Yes " complete Schedule H	20	<del>                                     </del>	X

Page 4

ra	TAY   Checklist of Required Schedules (continued)			
_			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States 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 and other assistance to individuals in the United States on Part IX,			ļ
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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		X
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			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			ŀ
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
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 of the organization (or a family member) 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, 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, Parts II, III, IV, and V, line 1	34		X
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	_35		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, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
_	Note. All Form 990 filers are required to complete Schedule O.	38		<u> </u>

L #H	Statements Regarding Other Into Finings and Tax Compilation			
	[ ]		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	1
_	(gambling) winnings to prize winners?	1c	├	<del> </del>
2 <b>a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	•	1	
	med for the calendar year ending with or within the year dovoice by this reterm	<b>0</b> L		х
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2-		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<u>3a</u> 3b	<del> </del>	Α.
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	JD	<del>                                     </del>	<del> </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	40		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>	<del>                                     </del>	1
D	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
E-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ĺ	Х
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<del> </del>	X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	30	<del>                                     </del>	
G	Tax Shelter Transaction?	5c		į
6.	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		<del> </del> -	
va	any contributions that were not tax deductible?	6a	l	Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		<b></b>	
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		Ì	
_	provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			1
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	1	1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ
10	Section 501 (c)(7) organizations. Enter:		1	
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			1
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501 (c) (12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them.)			ŧ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<del> </del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1	1

55-0630914

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.

<u> </u>	tion A. Governing Body and Management		· · · · ·				
		1.	ı	4.0		Yes	No
	Enter the number of voting members of the governing body	1a	<del> </del>	42			
	Enter the number of voting members that are independent	1b	<u> </u>	- 41			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				v
	officer, director, trustee, or key employee?				2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	ie dire	ct supervision				v
_	of officers, directors or trustees, or key employees to a management company or other person?		0		3_		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		u was filed?		5		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts r		ŀ	6		X
6	Does the organization have members or stockholders?	b	a of the	ŀ	0		
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ernoer	s or trie		7a		X
_	governing body?  Are any decisions of the appropriate body subject to approve by members, steekholders, or other per-	mone?		•	7b		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other per Did the organization contemporaneously document the meetings held or written actions undertaken				70		
8	by the following:	Culling	y trio you				
•	The governing body?				8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the				
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acried	at the		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenu	e Code.)				
<del>500</del>	tion B. I onoice (mis occion B requests micritation about poinces not required by the micrital in	0,000	0 0000.7	***		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers. affiliates.			-	
_	and branches to ensure their operations are consistent with those of the organization?		,		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling th	e form?		11		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	·		·			
	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a		Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld giv	e rise				
	to conflicts?	_			12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe				
	in Schedule O how this is done				12c		
13	Does the organization have a written whistleblower policy?				13		X
14	Does the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approve	al by ı	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•					
а	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization				15b	ļ	Х
	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 arrange	ment v	with a				
	taxable entity during the year?				16a	ļ	X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-			n			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	janizat	ion's				
	exempt status with respect to such arrangements?				16b		<u> </u>
	tion C. Disclosure						<del>-</del>
17	List the states with which a copy of this Form 990 is required to be filed WV	T /CO-	/=\/O\=! \				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (501	ලා(ය)s only) av	allable	ior		
	public inspection. Indicate how you make these available. Check all that apply.						
40	Own website X Another's website X Upon request	Pi	h ad imbaur - b	dia	- 12 اس		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	contile	of interest po	olicy, ar	ia iina	ırıcıaı	
20	statements available to the public.	nd ro	orde of the	000:70	105.	•	
20	State the name, physical address, and telephone number of the person who possesses the books a PATRICIA S. KUSIMO - (304) 342-7850	110 18C	,0103 OI 111 <del>0</del> OI	yarızdi	IO11. P	_	
	803 QUARRIER STREET, STE 500, CHARLESTON, WV 2530	1					

Form 990 (2009)

### COMMUNITY FOR PUBLIC SCHOOLS, INC.

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

### 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. Use Schedule J-2 if additional space is needed.
- 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. 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	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RALPH BAXTER, JR.	1.00									
DIRECTOR	1.00	X				$\vdash$		0.	0.	0.
LETITIA CHAFIN	1 00	,,							•	•
DIRECTOR RICHARD ADAMS, JR.	1.00	X	_	$\vdash$		├		0.	0.	0.
TREASURER	1.00	х						0.	0.	^
DANIEL FOSTER	1.00	^				-			U •	0.
DIRECTOR	1.00	x						0.	0.	0.
STEPHEN HOPTA	1.00	Δ	-	$\vdash$			$\vdash$		U •	0.
DIRECTOR	1.00	X						0.	0.	0.
GOVERNOR GASTON CAPERTON	1.00	Λ		H		$\vdash$	-	0.	0.	
DIRECTOR	1.00	X						0.	0.	0.
DEBORAH HERNDON	1 - 2 - 3 - 3	-	$\vdash$	-	$\vdash$		$\vdash$			
DIRECTOR	1.00	Х						0.	0.	0.
MICHAEL JOHN										
DIRECTOR	1.00	X						0.	0.	0.
JAMES "BUCK" HARLESS									· · · · · · · · · · · · · · · · · · ·	
DIRECTOR	1.00	X						0.	0.	0.
WILLIAM SMITH										
DIRECTOR	1.00	Х						0.	0.	0.
DEE KAPOURALES										
DIRECTOR	1.00	X						0.	0.	0.
DR. PRISCILLA LEAVITT	j									
DIRECTOR	1.00	X						0.	0.	0.
JERI MATHENEY								_		
PAST CHAIR	1.00	X						0.	0.	0.
EDDIE BOSTIC										_
DIRECTOR	1.00	X					_	0.	0.	0.
WALLY BOSTON	1 00	v						_	_	^
DIRECTOR FIRST LADY GAYLE MANCHIN	1.00	Λ	-	-		ا	$\vdash$	0.	0.	0.
LIVOI DUDI GUIDE MUNCUIN	1 00	v						0.	0.	^
NOMINATING CHAID	, , ,,,,									
NOMINATING CHAIR JOSEPH MCDONIE	1.00	A		$\vdash$		-				0.

Form 990 (2009)

COMMUNITY FOR PUBLIC SCHOOLS, INC.

Part VII Section A. Officers, Directors, Tri (A)	(B)				C)			(D)	(E)		(F)
Name and title	Average			Pos				Reportable	Reportable		timated
	hours per week	Individual trustee or director	ec enstrutional trustee	Call		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fro orga	count of other opensation om the anization if related onizations
ROBERT ORNDORFF DIRECTOR	1.00	х						0.	0.		0.
PRISCILLA HADEN DIRECTOR	1.00	х						0.	0.		0.
MALLIE COMBS SNIDER DIRECTOR	1.00	х						0.	0.		0.
TOM PRESSMAN DIRECTOR	1.00	х						0.	0.		0.
SHARON ROWE DIRECTOR	1.00	x						0.	0.	<u> </u>	0.
SUSAN HARDESTY DIRECTOR	1.00	x			_		_	0.	0.		0.
MIKE LUTZ DIRECTOR	1.00	х			_			0.	0.		0.
TRES ROSS DIRECTOR LACY RICE, JR.	1.00	x			_			0.	0.	-	0.
DIRECTOR HOWARD SEUFER, JR.	1.00	x					_	0.	0.		0.
CHAIRMAN OF THE BOARD  1b Total	1.00	Х	<u></u>					93,000.	0.		0. 7,440.
Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed a	bov	e) wi	10 F	<del></del>		·—-	0
<ul> <li>3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s</li> <li>4 For any individual listed on line 1a, is the s and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or</li> </ul>	such individual um of reportab 0,000? If "Yes,	le co	omp <i>mpl</i>	ens:	atior S <i>ch</i> e	and	d ot	 her compensation from for such individual	the organization	3	Yes No X X
the organization? If "Yes," complete Sched	lule J for such	pers	on							5	Х
Complete this table for your five highest continuous the organization.  NONE	empensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compen	sation f	rom
(A) Name and business	address	_					_	(B) Description of s	ervices	(C Comper	
2 Total number of independent contractors ( \$100,000 in compensation from the organi SEE SCHEDULE J-2 FOR	zation 🕨				(	<u> </u>				Form (	<b>990</b> (2009)

55-0630914 COMMUNITY FOR PUBLIC SCHOOLS, INC. Page 9 Form 990 (2009) Part VIII Statement of Revenue (D) Revenue excluded from (B) (C) (A) Total revenue Related or Unrelated tax under sections 512, exempt function business revenue revenue 513, or 514 1a 1 a Federated campaigns 1ь **b** Membership dues Fundraising events 1c d Related organizations 1d 421,464. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 358,993 similar amounts not included above Noncash contributions included in lines 1a-1f \$ 780,457. h Total. Add lines 1a-1f **Business Code** Program Service f Ali other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 57,388. 57,388. other similar amounts) .... ....... Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross Rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ... 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 67,023 Part IV, line 18 . . . . 22,943. b Less: direct expenses . 44,080. 44,080. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d .. . . ..

881,925.

Total revenue. See instructions

57,388.

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, Bb, 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 governments and	160 050	160.050								
	organizations in the U.S. See Part IV, line 21	163,978.	163,978.								
2	Grants and other assistance to individuals in	16 550	16 770								
	the U.S. See Part IV, line 22	16,778.	16,778.								
3	Grants and other assistance to governments,										
	organizations, and individuals outside the U.S.										
	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)	261,308.	196,058.	29,450.	35,800.						
7	Other salaries and wages										
8	Pension plan contributions (include section 401(k)										
	and section 403(b) employer contributions)	20,261.	7,785.	6,861.	5,615. 2,828.						
9	Other employee benefits	37,431.	32,413.	2,190.	2,828.						
10	Payroll taxes	19,763.	14,928.	2,123.	2,712.						
11	Fees for services (non-employees):										
a	Management				<del>.</del>						
b	Legal				·						
C	Accounting	14,500.	10,044.	2,092.	2,364.						
d	Lobbying										
e	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
9	Other	154,057.	151,763.	2,294.							
12	Advertising and promotion										
13	Office expenses	15,178.	9,854.	3,389.	1,935.						
14	Information technology										
15	Royalties										
16	Occupancy	40,592.	31,581.	4,505.	4,506.						
17	Travel	8,218.	4,953.	2,422.	843.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	27,315.	11,987.	1,321.	14,007.						
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance										
24	Other expenses. Itemize expenses not covered										
	above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total		,								
	expenses shown on line 25 below.)										
а	OTHER	17,477.	10,573.	124.	6,780.						
ь	TELEPHONE	10,311.	7,106.	1,459.	1,746.						
С	POSTAGE	5,788.	3,604.	1,060.	1,124.						
d	PRINTING	3,272.	2,963.		309.						
е											
f	All other expenses										
25	Total functional expenses. Add lines 1 through 24f	816,227.	676,368.	59,290.	80,569.						
26	Joint costs. Check here ▶ ☐ If following										
	SOP 98-2. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation										

Par	t-X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	186,845.	1_1_	287,781.
	2	Savings and temporary cash investments	748,066.	2	720,950.
	3	Pledges and grants receivable, net	2,180.	3	158,150.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	ļ		:
		Part II of Schedule L	Ī	6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
	IVa	basis. Complete Part VI of Schedule D 10a 26, 22	)		
		24 19		10c	2,037.
	11	Investments - publicly traded securities	1.	11	2,001.
		Investments - other securities. See Part IV, line 11	• • •	12	
	12 13	•		13	
		Investments - program-related. See Part IV, line 11		14	
	14	Intangible assets	4,032.		3,815.
	15	Other assets. See Part IV, line 11	941,127		1,172,733.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,815.		18,635.
	17	Accounts payable and accrued expenses	3,013.		10,033.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>es</u>	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	L L	1	
Ē		highest compensated employees, and disqualified persons. Complete Part	"		
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	157 000
	25	Other liabilities. Complete Part X of Schedule D	0.		157,088.
	26	Total liabilities. Add lines 17 through 25	9,815.	26	175,723.
		Organizations that follow SFAS 117, check here X and complete	te		
Ses		lines 27 through 29, and lines 33 and 34.	. 400 040		440 100
anc	27	Unrestricted net assets	400,240.		448,138.
Net Assets or Fund Balances	28	Temporarily restricted net assets	531,072.	1	548,872.
ᅙ	29	Permanently restricted net assets		29	
Œ		Organizations that do not follow SFAS 117, check here	1	ľ	
ō		complete lines 30 through 34.	ļ.		
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	931,312.	<del>}</del>	997,010.
	34	Total liabilities and net assets/fund balances	941,127.	34	1,172,733.

Form **990** (2009)

X Accrual Other

Form 990 (2009)

Part XI Financial Statements and Reporting

consolidated basis, separate basis, or both:

Act and OMB Circular A-133?

Accounting method used to prepare the Form 990: Cash

b Were the organization's financial statements audited by an independent accountant?

review, or compilation of its financial statements and selection of an independent accountant?

X Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

COMMUNITY FOR PUBLIC SCHOOLS, INC.

55-0630914 Page 12 No If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

Form **990** (2009)

3ь

X

# 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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Yes

11g(i)

11g(ii)

11g(iii)

No

Name of the organization THE EDUCATION ALLIANCE-BUSINESS AND

COMMUNITY FOR PUBLIC SCHOOLS, 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 11, 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.)

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name,

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 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). 10 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 that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,

(ii) EIN	organization	in col. (i) lis	sted in your	organizati	i notify the ion in col support?	(vi) is organizatio (i) organiz U.S	the on in col. ed in the .?	(vii) Amount of support
		Yes	No	Yes	No	Yes	No	
		<del> </del>						
		<del> </del>	<u> </u>					
		(described on lines 1-9 above or IRC section	(described on lines 1-9 above or IRC section governing of	(described on lines 1-9 above or IRC section governing document?	(described on lines 1-9 above or IRC section governing document? (i) of your	20070 01 1110 30001011	above of the section	(described on lines 1-9 above or IRC section governing document? (I) of your support? (I) organized in the U.S.?

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

the governing body of the supported organization?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s).

(ii) A family member of a person described in (i) above?

Schedule A (Form 990 or 990-EZ) 2009

h

Schedule A (Form 990 or 990-EZ) 2009 COMMUNITY FOR PUBLIC SCHOOLS, 55-0630914 Page 2 INC.

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.) Section A. Public Support (c) 2007 (d) 2008- - (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 1 Gifts, grants, contributions, and membership fees received. (Do not 780,458. 671,801. 576,322. 728,838. 4,105,723. 1,348,304. 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 728,838. 671,801. 780,458. 4,105,723. 576,322. 1,348,304. 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) 4,105,723. 6 Public support. Subtract line 5 from line 4 Section B. Total Support **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 671,801 780,458. 576,322. 728,838. 4,105,723. 1,348,304 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 13,434. 29,306 57,388. 170,920. 17,958. 52,834 and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . 4,276,643. 11 Total support. Add lines 7 through 10 408,088. 12 Gross receipts from related activities, etc. (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 96.00 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 96.70 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. 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 - 2009. 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 IV how the organization

b 10% -facts-and-circumstances test - 2008. 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 IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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) 2009

.. .

Part 祖   Support Schedule for Or Section A. Public Support	Agi ii rati () 12	Pesolinga III	South Justa	// (Complete only	/ 11 уой спескей (пе D(	NET 10 E BILL LIO AU
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(0) 2000	(3) = 3 3	19/ ====	(4) 2		
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					<del> </del>	
are not an unrelated trade or bus-						
iness under section 513						
					-	
4 Tax revenues levied for the organization's benefit and either paid to						
or expended on its behalf					İ	
· · · · · · · · · · · · · · · · · · ·			I			
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
		<del> </del>				
6 Total. Add lines 1 through 5	<del></del>				<del>                                     </del>	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				<del> </del>	<del> </del>	
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from tine 6)	<u></u>		£	<u>i</u>		
Section B. Total Support		#1.0000	41000	1	4 1 0000	
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6				<del> </del>		-
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975				<u> </u>		
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is regularly carried on		,				
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.) · · · · · · · · · · · · · · · · · · ·	·-·					
14 First five years. If the Form 990 is for t	he organization's	s first, second, thu	d. fourth, or fifth t	ax vear as a secti	on 501(c)(3) organiz	ration.
check this box and stop here	organization				o., oo , (o)(o) o. <b>g</b> aa	<b>▶</b>
Section C. Computation of Public	Support Pe	rcentage	<u></u>			
15 Public support percentage for 2009 (lin		•	column (fl)		15	
16 Public support percentage from 2008 S					16	
Section D. Computation of Invest				<u> </u>	1.0	
17 Investment income percentage for 200				······	17	
18 Investment income percentage from 20	•	•	,		18	•
19a 33 1/3% support tests - 2009. If the o			on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2008. If the o						

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ...

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

THE EDUCATION ALLIANCE-BUSINESS AND COMMUNITY FOR PUBLIC SCHOOLS, INC.

Employer identification number 55-0630914

Par	ti Org	anizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
		nization answered "Yes" to Form 990, Part IV, line	e 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number	er at end of year		
2	Aggregate c	contributions to (during year)		
3		grants from (during year)	-	
4		value at end of year		
5		anization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
		inization's property, subject to the organization's		Yes No
6	_	anization inform all grantees, donors, and donor a		e used only
•	_	le purposes and not for the benefit of the donor of		
		ole private benefit?		Yes No
Par		nservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	
1		of conservation easements held by the organizat		
		rvation of land for public use (e.g., recreation or p		istorically important land area
		ction of natural habitat		rtified historic structure
		rvation of open space		
2		nes 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
_	day of the ta			
				Held at the End of the Tax Year
а	Total number	er of conservation easements		2a
b		ge restricted by conservation easements		2b
c		conservation easements on a certified historic sti	ructure included in (a)	2c
d		conservation easements included in (c) acquired		2d
3		conservation easements modified, transferred, re		ne organization during the tax
	year►	,		
4	,		sement is located	
5		ganization have a written policy regarding the pe	· ·	•
_		and enforcement of the conservation easements		Yes No
6		blunteer hours devoted to monitoring, inspecting		during the year ▶
7		expenses incurred in monitoring, inspecting, and		
8		conservation easement reported on line 2(d) abo		
•		170(h)(4)(B)(ii)?		Yes No
9		describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and
•		pplicable, the text of the footnote to the organiza		
	•	n easements.		
Pa		anizations Maintaining Collections of	of Art, Historical Treasures, or (	Other Similar Assets.
	Com	plete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organ	ization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance sheet works of art, historical
	treasures, o	or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote	e to its financial statements that describes these	rtems.	
ь	If the organ	ization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other sim	nilar assets held for public exhibition, education,	or research in furtherance of public service	ce, provide the following amounts relating to
	these items	:		
	(i) Revenu	ies included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets	included in Form 990, Part X		<b>&gt;</b> \$
2	If the organ	ization received or held works of art, historical tre		ıal gain, provide
	_	g amounts required to be reported under SFAS 1		
8		ncluded in Form 990, Part VIII, line 1		. • \$
ь		uded in Form 990, Part X		<b>&gt;</b> \$

COMMUNITY FOR PUBLIC SCHOOLS, INC. 55-0630914 Page 2 Schedule D (Form 990) 2009

Par	t # Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, o	r Othe	r Simila	ar Asse	ts (cont	inued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	are a si	gnificant (	use of its	collectio	n items	s
	(check all that apply):										
а	Public exhibition	d	· 🗀 ι	oan or exc	hange progra	ms		-			
ь	Scholarly research	е		Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ey further ti	he organizatio	on's exer	npt purpo	se in Par	XIV.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or othe	er sımilar	assets		_		_
	to be sold to raise funds rather than to be ma	intained as part of t	he orgar	nization's co	ollection?				Yes		No
Par	Escrow and Custodial Arrang reported an amount on Form 990, Par	•	ete if org	anization ar	nswered "Yes	to For	n 990, Pa	rt IV, line	9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for d	contribution	s or other as:	sets not	ıncluded		_	_	_
	on Form 990, Part X?	•						L	Yes	L_	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able:							
									Amoun	<u>t _</u>	
C	Beginning balance						. 1c				
d	Additions during the year						1d				
е	Distributions during the year						. 1e				
f	Ending balance										
2a	Did the organization include an amount on Fo	orm 990, Part X, line	217					L	Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Par	t V Endowment Funds. Complete it	the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back	<b>(d)</b> Three y	ears back	<b>(e)</b> Fou	r years	back
1a	Beginning of year balance .			,	<u> </u>		····	***********	********	**********	*******
b	Contributions						~	······			
C	Net investment earnings, gains, and losses				<u> </u>		***********				******
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses				<u> </u>		*******				******
9	End of year balance		l.,,		<u> </u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2	Provide the estimated percentage of the year	r end balance held a	as:								
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
c		%									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are held a	ind administe	red for ti	ne organiz	zation			
	by:								r	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations			•			•		3a(ii)	<b> </b>	
Ь	If "Yes" to 3a(ii), are the related organizations	listed as required of	on Sched	tule R?					Зь		
4	Describe in Part XIV the intended uses of the										
Par	t VI Investments - Land, Building	s, and Equipm	ent. Se	e Form 990	, Part X, line	10					
	Description of investment	(a) Cost or of basis (investr			or other (other)		ccumulate preciation	əd	(d) Boo	k value	9
1a	Land										
b	Buildings										
c	Leasehold improvements										
d	Equipment			2	6,222.		24,1	85.		2,0	<u>37.</u>
<u>e</u>	Other										
Total	LAdd lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. colun	on (B), line 1	10(c).)					2,0	37.

Schedule D (Form 990) 2009

THE EDUCATION ALLIANCE-BUSINESS AND COMMUNITY FOR PUBLIC SCHOOLS, INC.

55-0630914 Page 3

Part VII Investments - Other Securities.	See Form 990, Part X, line 1		<del></del>
(a) Description of security or category (including name of security)	(b) Book value		d of valuation: f-year market value
Financial derivatives			-
Closely-held equity interests			
Other	•		
Otilei		<del></del>	
	<del></del>	<del> </del>	<del></del>
	ł		
Tatal (Cal (b) must sound Form 000 Bod V and (B) line 40 )			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments - Program Related.	See Form 990, Part X, line		<del> </del>
(a) Description of investment type	(b) Book value		d of valuation: f-year market value
	<del></del>		
		†	
		<del> </del>	
<del></del>			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX Other Assets. See Form 990, Part X, III			
	a) Description		(b) Book value
	a) bescription		(b) Book Value
	·		
<del></del>			
Total. (Column (b) must equal Form 990, Part X, col (B) I		··· · · · · · · · · · · · · · · · · ·	▶
Part X Other Liabilities. See Form 990, Part	X, line 25.		
1. (a) Description of liability		(b) Amount	
Federal income taxes			
REFUNDABLE ADVANCES		157,088.	
		,	
			,
Total. (Column (b) must equal Form 990, Part X, col (B) I	ine 25.)	157,088.	
TOTAL TOOLUTTIN (D) THUSE EQUAL FORTH 990, FAIL A, COI (B) I	1110 23./	1377000	

2. FIN 48 Footnote. In Part XIV, 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. 932053 02-01-10

THE EDUCATION ALLIANCE-BUSINESS AND COMMUNITY FOR PUBLIC SCHOOLS, INC.

55-0630914 Page 4 Schedule D (Form 990) 2009 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 881,925. Total revenue (Form 990, Part VIII, column (A), line 12) 816,227. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 65,698. Excess or (deficit) for the year. Subtract line 2 from line 1 3 3 4 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities ..... 5 6 6 Investment expenses ... 7 Prior period adjustments 8 R Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8 9 65,698. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 904,868. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a Net unrealized gains on investments Donated services and use of facilities 2c Recoveries of prior year grants d Other (Describe in Part XIV.) 2d 22,943. Add lines 2a through 2d .... 2e 881,925. Subtract line 2e from line 1 . . . 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 839,170. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 2b Prior year adjustments 2c c Other losses 22,943 2d Other (Describe in Part XIV.) 22,943. 2e e Add lines 2a through 2d 3 Subtract line 2e from line 1 . ... Amounts included on Form 990. Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) . .. c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Supplemental Information Regarding** Fundraising or Gaming Activities

➤ Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

THE EDUCATION ALLIANCE-BUSINESS AND COMMUNITY FOR PUBLIC SCHOOLS, INC.

**Employer identification number** 55-0630914

Schedule G (Form 990 or 990-EZ) 2009

	ising Activities to complete this par	Complete if the organization at.	inswered "\	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
a Mail solicit b Internet an c Phone soli d In-person s 2 a Did the organizat key employees li b If "Yes," list the t	ations and email solicitations acitations solicitations tion have a written o asted in Form 990, P	g Sol g Sp or oral agreement with any individual or entities (fundraisers)	licitation of licitation of ecial fundra idual (includition)	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or	<del></del>
(i) Name of or entity (fu		(ii) Activity	have c	itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
				ļ			
		-		-			
				ļ			
Total			<b>•</b>		1		
3 List all states in v	which the organization	on is registered or licensed to so	olicit funds	or has	been notified it is ex	empt from registrati	ion or licensing.
					<del></del>		
			<del></del>				

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

Schedule G (Form 990 or 990-EZ) 2009 COMMUNITY FOR PUBLIC SCHOOLS, INC.

55-0630914 Page 2

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events GRADUATES OF (add col. (a) through PUMPKIN DROPDISTINCTION col. (c)) (event type) (total number) (event type) 5,392 19,480. 42,151. 67,023. Gross receipts 2 Less: Charitable contributions 19,480 42,151. 67,023. 5,392. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 5,630 9,754 7,559 22,943. Other direct expenses 22,943, 10 Direct expense summary. Add lines 4 through 9 in column (d) 44,080. Net income summary. Combine line 3, column (d), and line 10 Part III Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Noncash prizes Rent/facility costs Other direct expenses Yes Yes No No Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? Ωа b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: Does the organization operate gaming activities with nonmembers? ... 11 is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

chedule G (Fo	orm 990 or 990-EZ) 200	OMMUNITY	FOR	PUBLIC	SCHOOLS	, INC	2	55-	0630	091		
•							1 1		[		Yes	N
	he percentage of gamin											
-	•			-			13a		_%	1		
<b>b</b> An outside							13b	<u> </u>	<u>%</u>	1		
Enter the	name and address of the	ne person who prepares	the org	anization's ga	mıng/special ev	ents boo	ks and rec	ords:				
Name >					<del></del>	<del></del>			[			
Address	<b>-</b>											
5a Does the	organization have a cor	itract with a third party f	rom wh	om the organ	zation receives	gaming r	evenue?			15a		
b If "Yes," e	enter the amount of gan	ning revenue received by	the or	ganization 🕨	\$		and the an	nount	[			
of gaming	revenue retained by th	e third party 🕨 \$										
c If "Yes," e	enter name and address	of the third party:										
Name >				<del></del>		_			_			
Address	<b>&gt;</b>					_			_			
6 Gaming n	nanager information:											
Name >									_			
Gaming n	nanager compensation	<b>&gt;</b> \$	_						•			
Description	on of services provided	<b>&gt;</b>							_			
Dii	rector/officer	Employee		Independe	ent contractor				<u> </u>			
	ry distributions:					_						
_		r state law to make cha	ntable c		om the gaming							1
	state gaming license?									17a		-
		required under state law			other exempt o	organizatio	ons or spe	nt in the				

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990)

Department of the Tressury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection 2009

OMB No 1545-0047

**Employer Identification number** 

55-0630914

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

INC.

COMMUNITY FOR PUBLIC SCHOOLS, General Information on Grants and Assistance

Parti

► Attach to Form 990. Name of the organization THE EDUCATION ALLIANCE-BUSINESS AND

Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	r for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	X × ×	2
criteria used to award the grants of assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	istance : rocedures for monit	oring the use of grant t	 funds in the United				]	}
Part # Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	Organizations in the	United States. C	omplete if the orga	inization answered "Y	'es' to Form 990, Part	IV, line 21, for any	[
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000. Check this	box if no one recipien	it received more th	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if addition	al space is needed	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
HARTS INTERMEDIATE SCHOOL							THE STUDENT EDUCATIONAL	E
HARTS , WV 25524	55-6000341		25,000.	0			SUCCESS (SEEDS) PROGRAM	
EVANS ELEMENTARY SCHOOOL							THE STUDENT EDUCATIONAL	
205 SCHOOLHOUSE DRIVE EVANS, WV 25241	55-6000332		25,000.	0.			AND ECONOMIC DEVELOPMENT SUCCESS (SEEDS) PROGRAM	ا ر ب
GEARY ELEMENTARY SCHOOL							THE STUDENT EDUCATIONAL	
9538 CLAY ROAD LEFT HAND WV 25251	52-1782415		25 000	•			AND ECONOMIC DEVELOPMENT SUCCESS (SEEDS) PROGRAM	£ .
AND HATH WE AND AND							THE CHIDENT EDUCATIONAL	
OAK GLEN HIGH SCHOOL 195 GOLDEN BEAR DRIVE							AND ECONOMIC DEVELOPMENT	F
NEW CUMBERLAND, WV 26047	55-6000325		25,000.	0.			SUCCESS (SEEDS) PROGRAM	
WAYNE HIGH SCHOOL							THE STUDENT EDUCATIONAL	_
100 PIONEER ROAD							AND ECONOMIC DEVELOPMENT	£
WAYNE , WV 25570	55-6000409		25,000.	0.			SUCCESS (SEEDS) PROGRAM	
WEIR MIDDLE SCHOOL							THE STUDENT EDUCATIONAL	_
125 SINCLAIR AVB							AND ECONOMIC DEVELOPMENT	Ŀ
WEIRTON, WV 26062	55-6000325		25,000.	0.			SUCCESS (SEEDS) PROGRAM	ال
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations			;			اف

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

Schedule I (Form 990) 2009

Page 2

55-0630914

Schedule I (Form 990) 2009 COMMUNITY FOR PUBLIC SCHOOLS, INC.

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

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I, I	ine 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE PR	PRGOGRAM OF	FICER VAL	OFFICER VALIDATES THE ACCURACY	ACCURACY OF	
GRANT REQUESTS AND REVIEWS DOCUMENTATION	NO	PROVIDED BEFORE	FORE ANY GI	ANY GRANT MONIES	
ARE GIVEN OUT.					

Schedule I (Form 990) 2009

### SCHEDULE'J-2 (Form 990)

**Continuation Sheet for Form 990** 

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

THE EDUCATION ALLIANCE-BUSINESS AND COMMUNITY FOR PUBLIC SCHOOLS, INC.

Employer Identification number 55-0630914

Part 1 Continuation of Officers, Di									t Compensated	
(A)	(B)			((	_		<u>.p.</u>	(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck				iy)	compensation	compensation	amount of
	per	Ė	Γ	Γ	Γ	Ϊ́	Ϋ́	from	from related	other
	week		ļ			8		the	organizations	compensation
		Individual trustee or director		l		Highest compensated employee	l	organization	(W-2/1099-MISC)	from the
		9 0	8			pages		(W-2/1099-MISC)		organization
	:	at ST	Institutional trustee		8	DE TE				and related organizations
		dual	튵	_	e e	M C	L			Organizations
		Pog.	幫	B B B	Key employee	를	Former			
GREG SMITH			$\vdash$	-			┢			<del></del>
MEMBER AT LARGE	1.00	X						0.	0.	0.
HERCHIEL SIMS, JR.		T	<del> </del>	$\vdash$	$\vdash$					
DIRECTOR	1.00	x						0.	0.	0.
DR. STEVE PAINE			┢╌	-			-	<del>                                     </del>		
DIRECTOR	1.00	x						0.	0.	0.
L. NEWTON THOMAS, JR.	1.00	-	$\vdash$		l		<del>                                     </del>	ļ		
DIRECTOR	1.00	x						0.	0.	0.
NANCY NEWFELD	1.00						$\vdash$	<u> </u>		
DIRECTOR	1.00	Y					ļ	0.	0.	0.
MARK PRINCE	1.00	12.	-					<del>                                     </del>		
DIRECTOR	1.00	v.						0.	0.	0.
JAMES W. THOMAS	1.00	-	╁─					† <del>-</del>		
VICE CHAIR	1.00	Y					ĺ	0.	0.	0.
JOANNE TOMBLIN	1.00	1	├	-			$\vdash$	<del> </del>		
SECRETARY	1.00	Х			ł		1	0.	0.	0.
WILLIAM WILMOTH	1.00	1						<del> </del>		
DIRECTOR	1.00	y						0.	0.	0.
CHRISTINA BRUMLEY	1.00	A	$\vdash$			-				0.
DIRECTOR	1.00	\v						0.	0.	0.
BILL PHILLIPS, JR.	1.00	<del>  ^</del>	╁			-	╁			0.
DIRECTOR	1.00	Y						0.	0.	0.
JOAN WEISBERG	1.00	<u> </u>	╁		-					
DIRECTOR	1.00	y.						0.	0.	0.
SAMMY GRAY	1.00	-	$\vdash$	-	$\vdash$	-	-			
MEMBER AT LARGE/RESEARCH	1.00	x			Ì		i	0.	0.	0.
TODD SHELL	1.00		<del>                                     </del>	$\vdash$	<b>-</b>	-	-	<u> </u>		
DIRECTOR	1.00	X						0.	0.	0.
PATRICIA KUSIMO, PH.D.	1,00		<del> </del>	-			-	† <u>*</u> •		<u>·</u>
PRESIDENT/CEO	37.50		ļ	х				93,000.	0.	7,440.
TRESTEDENT, OHO	37.30	╁	<del> </del>	-	_	-		33,000.		7,74401
		i		ŀ						
			$\vdash$	$\vdash$	<del> </del>		-	<del> </del>		
	,	-	1		İ					
		T	$\vdash$	$\vdash$	l		Т			
				ĺ						
		1					Г			
						<u> </u>				
							_			

### SCHEDULE O (Form 990)

4 mg 1 4 B

**Supplemental Information to Form 990** 

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

Attach to Form 990.

2009 Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

THE EDUCATION ALLIANCE-BUSINESS AND COMMUNITY FOR PUBLIC SCHOOLS, INC.

Employer identification number 55-0630914

COMMUNITY FOR PUBLIC SCHOOLS, INC.	55-0630914
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
EXCELLENCE IN TEACHING & TO PROMOTE STUDENT ACHIEVEMENT.	<del></del>
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
BUSINESS COUNCIL FOR EDUCATION: AN EFFORT IN CONJUNCTION	WITH THE
NATIONAL BUSINESS ROUNDTABLE TO IMPROVE PUBLIC EDUCATION.	
READ ALOUD	
PARTNERSHIPS IN EDUCATION	
STATE SCHOLARS	
OTHER	
SEEDS	
FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECT	TOR REVIEWS THE
990 PRIOR TO FILING.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PRO	OVIDES ITS
GOVERNING DOCUMENTS AND FINANCIAL STATMENTS TO THE PUBLIC	UPON REQUEST.
THESE DOCUMENTS ARE ALSO POSTED ON THE WV SECRETARY OF STA	TE'S WEBSITE.