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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008Open to Public
Inspection**A For the 2008 calendar year, or tax year beginning** JUL 1, 2008 **and ending** JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number		
		GEORGIA ASSOCIATION OF CURRICULUM INSTRUCTIONAL SUPERVISORS (GACIS)		20-5998677		
		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number	
		5634 ATLANTA HWY		300	770-967-2050	
City or town, state or country, and ZIP + 4		FLOWERY BRANCH, GA 30542		F Group Exemption Number ▶		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ WWW.GAEL.ORG**H Check** ▶ ☒ if the organization is not**J Organization type** (check only one) — ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 240,085.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	10,250.
	2	Program service revenue including government fees and contracts	2	181,304.
	3	Membership dues and assessments	3	44,260.
	4	Investment income	4	4,271.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	240,085.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	1,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	58,963.
	13	Professional fees and other payments to independent contractors	13	1,000.
	14	Occupancy, rent, utilities, and maintenance	14	1,200.
	15	Printing, publications, postage, and shipping	15	1,480.
	16	Other expenses (describe ▶)	16	157,371.
	17	Total expenses. Add lines 10 through 16	17	221,014.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,071.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	328,762.
	20	Other changes in net assets or fund balances (attach explanation)	20	<127,823.>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	220,010.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	259,818.	22 168,830.
23	Land and buildings		23
24	Other assets (describe ▶) SEE STATEMENT 2)	97,308.	24 86,826.
25	Total assets	357,126.	25 255,656.
26	Total liabilities (describe ▶) SEE STATEMENT 3)	28,364.	26 35,646.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	328,762.	27 220,010.

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SCANIN JUL 15 2009

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Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28a	197,701.
-----	----------

29a

30a

31a

32

197,701.

~~832172~~
12-17-08

**GEORGIA ASSOCIATION OF CURRICULUM
INSTRUCTIONAL SUPERVISORS (GACIS)**

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Part V Other Information (Note the statement requirements in the instructions for Part VI)

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.	37a		
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A	
39 Section 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A , section 4912 ▶ N/A , section 4955 ▶ N/A			
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/A	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41 List the states with which a copy of this return is filed ▶ GA			
42a The books are in care of ▶ THE ORGANIZATION Telephone no ▶ 770-967-2050 Located at ▶ 5634 ATLANTA HWY, FLOWERY BRANCH, GA ZIP + 4 ▶ 30542			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.	42b		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | | Yes | No |
|---|-----|-----|----|
| 46 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 | 46 | | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | | |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000		▶		

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000 N/A	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000		▶

Sign Here 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.

Signature of officer: Deborah White Date: 5/17/10

DEBORAH WHITE, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Ronald W. Lee Date: 5-13-2010 Check if self-employed: ☐

Firm's name (or yours if self-employed): BATES CARTER & CO., LLP EIN:

address, and ZIP + 4: PO DRAWER 2396 Phone no: 770-532-9131

GAINESVILLE, GA. 30503

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
SUPPLIES		820.	
OFFICE		10,280.	
CONFERENCES & TRAVEL		132,949.	
ADVERTISING		10,786.	
AWARDS & GIFTS		2,536.	
TOTAL TO FORM 990-EZ, LINE 16		157,371.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	6,010.	6,621.	
PREPAID EXPENSES	1,000.	0.	
INVESTMENTS	90,298.	80,205.	
TOTAL TO FORM 990-EZ, LINE 24	97,308.	86,826.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	2,189.	3,972.	
DEFERRED REVENUE	12,295.	13,425.	
CASH HELD FOR AFFILIATES	13,880.	18,249.	
TOTAL TO FORM 990-EZ, LINE 26	28,364.	35,646.	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION		AMOUNT	
PRIOR PERIOD ADJUSTMENT		<114,295.>	
UNREALIZED GAIN/LOSS		<13,528.>	
TOTAL TO FORM 990-EZ, LINE 20		<127,823.>	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DEBORAH WHITE	EXECUTIVE DIRECTOR 20.00	49,891.	5,239.	0.
KEITH PORTER	PRESIDENT 2.00	0.	0.	0.
EMILY BOLTON	PAST PRESIDENT 1.00	0.	0.	0.
BRENDA SCHULZ	PRESIDENT ELECT 1.00	0.	0.	0.
CYNDEE PHILLPS	SECRETARY 1.00	0.	0.	0.
JOY BAKER	BOARD MEMBER 1.00	0.	0.	0.
LISSA PIJANOWSKI	BOARD MEMBER 1.00	0.	0.	0.
PEGGY CONNELL	BOARD MEMBER 1.00	0.	0.	0.
GLORIA TALLY	BOARD MEMBER 1.00	0.	0.	0.
GREG ARNSDORFF	BOARD MEMBER 1.00	0.	0.	0.
DEBBIE GURLEY	BOARD MEMBER 1.00	0.	0.	0.
YVETTE HILL	BOARD MEMBER 1.00	0.	0.	0.
TRACY MIZEL	BOARD MEMBER 1.00	0.	0.	0.
CYNTHIA RABUN	BOARD MEMBER 1.00	0.	0.	0.

GEORGIA ASSOCIATION OF CURRICULUM INSTRU

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SHERRI GIBNEY-SHERMAN	BOARD MEMBER 1.00	0.	0.	0.
FRANCES YOUNG	BOARD MEMBER 1.00	0.	0.	0.
LISA FRANKLIN	BOARD MEMBER 1.00	0.	0.	0.
RON BRYANT	BOARD MEMBER 1.00	0.	0.	0.
LUTHER GIBBS	BOARD MEMBER 1.00	0.	0.	0.
LINDA STORAR	BOARD MEMBER 1.00	0.	0.	0.
DEENA HARPER	BOARD MEMBER 1.00	0.	0.	0.
SUZI BONNIFAY	BOARD MEMBER 1.00	0.	0.	0.
KELLY ROBERTS	BOARD MEMBER 1.00	0.	0.	0.
DENISE BURRELL	BOARD MEMBER 1.00	0.	0.	0.
MARIANNE COLE	BOARD MEMBER 1.00	0.	0.	0.
AMY KRAUSE	BOARD MEMBER 1.00	0.	0.	0.
LARRY HARMON	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>49,891.</u>	<u>5,239.</u>	<u>0.</u>

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STATEMENT 7

PROFESSIONAL DEVELOPMENT - GACIS DEVELOPS AND DELIVERS PROFESSIONAL EDUCATION PROGRAMS RELATED TO CURRICULUM AND INSTRUCTIONAL ADMINISTRATORS THAT PROMOTE HIGH PROFESSIONAL STANDARDS OF EXCELLENCE ACROSS THE STATE. THE ASSOCIATION SPONORS AN ANNUAL FALL CONFERENCE FEATURING RECOGNIZED INDUSTRY LEADERS ON CURRENT AND INSTRUCTIONAL DEVELOPMENT IN GEORGIA. IN ADDITION, GACIS PRODUCES ONE DAY CONFERENCES AS NEEDED THROUGHOUT THE YEAR ON TOPICS IDENTIFIED BY BOTH ADMINISTRATORS AND RELEVANT STATE EDUCATION OFFICIALS THAT PROVIDE IMPORTANT CONTENT WHILE MINIMIZING TIME AWAY FROM CURRICULUM AND INSTRUCTION DUTIES.

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STATEMENT 8

THE ASSOCIATION PROMOTES COOPERATIVE RELATIONS WITH AND MAINTAINS DIRECT CONTACT WITH THE GEORGIA DEPARTMENT OF EDUCATION, GEORGIA GENERAL ASSEMBLY, TEACHER EDUCATION INSTITUTIONS OF THE STATE AND OTHER EDUCATIONAL ORGANIZATIONS AND AGENCIES THAT IMPACT PUBLIC EDUCATION.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization GEORGIA ASSOCIATION OF CURRICULUM INSTRUCTIONAL SUPERVISORS (GACIS)	Employer identification number 20-5998677
	Number, street, and room or suite no. If a P.O. box, see instructions. 5634 ATLANTA HWY, NO. 300	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FLOWERY BRANCH, GA 30542	

Check type of return to be filed (File a separate application for each return):

- ☐ Form 990 ☒ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

- The books are in the care of ☒ **5634 ATLANTA HWY, NO. 300 - FLOWERY BRANCH, GA 30542**
 Telephone No. ☒ **770-967-2050** FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2010**
 5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
 7 State in detail why you need the extension

ADDITIONAL TIME NECESSARY TO GATHER INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☐

Title ☐ **EXECUTIVE DIRECTOR**

Date ☐