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

benefit trust or private foundation)

OMB No 1545-0047 Open to Public inspection

JUL 1, 2010 and ending JUN 30, 2011 For the 2010 calendar year, or tax year beginning D Employer identification number C Name of organization Check if THE EDUCATION ALLIANCE-BUSINESS AND Address change COMMUNITY FOR PUBLIC SCHOOLS, Name change 55-0630914 Doing Business As]initial return Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Terminated 500 304-342-7850 803 QUARRIER ST, Amende 986,850. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-CHARLESTON, WV 25301 H(a) is this a group return pending F Name and address of principal officer:DR. PATRICIA KUSIMO Yes X No for affiliates? 803 QUARRIER STREET, STE 500, CHARLESTON WV H(b) Are all affiliates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or) ◀ (insert no) If "No," attach a list. (see instructions) Website: ➤ WWW.EDUCATIONALLIANCE.ORG **H(c)** Group exemption number ▶ K Form of organization X Corporation Year of formation 1983 M State of legal domicile WV Part I Summary Briefly describe the organization's mission or most significant activities. PROMOTE CLOSER RELATIONSHIPS SCANNED OCT 1 18 2011 BETWEEN THE PRIVATE SECTOR & WV PUBLIC SCHOOLS IN ORDER TO SUPPORT \lrcorner if the organization discontinued its operations or disposed of more than 25% of its net assets 42 Number of voting members of the governing body (Part VI, line 1a) $\overline{41}$ Number of independent voting members of the governing body (Part VI, line 1b) 9 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 159 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 822,953. 780,457. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 57,<u>3</u>88. 58,096. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 44,080. 73,558. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 881,925. 954,607. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 180,756. 187,442. Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. Ο. Benefits paid to or for members (Part IX, column (A), line 4) 338,763. 370,224. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 76,817. b Total fundraising expenses (Part IX, column (D), line 25) 296,708. 440,122. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 816,227. 997,788. Total expenses Addrines 13,17 must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 65,698. <43,181.> Assets or 1 1 Balances OSC Beginning of Current Year **End of Year** Total assets (Part X, line (18) 0 3 2011 1,172,733. 986,464. Total liabilities (Part X, line 26) 175,723. 32,635. 997,010. Net assets of fundibalances 953,829 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Mireia Signature of officer Sign DR. PATRICIA KUSIMO, PRESIDENT/CEO Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's 8/12 DANNY F. BLAIR Paid sett-employed Firm's name GRAY, GRIFFITH & MAYS A.C. Preparer Firm's EIN Firm's address 707 VIRGINIA STREET, EAST, SUITE 400 Use Only CHARLESTON, WV 25301-2711 (304)345-9400

Form **990** (2010)

X Yes

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

Form 990 (2010)

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

55-0630914 Page **2**

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
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.
	D. J. A. L.
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 \$396,246. including grants of \$) (Revenue \$)
	SEEDS: A PROFESSIONAL DEVELOPMENT EXPERIENCE FOR WV PUBLIC SCHOOL
	PRINCIPALS THAT LINK PRINCIPALS WITH SEASONED BUSINESS PROFESSIONALS TO
	DEVELOP AND EXECUTE AN INNOVATIVE BUSINESS PLAN FOR SCHOOL SUCCESS.
	
4b	(Code:) (Expenses \$209,698. including grants of \$0.) (Revenue \$)
	WV EMETORING: TO PROVIDE COLLEGE AND CAREER READINESS BY LINKING
	STUDENTS AND BUSINESS VOLUNTEERS TOGETHER ONLINE.
4c	(Code:) (Expenses \$12,336. including grants of \$) (Revenue \$)
	WALK THE TALK: TO ENSURE THAT ALL PARTICIPANTS COMPLETE HIGH SCHOOL
	READY FOR POST SECONDARY EDUCATION.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 106,503. including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 824, 783.
	Form 990 (2010)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		res	140
•	If "Yes," complete Schedule A	1	х	1
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	}	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	ł	x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	[X
	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to		 	
6	-	6		Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	ļ	Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide	-		
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	[X
• ^		-		-
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		Х
	If "Yes," complete Schedule D, Part V	-10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			1
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
	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	118		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		1
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
- 4	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	110	 	 ^
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_		11e		X
e		116		 ^
f	the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
•0-				<u> </u>
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Х	
_		120		 -
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		 	X
13 14a		13 14a	 	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
U	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	146		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	170		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	<u>:</u> -	-	
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	l	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 -	 	†
	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			† -
. •	complete Schedule G, Part III	19	j	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form 990 filers that		<u> </u>	†
-	operate one or more hospitals must attach audited financial statements (see instructions)	20ь	ļ	

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Form 990 (2010) COMMUNITY FOR PUBLIC SCHOOLS, INC.

Part IV 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		v	
	United States on Part IX, column (A), line 17 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,		v	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		<u>X</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			v
	Schedule K If "No", go to line 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			[
_	any tax-exempt bonds?	24c		
ď		24d	Í	
25a			Ì	х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Þ	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	054	İ	х
	Schedule L, Part I	25b		Α_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	0.0		х
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	_	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ĺ	ĺ	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	97		X
20	Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		-
28				
	instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b		200		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		 	1
00	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, Parts II, III, IV, and V, line 1	34	ĺ	X
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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			
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	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
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	X	<u> </u>
		Form	aan /	2010)

Form 990 (2010) COMMUNITY FOR PUBLIC SCHOOLS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

T GI	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	28			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ible gaming			
	(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	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	`				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	ints			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer	action'	?	5b	<u></u>	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_	<u>.</u>	5c	-	 -
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anization solicit			· ·
	any contributions that were not tax deductible?			6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions (or gifts	۵.		ĺ
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		dad to the access?	7 .	ŀ	x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a	<u> </u>	A
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		aurod	7b	-	
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas rec	driteo	7c	!	X
	to file Form 8282?	7d		76		1
	If "Yes," indicate the number of Forms 8282 filed during the year		ct?	7e		1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization.		C(·	7f		
f	If the organization received a contribution of qualified intellectual property, did the organization file F		899 as required?	7g		
9 h				7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations				-	
Ŭ	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			96		
10	Section 501(c)(7) organizations. Enter:					
a	the state of the s	10a				
ь	- Company of the contract of t	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a	<u></u>			
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	<u></u>	}		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n _. 1041	?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u></u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ	ļ	
a	is the organization licensed to issue qualified health plans in more than one state?			13a	ļ	-
	Note. See the instructions for additional information the organization must report on Schedule O.					
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1			
	organization is licensed to issue qualified health plans	13b		-		
C		13c	<u> </u>	-		10
14a	•			14a		<u> </u>
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ile O		146	ı	1

Form 990 (2010)

COMMUNITY FOR PUBLIC SCHOOLS, INC.

Part VI Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 42 1a Enter the number of voting members of the governing body at the end of the tax year 1a $\overline{41}$ 1b b Enter the number of yoting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 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? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X 7a governing body? X 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? Х **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х 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 10a Х 10a Does the organization have local chapters, branches, or affiliates? b If "Yes." does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? X 11a Has the organization provided a 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 Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? 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 X 13 13 Does the organization have a written whistleblower policy? X 14 Does the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a X 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 Х 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's 16b 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 ►WV 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection indicate how you make these available. Check all that apply Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization PATRICIA S. KUSIMO - (304) 342-7850 WV 25301 803 QUARRIER STREET, STE 500, CHARLESTON,

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Form 990 (2010)

COMMUNITY FOR PUBLIC SCHOOLS, INC.

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

Check if Schedule O contains a response to any question in this Part VII

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

- 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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)	(B)	1		(D)	(E)	(F)				
Name and Title	Average			Reportable	Reportable	Estimated				
	hours per	(c	heck	(all '	that	app	iy)	compensation	compensation	amount of
	week (describe	director						from the	from related organizations	other compensation
	hours for	o di				Pg.		organization	(W-2/1099-MISC)	from the
	related		truste		9 R	pens		(W-2/1099-MISC)	, , , ,	organization
	organizations	ag ag	tonal		g g	S S				and related
	in Schedule O)	Individual trustee	Institutional frustee	Officer	Key employee	Highest compensated employee	Former			organizations
RALPH BAXTER, JR.		 	 		-	<u> </u>	\vdash			
DIRECTOR	1.00	X						0.	0.	0.
LETITIA CHAFIN										
DIRECTOR	1.00	X		<u> </u>				0.	0.	0.
RICHARD ADAMS, JR.										
TREASURER	1.00	X		Ĺ	<u> </u>	<u> </u>	L.	0.	0.	0.
DANIEL FOSTER	1									
DIRECTOR	1.00	X	ļ				_	0.	0.	0.
STEPHEN HOPTA										
DIRECTOR	1.00	X	<u> </u>	<u> </u>	<u> </u>	_	_	0.	0.	0.
GOVERNOR GASTON CAPERTON		1								
DIRECTOR	1.00	X	ļ	<u> </u>	_	1	<u> </u>	0.	0.	0.
DEBORAH HERNDON		l		ŀ	1					
DIRECTOR	1.00	X	<u> </u>	<u> </u>	-	\vdash	ļ	0.	0.	0.
MICHAEL JOHN	1 100		Ì							
DIRECTOR	1.00	X	-	-		-		0.	0.	0.
JAMES "BUCK" HARLESS	1 100	v						0	0.	0.
DIRECTOR	1.00	X	┼	-	┼		╀	0.	0.	0.
WILLIAM SMITH	1 00							0.	0.	
DIRECTOR	1.00	X	 	-	-	╀	╀	<u> </u>	0.	0.
DEE KAPOURALES	1 00	\ .					-	0.	0.	0.
DIRECTOR	1.00	X	-	1	\vdash	+	+-		0.	0.
DR. PRISCILLA LEAVITT	1.00	X						0.	0.	0.
DIRECTOR	1.00	^	╁		╁	+	┼		- 0.	0.
JERI MATHENEY	1.00	X						0.	0.	0.
PAST CHAIR	1.00	1	╁╌		+-	+	╁╴			
EDDIE BOSTIC	1.00	$ _{\mathbf{X}}$						0.	0.	0.
DIRECTOR WALLY BOSTON	1.00	T	+	-	-	+	╁╌	- 		
	1.00	x	-		}			0.	0.	0.
DIRECTOR FIRST LADY GAYLE MANCHIN	1	1	-	+-	1	+	+	+	†	
NOMINATING CHAIR	1.00	x						0.	0.	0.
JOSEPH MCDONIE	1	+		T		+	+-	+	1	
DEVELOPMENT CHAIR	1.00	$ _{\mathbf{X}}$						0.	0.	0.
00007 40 01 40	<u> </u>	,	1	1	ч				·	Form 990 (2010)

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Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	s, a	nd l	ligh	est	Compensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	Position						Reportable	Reportable	E	stimate	∍d
	hours per	(check all that apply)						compensation	compensation	а	mount	of
	week	Б						from	from related		other	
	(describe hours for	Of The Co				-		the	organizations		npensa	
	related	8	鬈			rg fg		organization	(W-2/1099-MISC)		from th	
	organizations	arst	<u>ਵ</u>	ĺ	8	lg.	{	(W-2/1099-MISC)			ganızat	
	in Schedule	Individual trustae or director	Institutional frustee		윤	Se se	2				nd relat janizati	
	O)	lpd	暫	O#Cer	Кеу еттрюуее	Highest compensated employee	Former			l	jailizati	OHS
ROBERT ORNDORFF												
DIRECTOR	1.00	X						0.	0.			0.
PRISCILLA HADEN		l										_
DIRECTOR	1.00	X		<u> </u>	 	<u> </u>	_	0.	0.			0.
MALLIE COMBS SNIDER	1 00	١,,							^	İ		^
DIRECTOR	1.00	X	-			<u> </u>		0.	0.	-		0.
TOM PRESSMAN DIRECTOR	1.00	Х						0.	0.			0.
SHARON ROWE	1.00	Α	-		<u> </u>				<u> </u>			
DIRECTOR	1.00	Х						0.	0.			0.
SUSAN HARDESTY		1				 	_			 		
DIRECTOR	1.00	Х						0.	0.			0.
MIKE LUTZ												
DIRECTOR	1.00	X	ļ		<u></u>	<u> </u>		0.	0.			0.
TRES ROSS	1 00								•			_
DIRECTOR	1.00	X			-	ļ	<u> </u>	0.	0.	ļ		0.
LACY RICE, JR.	1 00	х						0.	0			Λ
DIRECTOR 1. Sub-total	1.00	Λ	<u> </u>		<u> </u>	_		0.	0.			$\frac{0.}{0.}$
1b Sub-total	I Costion A							98,583.	0.		7,8	
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	ii, Section A							98,583.	0.	7,857		
Total number of individuals (including but n	ot limited to th	ose	liste	ed at	bove	a) wi	no r				,,,	<u> </u>
compensation from the organization						-,						0
											Yes	No
3 Did the organization list any former officer,	director or tru	stee	e, ke	y em	plo	yee,	or t	highest compensated em	ployee on			
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su									ne organization			
and related organizations greater than \$150										4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							elat	ted organization or individ	lual for services	_		Х
Section B. Independent Contractors	ipiete Scriedui	0 J 1	Or St	<u>ICH</u>	pers	ion				5		
Complete this table for your five highest co	mpensated inc	dep	ende	nt c	ontr	acto	ors t	that received more than \$	100,000 of compens	ation	from	
the organization NONE									,			
(A)								(B)			C)	
Name and business	address						_	Description of se	rvices	ompe	ensatio	n
							ŀ					
	·						_					
							-					
2 Total number of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se li	sted	above) who received mo	ore than			
\$100,000 in compensation from the organization		"			(_						

Form 990 (2010)

COMMUNITY FOR PUBLIC SCHOOLS, INC. 55-0630914

Part VII Section A. Officers, Directors (A)	(B)			(C	;)			(D)	(E)	(F)
Name and title	Average hours	(ct		Posi	tion		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional frustee	Officer	Кеу етрюуее	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
HOWARD SEUFER, JR.										
CHAIRMAN OF THE BOARD	1.00	X						0.	0.	0
GREG SMITH										_
MEMBER AT LARGE	1.00	Х					ļ	0.	0.	0
HERCHIEL SIMS, JR.	1 00					1			_	_
DIRECTOR	1.00	X	_			<u> </u>		0.	0.	0
DR. STEVE PAINE	1 22	۱,,							,	_
DIRECTOR	1.00	X	<u> </u>			<u> </u>	_	0.	0.	0
L. NEWTON THOMAS, JR.	1 00	v						0.	0.	^
DIRECTOR	1.00	Х	_			 	-	<u> </u>	<u> </u>	0
NANCY NEWFELD	1.00	Х						0.	0.	0
DIRECTOR	1.00	Λ		\vdash				0.	0.	0
MARK PRINCE	1.00	Х						0.	0.	0
DIRECTOR JAMES W. THOMAS	1.00			\vdash		-		 		0
VICE CHAIR	1.00	Х				Ì		0.	0.	0
JOANNE TOMBLIN	1.00	-					 			
SECRETARY	1.00	x						0.	0.	0
WILLIAM WILMOTH										
DIRECTOR	1.00	Х						0.	0.	0
CHRISTINA BRUMLEY							<u> </u>			
DIRECTOR	1.00	X						0.	0.	0
BILL PHILLIPS, JR.										
DIRECTOR	1.00	X						0.	0.	0
JOAN WEISBERG			}							
DIRECTOR	1.00	X			L		<u></u>	0.	0.	0
SAMMY GRAY			İ						_	_
MEMBER AT LARGE/RESEARCH C	1.00	X		_	<u> </u>	<u> </u>	<u> </u>	0.	0.	0
TODD SHELL	1 00	,,							_	_
DIRECTOR	1.00	X		_	<u> </u>		 	0.	0.	0
PATRICIA KUSIMO, PH.D.	27 50			Х		}		98,583.	_	7 057
PRESIDENT/CEO	37.50	·		Λ			-	90,303.	0.	7,857
Total to Part VII, Section A, line 1c								98,583.		7,857

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

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Form 990 (2010)

Form 990 (2010) Statement of Revenue Part VIII (D) Revenue (C) (B) Total revenue Related or Unrelated excluded from business tax under sections 512, 513, or 514 exempt function revenue revenue Federated campaigns 1a 1b Membership dues 1c Fundraising events 1d Related organizations 1e e Government grants (contributions) All other contributions, gifts, grants, and 822,953. similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ 822,953 h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue • Total. Add lines 2a-2f Investment income (including dividends, interest, and 58,096. 58,096. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) 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 105801 Part IV, line 18 32,243. b Less: direct expenses 73,558. 73,558. 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 e Total. Add lines 11a-11d Ō. 0. 131,654. 954,607. Total revenue See instructions 12

Part IX Statement of Functional Expenses

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

	All other organizations must comp		tions must complete all a not required to complete		
	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 governments and organizations in the U.S. See Part IV, line 21	187,442.	187,442.		
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
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	98,583.	69,008.	13,802.	15,773.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	175,402.	122,271.	25,902.	27,229.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	22,514.	15,521. 32,494.	3,441. 7,505.	3,552. 7,626. 3,349.
9	Other employee benefits	47,625.	32,494.	7,505.	7,626.
10	Payroll taxes	26,100.	13,796.	8,955.	3,349.
11	Fees for services (non-employees)				
а	Management				
þ	Legal				
c	Accounting	14,500.	9,354.	2,573.	2,573.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	257,306.	249,861.	7,445.	
12	Advertising and promotion				
13	Office expenses	24,470.	15,928.	5,974.	2,568.
14	Information technology				
15	Royalties				·
16	Occupancy	32,820.	27,142.	2,856.	2,822.
17	Travel	9,178.	4,910.	3,618.	650.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,762.	13,126.	304.	332.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				· · · · · · · · · · · · · · · · · · ·
23	Insurance	·	 		· · · · · · · · · · · · · · · · · · ·
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0)				
а	PROGRAM EVALUATION	27,500.	27,500.	0.	0.
b	PRINTING	24,759.	13,426.	5,398.	5,935.
c	OTHER	22,510.	14,257.	6,291.	1,962.
d	TELEPHONE	11,234.	7,674.	1,510.	2,050.
e	POSTAGE	2,083.	1,073.	614.	396.
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	997,788.	824,783.	96,188.	76,817.
26	Joint costs. Check here Inf following SOP				,
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	}			

Form 990 (2010)
Part X Balance Sheet

			(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing		287,781.	1	140,354.
2	Savings and temporary cash investments		720,950.	2	831,371.
3	Pledges and grants receivable, net	Ţ	158,150.	3	
4	Accounts receivable, net			4	·, · · · · · · · · · · · · · · · · · ·
5	Receivables from current and former officers, di	rectors, trustees, key	······································		······································
	employees, and highest compensated employee	·			
	of Schedule L			5	
6	Receivables from other disqualified persons (as	defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of sect				
	employees' beneficiary organizations (see instru			6	
7	Notes and loans receivable, net			7_	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D	10a 31,297. 10b 25,285.			
b	Less: accumulated depreciation	10b 25,285.	2,037.	10c	6,012
11	Investments - publicly traded securities			11	· · · · · · · · · · · · · · · · · · ·
12	Investments - other securities. See Part IV, line	l1	 	12_	
13	Investments - program-related See Part IV, line	11		13	
14	Intangible assets	<u>. </u>	14		
15	Other assets See Part IV, line 11	1	3,815.	15	8,727
16	Total assets. Add lines 1 through 15 (must equ	al line 34)	1,172,733.	16	8,727 986,464 32,635
17	Accounts payable and accrued expenses	_	18,635.	17	32,635
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
22	Payables to current and former officers, director	rs, trustees, key employees,			
	highest compensated employees, and disqualif	ed persons Complete Part II			
	of Schedule L	-		22	
23	Secured mortgages and notes payable to unrela	· · · · · · · · · · · · · · · · · · ·		23	
24	Unsecured notes and loans payable to unrelate	d third parties	157 000	24	
25	Other liabilities Complete Part X of Schedule D	ļ-	157,088.	25	0.
26	Total liabilities. Add lines 17 through 25	V	175,723.	26	32,635
	Organizations that follow SFAS 117, check he	ere X and complete			
	lines 27 through 29, and lines 33 and 34.		110 120		157 067
27	Unrestricted net assets	}-	448,138. 548,872.		457,067 496,762
28	Temporarily restricted net assets	}	340,072.	28	490,702
29	Permanently restricted net assets		······································	29	
	Organizations that do not follow SFAS 117, c	heck here 🕨 📖 and			
	complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds	Г		30	
24		HURRIDANI ILIAG		31	
31	Paid-in or capital surplus, or land, building, or ed	· ·		20	
31 32 33	Retained earnings, endowment, accumulated in Total net assets or fund balances	· ·	997,010.	32	953,829

Form 990 (2010)

55-0630914 Page **12** COMMUNITY FOR PUBLIC SCHOOLS, INC.

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		. 1	0.5	1 6	0.7
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		$\frac{4,6}{7}$	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	99	7,0	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>0.</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	95	3,8	<u> 29.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
			(~ ~~~	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	···			-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	ŀ		
	separate basis, consolidated basis, or both.		ŀ		
	Separate basis Consolidated basis Both consolidated and separate basis		- [
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		

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

2010

Open to Public Inspection

Name of the organization

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

Employer identification number 55-0630914

Pa	rt I	Reason	for Public Chari	ty Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				
he	organi	zation is not a	private foundation i	pecause it is (For lines 1	through 1	1, check o	only one b	ox)			_		
1		A church, cor	vention of churches	s, or association of churc	ches descr	nbed in se	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E)								
3		A hospital or	a cooperative hospit	al service organization o	described i	n section	170(b)(1)(A)(iii).					
4		A medical res	earch organization o	perated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital	s name	Э,
		city, and state	e'										
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a govern	mental unr	t describe	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6		A federal, sta	te, or local governme	ent or governmental unit	described	d in sectio	n 170(b)(1)(A)(v).					
7	X	An organizati	on that normally reco	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	oublic desc	nbed in	1
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		An organizati	on that normally rec	eives (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	nembershi	p fees, ar	nd gross red	eipts f	rom
		activities relat	ted to its exempt fur	octions - subject to certa	ın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	ınvestr	nent
		income and u	inrelated business to	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	after June 3	0, 1975	5
		See section !	509(a)(2) . (Complete	Part III.)									
10		An organizati	on organized and op	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	i).				
11		An organizati	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	ctions of,	or to carr	y out the	purposes o	f one o	r
		more publicly	supported organiza	itions described in section	on 509(a)(1	l) or sectio	n 509(a)(2) See se c	tion 50 9 (a)(3). Che	eck the box	that	
			· · · ·	organization and comple	$\overline{}$	_					1		
		a Type I		- 71		e III · Func	•	•		d	Type III - C		
e	Ш	By checking t	this box, I certify tha	t the organization is not	controlled	directly or	r indirectly	by one or	r more disc	qualified p	persons oth	er than	1
			•	nan one or more publicly		-				9(a)(1) or s	section 509	(a)(2)	
f		If the organization	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
			rganization, check th										L
9		•	•	rganization accepted ar			-					····	
				rectly controls, either al	one or tog	ether with	persons o	lescribed i	ın (ii) and (III) below,		Yes	No
		_		upported organization?							11g(i)		
		•	•	described in (i) above?		_					11g(ii)		
		* -	•	person described in (i) o							11g(iii)	L	
ħ		Provide the to	ollowing information	about the supported or	ganization	(s).							
				(iii) Type of	k 12 45 2 2		() Ded		(vi) Is	the			
(i)		of supported	(ii) EIN	organization		rganization sted in your			organization	on in col	(vii) An		
	orga	nization		(described on lines 1-9		document?			(i) organiz U S	ed in the	sup	port	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1.55				
													
						İ			ļ				
				······································							· · · · · · · · · · · · · · · · · · ·		
									}				
								_					
_													

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(f) Total

(e) 2010

Schedule A (Form 990 or 990-EZ) 2010 COMMUNITY FOR PUBLIC SCHOOLS, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(b) 2007

(a) 2006

(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.)

(c) 2008

(d) 2009

	Gifts, grants, contributions, and membership fees received (Do not	720 020		671 901	780,458.	822 953	4 352 354
	include any "unusual grants ")	728,838.	1,348,304.	0/1,001.	700,430.	022,555.	4,352,354.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	ı					
	furnished by a governmental unit to	ı					
	the organization without charge	700 000		671 001	780,458.	822,953.	4 250 254
	Total. Add lines 1 through 3	728,838.	1,348,304.	671,801.	760,436.	022,333.	4,352,354.
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		<u></u>				4,352,354.
Sec	ction B. Total Support		 -				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	728,838.	1,348,304.	671,801.	780,458.	822,953.	4,352,354.
8	Gross income from interest,						
	dividends, payments received on	1					
	securities loans, rents, royalties		:				
	and income from similar sources	52,834.	13,434.	29,306.	57,388.	58,096.	211,058.
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 IV.)			i			
11	Total support. Add lines 7 through 10						4,563,412.
	Gross receipts from related activities	etc. (see instructi	ons)			12	454,198.
	First five years. If the Form 990 is fo			d. fourth, or fifth t	ax vear as a sectio	on 501(c)(3)	
	organization, check this box and sto		,,		•	, , , ,	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
_	Public support percentage for 2010 (column (f))		14	95.37 %
	Public support percentage from 2009					15	96.00 %
	33 1/3% support test - 2010. If the c			n line 13, and line	14 ıs 33 1/3% or п	nore, check this bo	x and
100	stop here. The organization qualifies					•	$\triangleright X$
	33 1/3% support test - 2009. If the c				line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qua						▶□
47.	10% -facts-and-circumstances tes				e 13 16a or 16b. a	and line 14 is 10%	or more.
1/6	and if the organization meets the "far						
	meets the "facts-and-circumstances"						▶ □
_						17a and line 15 ie	10% or
k	10% -facts-and-circumstances tes						
	more, and if the organization meets t						▶□
	organization meets the "facts-and-cir						
18	Private foundation. If the organization	on ala not check a	DOX ON line 13, 16	oa, 100, 17a, 01 17		edule A (Form 990	
					Sch	edule A (Form 88)	, or ago-c2/ 2010

Section A. Public Support

Calendar year (or fiscal year beginning in)

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				<u> </u>		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513	: :					
4	Tax revenues levied for the organ-		-				
•	ization's benefit and either paid to or expended on its behalf	ı					
5	The value of services or facilities					15	
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line ?c from line 6)						
	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·	^			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
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						
-	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)	<u> </u>	<u> </u>	1	<u> </u>	1	<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						
Se	ction C. Computation of Publ	*				T	
15	Public support percentage for 2010 (I		•	column (f))		15	
16	Public support percentage from 2009					16	%
Se	ction D. Computation of Inves						
17	• -	•		ne 13, column (f))		17	%
18	Investment income percentage from				_	18	%
198	a 33 1/3% support tests - 2010. If the						17 is not
ı	more than 33 1/3%, check this box a 33 1/3% support tests - 2009. If the						▶
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	structions	▶□

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.

2010 Open to Public Inspection

Name of the organization

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

Employer identification number 55-0630914

Par	TI Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of	• •	· ·
	impermissible private benefit?		Yes No
Par		panization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e 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 per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in further	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	· ·
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2010

COMMUNITY FOR PUBLIC SCHOOLS, INC.

55-0630914 Page 2

	t III Organizations Maintaining C	ollections of Art	, Histo	orical Tre	easures, or	<u>r Othe</u>	r Similar Ass	sets (conti	nued)
3	Using the organization's acquisition, accession	on, and other records	, check	any of the f	iollowing that	are a sig	gnificant use of I	ts collection	n items
	(check all that apply):								
a	Public exhibition	d	<u> </u>	oan or exch	nange program	ms			
b	Scholarly research	e	o	ther					
C	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how the	y further th	ne organizatio	n's exen	npt purpose in F	art XIV	
5	During the year, did the organization solicit o	r receive donations o	f art, hist	torical treas	sures, or othe	r sımılar	assets		
	to be sold to raise funds rather than to be ma	aintained as part of th	e organi	zation's co	llection?			Yes	No.
Par	Escrow and Custodial Arran reported an amount on Form 990, Par		te if the	organizatio	n answered "	Yes" to	Form 990, Part I	V, line 9, or	<u></u>
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for c	ontribution	s or other ass	ets not	ıncluded		 -
	on Form 990, Part X?						Į.	Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing ta	ıble					
								Amount	<u> </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 F	orm 990, Part X, line	21?					Yes	No
b	If "Yes," explain the arrangement in Part XIV.								
Par	t V Endowment Funds. Complete	f the organization ans	swered *	Yes" to Fo	rm 990, Part I	V, line 1	0		
		(a) Current year	(b) Pr	or year	(c) Two years	s back	(d) Three years ba	ck (e) Four	r years back
1a	Beginning of year balance						- , , , , , , , , , , , , , , , , , , ,		
b	Contributions								
С	Net investment earnings, gains, and losses						·		
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								·····
g	End of year balance	<u> </u>			<u> </u>				
2	Provide the estimated percentage of the year	r end balance held a	s:						
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment ▶	%							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held a	nd administe	red for ti	ne organization		
	by								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Sched	ule R?				3b_	l
4	Describe in Part XIV the intended uses of the								
Pa	rt VI Land, Buildings, and Equipn	nent. See Form 990	, Part X,	line 10.					
	Description of investment	(a) Cost or o			or other (other)		ccumulated preciation	(d) Boo	k value
1a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment			3	1,297.		25,285.		6,012.
e									
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colurr	n (B), line	10(c))		>		6,012.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 1	2		
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuat t or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	<u></u>			
(A)				
(B)		 		
(C)	 			
(D)		ļ		
(E)				
(F)				
(G)	 	 	 	
(H)	<u></u>			
(1) Tatal (Col (b) must equal Form 000 Part V col (P) line 10.)	 			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ► Part VIII Investments - Program Related. S	oo Form 000 Part V (soc	<u> </u>		···
		13.	(c) Method of valuat	lon
(a) Description of investment type	(b) Book value	Cos	t or end-of-year mark	
(1)	ļ	 		
(2)	 			
(3)	-	 		
(4)		<u> </u>		
	· · · · · · · · · · · · · · · · · · ·			
(7)		 		
(8)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
(9)		 		
(10)				
Total (Col (b) must equal Form 990, Part X, col (B) line 13)		<u> </u>	······································	······································
Part IX Other Assets. See Form 990, Part X, line	: 15			
	Description			(b) Book value
(1)				
(2)	· · · · · · · · · · · · · · · · · · ·			
(3)	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
				
(5)	 	<u> </u>		
(6)		· 		
		-		·····
(9)				·
(10)	- 45)	····		
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,			> 1	
1. (a) Description of liability	11110 20.	(b) Amount	,	· · · · · · · · · · · · · · · · · · ·
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
				_
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740)	e 25)	ments that reports the organiz	ation's liability for uncertain	tax positions under
2. FIN 48 (ASC 740)	o me organización o imanicial state	unut reports the organiz		
032053 12-20-10			Sche	dule D (Form 990) 2010

Sche	dule D (Form 990) 2010 COMMUNITY FOR PUBLIC SCHOO				30914	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial State	ments		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			607.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			,788.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<43	<u>, 181 .</u> :
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8		9	-		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	nd 9	10		<43	,181.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturn		
1	Total revenue, gains, and other support per audited financial statements			1	986	,850.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b]		
С	Recoveries of prior year grants	2c	-			
d	Other (Describe in Part XIV.)	2d	32,243.			
е	Add lines 2a through 2d			2e	32	,243.
3	Subtract line 2e from line 1			3	954	<u>,243.</u> ,607.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		1		
c	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	954	,607.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Return		
1	Total expenses and losses per audited financial statements			1	1,030	,031.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		1 1		
c	Other losses	2c		1		
ď	Other (Describe in Part XIV)	2d	32,243.	1		
	Add lines 2a through 2d	<u> </u>		2e	32	,243.
3	Subtract line 2e from line 1			3		,788.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV.)	4b		1		
	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	997	,788.
	rt XIV Supplemental Information			· • · · ·		
X, lın	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com					4; Part
PAI		<u> </u>	····			
SPI	ECIAL EVENTS	-			32	,243.
PA	RT XIII, LINE 2D - OTHER ADJUSTMENTS:					
SP	ECIAL EVENTS				32	,243.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

2010

Open To Public Inspection

Name of the organization

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

Employer identification number 55-0630914

Part I Fundraising Activities required to complete this pai	Complete if the organization answert	ered "Y	'es" to	Form 990, Part IV, i	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rate Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a writtent key employees listed in Form 990, F If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p dividuals or entities (fundraisers) purs	tion of tion of fundra (includer trofess	non-g govern using of ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	No No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	aiser ustody	(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	-		
T						
····						
l otal			>			
List all states in which the organization licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration
					··	
						·
		_				
				<u></u>		

Schedule G (Form 990 or 990 EZ) 2010 COMMUNITY FOR PUBLIC SCHOOLS, INC. 55-0630914 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gre		EZ, lines 1 and 6b List 6		ts greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
-			1	GRADUATES OF		(add col (a) through
			PUMPKIN DROP	DISTINCTION	1	col. (c))
o			(event type)	(event type)	(total number)	
Revenue						
ev.	1	Gross receipts		_		
-						
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)				
				-		
	4	Cash prizes				
es	5	Noncash prizes				
ens						
쭚	6	Rent/facility costs				
Oirect Expenses						
۵	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	- O to a shirt (d)			
	10					
Ps	irt l	Net income summary Combine line 3, column Gaming. Complete if the organization	answered "Yes" to Form	990. Part IV. line 19. or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a				
			1	(b) Pull tabs/instant	/ \ 011	(d) Total gaming (add
Š			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u>ar</u>	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	ļ					
ă. X	3	Noncash prizes				
당						
Ş	4	Rent/facility costs				
_				[
	5	Other direct expenses	 			
			Yes %		Yes %	
	6	Volunteer labor	L No	No	No	
	_	Donat con a constant Add have Others	h		_	
	7	Direct expense summary. Add lines 2 through	n 5 in column (a)			<u> </u>
		Net gaming income summary. Combine line	1 column d and line 7			
	8	Net gaming income summary. Combine line	r, column d, and line r			<u> </u>
9	En	ter the state(s) in which the organization opera	ites gaming activities			
		the organization licensed to operate gaming ac	_	etates?		Yes No
		No, explain:				
•	. "		·		<u> </u>	
	_				- 	
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax	/ear?	Yes No
		Yes," explain:	·			
					-	···

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2010 COMMUNITY FOR PUBLIC SCHOOLS, INC. 55-	0630914	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity operated in.		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	<u> </u>	<u></u>
• •	Title the haire and address of the person who propares the organization's guilling special crems soons and records		
	Nome •		
	Name •		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	∟ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	: If "Yes," enter name and address of the third party:		
	Name ▶		
	Address >		
16	Gaming manager information:		
	Carming manager information.		
	Nome •		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
ŧ	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
De	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii	m) and (v) and	Part III
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
	lines 9, 90, 100, 150, 150, 16, and 170, as applicable. Also complete this part to provide any additional information	ni (see instruc	(IIIII)
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0320	83 01-13-11 Schedule G (For	m 990 or 990	r-EZ) 2010

SCHEDULE (Form 990)

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

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

Open to Public 2010

OMB No 1545-0047

2

X Yes

Employer identification number 55-0630914 Inspection ► Attach to Form 990. THE EDUCATION ALLIANCE-BUSINESS AND INC. COMMUNITY FOR PUBLIC SCHOOLS,

1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection

General Information on Grants and Assistance

Parti

Name of the organization

Department of the Treasury Internal Revenue Service

criteria used to award the grants or assistance?	stance?		:	j			
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	ocedures for monitor	Organizations in the	of grant funds in the United States	omplete if the organ	nization answered "Y	'es" to Form 990, Part	IV, line 21, for any
7	\$5 000 Check this	box If no one recipien	received more that	an \$5,000. Part II	can be duplicated if a	additional space is nee	▲ pep
1 (a) Name and address of organization or government or go	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTS INTERMEDIATE SCHOOL							THE STUDENT EDUCATIONAL AND ECONOMIC DEVELOPMENT
120 HARTS CREEK HARTS, WV 25524	55-6000341		25,000.	0			SUCCESS (SEEDS) PROGRAM
NICHOALS COUNTY CAREER & TECHNICAL							THE STUDENT EDUCATIONAL
CENTER - 215 MILAM ADDITION RD - CRAIGSVILLE, WV 26205	55-6000372		25,000.	0.			SUCCESS (SEEDS) PROGRAM
							THE STUDENT EDUCATIONAL
ANJEAN RD	55-6000321		25 000	0			AND ECONOMIC DEVELOPMENT SUCCESS (SEEDS) PROGRAM
KUPEKT, WV 2000*							mus company spirostical.
VAN DEVENDER MIDDLE SCHOOL							AND ECONOMIC DEVELOPMENT
PARKERSBURG, WV 26104	55-6000418		25,000.	0			SUCCESS (SEEDS) PROGRAM
WILLIAMSON MIDDLE SCHOOL							THE STUDENT EDUCATIONAL
801 ALDERSON STREET							AND ECONOMIC DEVELOPMENT
WILLIAMSON, WV 25661	55-6000363		25,000.	0			SUCCESS (SEEDS) FACARAN
MONONGALIA COUNTY SCHOOLS							
13 S. HIGH STREET		-	9				PROUTLING NETWORK PROGRAM
MORGANTOWN, WV 26501	55-6000366		10,000.	0			9.
	and government or	ganizations					.6
3 Enter total number of other organizations	13						(0) (000)

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

Schedule I (Form 990) (2010)

AND
LLIANCE-BUSINESS
EDUCATION P
CHE

55-0630914 Page 1	-	(h) Purpose of grant or assistance	FRONTLINE NETWORK PROGRAM	FRONTLINE NETWORK PROGRAM	FRONTLINE NETWORK PROGRAM				Schedule I (Form 990)
	r II.)	(g) Description of non-cash assistance							
	edule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)							
	ited States (Sch	(e) Amount of non-cash assistance	0.	.0	.0				
SS AIND INC.	nizations in the Ur	(d) Amount of cash grant	.008,6	7,400.	8,700.				
THE EDUCATION ALLIANCE-BUSINESS AND COMMUNITY FOR PUBLIC SCHOOLS, INC.	vernments and Orga	(c) iRC section if applicable							
FOR PUBLIC	Assistance to Go	(p) EIN	55-6000387	55-6000368	55-6000309				
Schedule I (Form 990) COMMUNITY	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	(a) Name and address of organization or government	PUTNAM COUNTY SCHOOLS 9 COURTHOUSE DRIVE WINFIELD, WV 25213	MONROE COUNTY SCHOOLS WILLOW BEND RD UNION, WV 24983	CALHOUN COUNTY SCHOOL BOARD 540 ALAN B MOLLOHAN DRIVE MT. ZION, WV 26151				ГНА

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COMMUNITY FOR PUBLIC SCHOOLS, INC.

Page 2

55-0630914

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Schedule I (Form 990) (2010)

Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 2: THE PRGOGRAM OFFICER VALIDATES THE ACCURACY OF Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information GRANT REQUESTS AND REVIEWS DOCUMENTATION PROVIDED BEFORE ANY GRANT MONIES (d) Amount of non-cash assistance ö 21,995. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance LINE PART I, PRINCIPAL BONUS GRANTS ARE GIVEN OUT. SCHEDULE I,

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 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

COMMONITY FOR PUBLIC SCHOOLS, INC. 33-0030914
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXCELLENCE IN TEACHING & TO PROMOTE STUDENT ACHIEVEMENT.
FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR REVIEWS THE
990 PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PROVIDES ITS
GOVERNING DOCUMENTS AND FINANCIAL STATMENTS TO THE PUBLIC UPON REQUEST.
THESE DOCUMENTS ARE ALSO POSTED ON THE WV SECRETARY OF STATE'S WEBSITE.