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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

| AF | or tne | e 2010 calendar year, or tax year beginning | and ending | | |
|-------------------------|-------------------|--|--|-----------------------------|-----------------------------|
| B Ch | neck if | C Name of organization | | D Employer identifi | cation number |
| | Addres | SS OF CODE DIONE INCOME | | | |
| | Name change | D. D | | 04-3 | 688252 |
| | Initial return | Number and street (or P 0. box if mail is not delivered to street address) | Room/suite | | |
| | Termin | | 680 | · · | 824-7768 |
| | Ameno Ireturn | | 1000 | G Gross receipts \$ | 129,747 |
| | Applic | | | H(a) Is this a group re | |
| | pendir | F Name and address of principal officer SHEILA WILSON | | for affiliates? | Yes X N |
| | | SAME AS C ABOVE | | H(b) Are all affiliates inc | |
| ı T | | empt status |)(1) or 52 | - · · | list (see instructions) |
| | | te: DISCI.ORG | <u>,,, ,, </u> | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other | I Yea | r of formation: 2002 | |
| | rt I | Summary | | r or formation. 2002 | N Otate of logal dominano. |
| | | Briefly describe the organization's mission or most significant activities TH | E GIS C | ERTIFICATION | TNSTTTUTE |
| Activities & Governance | | (GISCI) IS A TAX-EXEMPT NOT-FOR-PROFIT | | | |
| nar | | Check this box If the organization discontinued its operations or di | | | |
| Ver | | Number of voting members of the governing body (Part VI, line 1a) | isposed of file | 3 | 1 |
| පු | | Number of voting members of the governing body (Fart VI, line 1a) | 16) | 4 | - |
| જ | | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 10) | 5 | <u> </u> |
| ţį | | • | | | 1 |
| ا≩ | | Total number of volunteers (estimate if necessary) | | 6 7a | |
| ٩ ا | | Total unrelated business revenue from Part VIII, column (C), line-12 | | 7a 7b | |
| | | Net unrelated business taxable income from Form 990-1, inel34 LD | | | |
| | _ | Souther 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | Prior Year 0. | Current Year |
| e e | | Contributions and grants (Part VIII, line 1h) の | <u> </u> | 112,380. | 121,32 |
| Revenue | | , | <u> </u> | | |
| æ | | invocation income (i are viii, column (v.y. meete, 21, and 22, 2) | - | 11,642. 35. | 8,41 |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | - | | 120 74 |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1 | 12) | 124,057. | 129,74 |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | - | 0. | |
| I | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 07.40 |
| es | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- | ·10) _ | 6,750. | 87,40 |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | |
| Ř | b | Total fundraising expenses (Part IX, column (D), line 25) | 0. | | 100.15 |
| ۳ ا | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | <u> </u> | 93,061. | 109,46 |
| | | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | <u> </u> | 99,811. | 196,86 |
| - (0) | 19 | Revenue less expenses Subtract line 18 from line 12 | | 24,246. | <67,11 |
| Sel | | | В | eginning of Current Year | End of Year |
| Fund Balances | | Total assets (Part X, line 16) | | 645,249. | 577,19 |
| <u> </u> | 21 | Total liabilities (Part X, line 26) | <u></u> | <u>6,399.</u> | 5,46 |
| | | Net assets or fund balances Subtract line 21 from line 20 | | <u>638,850.</u> | 571,73 |
| _ | rt II | Signature Block | | | |
| | | ities of perjury, I declare that I have examined this return, including accompanying sche | | | ıy knowledge and belief, it |
| rue, | correc | t, and colvolete. Declaration of piepaler (other than officer) is based on all information | of which prepare | er has any knowledge | |
| | | NOW WIND | | 19-1-1 | <u> </u> |
| Sign | 1 | Signature of officer | | Date | |
| Here | • | SHEILA WILSON, EXECUTIVE DIRECTOR | | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name 1 1 Preparer's signature | 21/1 | Date La J. Check [| PTIN |
| Paid | | Leonard Weitz Learne L | Nest | 7 /28/// self-employ | ed |
| Prep | агег | Firm's name MANN. WEITZ & ASSOCIATES L.L. | c. | Firm's EIN | |
| Use (| | Firm's address 111 DEER LAKE ROAD, SUITE 125 | | | |
| | - | DEERFIELD, IL 60015 | | Phone no (| 847)267-340 |
| | 41 17 | PS discuss this return with the preparer shows above? (see instructions) | | | X Vec |

032002 12-21-10

| | 990 (2010) GIS CERTIFICATION INSTITUTE 04-3688 | 252 | P | age 3 |
|-----|---|-----|----------|-------|
| Par | t IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1_ | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | _X_ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | l | } | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | 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 | ļ | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? | | | |
| | If "Yes," complete Schedule D, Part V | 10_ | ļ | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X | | | |
| | as applicable | | - | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | ١ | ., | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | 446 | | x |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| 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 | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 1 | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 124 | Schedule D, Parts XI, XII, and XIII | 12a | | x |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| - | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | ļ | Х |
| 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 | ļ | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | 1 | |
| | complete Schedule G, Part III | 19 | <u> </u> | X |
| | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | - | X |
| b | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that | 1 | 1 | 1 |

Form **990** (2010)

operate one or more hospitals must attach audited financial statements (see instructions)

Form 990 (2010) GIS CERTIFICATION INSTITUTE

Part IV Checklist of Required Schedules (continued)

| | | l | Yes | No |
|-----|---|----------|------------|--------------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the | | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | _ <u>X</u> _ |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | <u> </u> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | . | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | . | | |
| | Schedule J | _23 | | <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 | , , | | |
| | 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 | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | <u>X</u> |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete | | | |
| | Schedule L, Part III | 27 | | <u>X</u> |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | ۲۸ | , . | |
| | instructions for applicable filing thresholds, conditions, and exceptions) | | | . · |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | | 28b | | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 00- | | v |
| ~ | 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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | | |
| 30 | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 30 | | <u> </u> |
| 31 | 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 | 31 | | |
| JZ. | Schedule N. Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u> </u> | | |
| • | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| • | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | x |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 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 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | <u> </u> | _x_ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | <u>x</u> _ | |
| | | Form | 990 / | 2010\ |

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Form 990 (2010) GIS CERTIFICATION INSTITUTE

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response to any question in this Part V | | | ╙ | | | |
|--|---|------|----------|--------------|--|--|--|
| | | | Yes | No | | | |
| 1a | | | | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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 2 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | _X_ | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | |
| þ | 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 authority over, a | | | | | | | |
| financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | | | | |
| 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 Accounts | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | |
| þ | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | |
| | any contributions that were not tax deductible? | 6a | | X | | | |
| Ь | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | |
| _ | were not tax deductible? | 6b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | • | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | | | |
| А | If "Yes," indicate the number of Forms 8282 filed during the year 7d | 70 | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | | | | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | _ | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | |] | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | |
| а | Gross income from members or shareholders | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | |
| | amounts due or received from them) | | ļ. | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | <u> </u> | ļ | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | İ | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | <u> </u> | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | ļ.—- | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | 1 | 1 | | | | |
| | organization is licensed to issue qualified health plans | | | | | | |
| _ | Enter the amount of reserves on hand | | ļ | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | |
| <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | 000 | (0040) | | | |
| | | Form | 25 | (2010) | | | |

| | • | | |
|------|-----|--------|---|
| Form | 990 | (2010) | İ |

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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

| | Oli 1.40 Link Oli 1.40 Constitution of the disconnection of the constitution of the co | | | 47 | | |
|---------|--|----------|--|--|--|--|
| <u></u> | Check if Schedule O contains a response to any question in this Part VI | | | X | | |
| Sec | tion A. Governing Body and Management | | | г | | |
| | | | Yes | No | | |
| | Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent 1b 1c | -1 | | | | |
| ь | | 1 | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | 7.7 | | |
| _ | officer, director, trustee, or key employee? | 2 | | X | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | _ | | ٠,, | | |
| _ | of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | |
| 6 | Does the organization have members or stockholders? | 6 | | X | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | l _ | | ₹. | | |
| | governing body? | 7a | | X | | |
| | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b_ | | _X_ | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | | |
| | by the following | | • | l | | |
| | The governing body? | 8a | X | ├─ | | |
| | Each committee with authority to act on behalf of the governing body? | 8b | X | \vdash | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | _ | | ٠,, | | |
| <u></u> | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X | | |
| Sec. | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | T | | |
| | D | | Yes | No | | |
| | Does the organization have local chapters, branches, or affiliates? | 10a | | X | | |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | 401 | | İ | | |
| | and branches to ensure their operations are consistent with those of the organization? | 10b | 77 | | | |
| | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | | | |
| | b Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | | | |
| | 2a Does the organization have a written conflict of interest policy? If "No," go to line 13 | | | | | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | 40. | | | | |
| | to conflicts? | 12b | | | | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 40- | | | | |
| | in Schedule O how this is done | 12c | | X | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | v | ^ - | | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | 1 | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 45- | İ | v | | |
| | The organization's CEO, Executive Director, or top management official | 15a | | X | | |
| D | Other officers or key employees of the organization | 15b | - | <u> </u> | | |
| 46 - | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | | | | |
| ioa | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 10- | | X | | |
| | taxable entity during the year? | 16a | | ┢┸ | | |
| D | 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 | 466 | f | - | | |
| 800 | exempt status with respect to such arrangements? | 16b | L | | | |
| | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE NONE NONE NONE | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available | 101 | | | | |
| | public inspection. Indicate how you make these available. Check all that apply | | | | | |
| | Own website Another's website X Upon request | nd £ | ne:-! | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a | uiu tina | ırıcıaı | | | |
| | statements available to the public | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of | uon: J | _ | | | |
| | MS. SHELIA WILSON - 847-824-7768 | | | | | |
| | 701 LEE STREET, SUITE 680, DES PLAINES, IL 60016 | | 000 | (2010) | | |

032008 12-21-10

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

- 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) Name and Title | (B) Average | (C) Position (check all that apply) | | | | | | (D) Reportable | (E) Reportable | (F) Estimated |
|--------------------|--|-------------------------------------|-----------------------|-------|--|---------------------------------|----------|--|--|--|
| | hours per week (describe hours for related organizations in Schedule O) | rustee or director | institutional trustee | all t | | Highest compensated do employee | | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| DOUG RICHARDSON | | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| STEVEN PRAGER | | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| JEREMY MENNIS | | | | | | | | | | |
| DIRECTOR | 1.00 | X | | L | | <u> </u> | <u> </u> | 0. | 0. | 0. |
| RAKESH MALHOTRA | | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | ļ | | 0. | 0. | 0. |
| DAVID DIBIASE | | | | | | į | | | | |
| PRESIDENT | 5.00 | X | | X | | | | 0. | 0. | 0. |
| ED ARABAS | | | | | | | | | | |
| VICE PRESIDENT | 3.00 | X | | X | | | | 0. | 0. | 0. |
| MICHAEL VANHOOK | | ļ | Ì | | | | | | | |
| SECRETARY | 3.00 | X | | X | | | | 0. | 0. | 0. |
| KIM H MC DONOUGH | | | | | | | | | | |
| TREASURER | 3.00 | X | | X | | | | 0. | 0. | 0. |
| DAVE HANSEN | | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| ROBERT AUSTIN | | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| IAN FITZGERALD | | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| SHEILA WILSON | | | | | | | | | | |
| EXECUTIVE DIRECTOR | 40.00 | <u> </u> | _ | Х | | | | 81,000. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | 5 000 (2010) |

Form 990 (2010)

| Par | T VII Section A. Officers, Directors, Tru | <u>ustees, Key_Er</u> | mple | oyee | es, a | nd l | High | est | st Compensated Employees (continued) | | | | | |
|-----|---|-----------------------|--------------|-----------------------|---------|--------------|------------------------------|---------|--------------------------------------|--------------------------------|-------|-------------------------|------------|--|
| | (A) | (B) | | (C) | | | | | (D) | (E) | | (F) | | |
| | Name and title | Average | , , | | Pos | | | L. A | Reportable | Reportable | | Estimated | | |
| | | hours per week | <u> </u> | nec | (all 1 | ınat | app | iy) | compensation | compensatio | - 1 | amount of | | |
| | | (describe | 횮 | | | | | | from the | from related | - 1 | other | _ | |
| | | hours for | or director | | | | 8 | | organization | organizations (W-2/1099-MIS | | compensatio from the | n | |
| | | related | tee | stee | | | ag Sat | | (W-2/1099-MISC) | (44-2/1099-14113 |) (O | organization | | |
| | | organizations | trustee | nal tri | | oyee | E . | | (11 2) 1033 14100) | | | and related | | |
| | | ın Schedule | Individual | Institutional trustee | Cer | Key employee | Highest compensated employee | ë | | | | organizations | | |
| | | O) | 릴 | E | Officer | Key | 돌 | ᅙ | | | | • | | |
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| | 0.1.1.1 | | | L | l | L | Ļ | | 01 000 | | _ | | _ | |
| | Sub-total | | | | | | | | 81,000. | | 0. | | <u>) .</u> | |
| | Total from continuation sheets to Part V | II, Section A | | | | | | | 0. | | 0. | | <u>) .</u> | |
| | Total (add lines 1b and 1c) | | | | | | | | 81,000. | | 0. | | <u>.</u> | |
| 2 | Total number of individuals (including but r | not limited to th | ose | liste | ed al | bove | e) wi | no re | eceived more than \$100 | ,000 in reportable | 9 | | _ | |
| | compensation from the organization | | | | | | | | | | | 1 | | |
| | | | | | | | | | | | г | Yes N | lo | |
| 3 | Did the organization list any former officer, | | | e, ke | y em | plo | yee, | or h | nighest compensated er | nployee on | | | | |
| | line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | | 3 2 | <u> </u> | |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | the organization | | | | |
| | and related organizations greater than \$15 | | | | | | | | | | 1 | 4 2 | ζ_ | |
| 5 | Did any person listed on line 1a receive or | | | | | | | elat | ed organization or indivi | dual for services |]. | | | |
| | rendered to the organization? If "Yes," con | plete Schedul | e <i>J f</i> | or s | uch | pers | son | | | | | 5 2 | <u> </u> | |
| Sec | tion B. Independent Contractors | | | | | _ | | | - | | | | | |
| 1 | Complete this table for your five highest co | mpensated inc | depe | ende | ent c | onti | racto | ors t | hat received more than | \$100,000 of com | pensa | ation from | | |
| | the organization NONE | | | | | | | | | | | | | |
| | (A) | - 1-1 | | | | | | | (B) | | _ | (C) | | |
| | Name and business | address | | | | | | _ | Description of s | ervices | C | ompensation | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | \neg | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i | ncluding but n | ot li | mite | d to | tho | se lis | sted | l above) who received m | ore than | | | _ | |
| | \$100,000 in compensation from the organi | | | | - | | 0 | | , | | | | | |
| | | | | | | | | | | L | | Form 990 (20 | <u></u> | |

| rai | T VIII | Statement of Rever | lue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |
|--|------------------------|---|------------------|--|---------------------------------------|--|---|---|
| nts its | 1 a | Federated campaigns | 1a | | | | | |
| Contributions, gifts, grants and other similar amounts | b | Membership dues | 1b | | | | : | |
| ts, g | С | Fundraising events | 1c | | | | | |
| ağ ar | d | Related organizations | 1d | | | | | |
| S.E | е | • , | | | | | | |
| 함 | f | | 1 1 | | | } | | |
| 들됨 | | similar amounts not included abo | ve 1f | | | | | |
| gg | _ | Noncash contributions included in lines | 3 1a-1f \$ | | | | | |
| " | <u>h</u> | Total. Add lines 1a-1f | | Business Code | | | - | - |
| _ | 0 - | | 7 C C | Business Code 900099 | 121,325. | 121,325. | | |
| Ş | 2 a | | | 300033 | 121,323. | 121,323. | | |
| Program Service Revenue | b | | | | | <u> </u> | | - |
| E S | d | | | | | | | |
| P.C | e | | | | | | | · · · · · · · · · · · · · · · · · · · |
| <u>F</u> | f | All other program service reve | enue | | | | | |
| | g | Total. Add lines 2a-2f | | | 121,325. | | | |
| | 3 | Investment income (including | dividends, inter | est, and | | | | |
| | | other similar amounts) | | > | 8,417. | | | 8,417. |
| | 4 | Income from investment of ta | x-exempt bond p | oroceeds 🕨 | | | | |
| | 5 | Royalties | | <u> </u> | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | | | | | | | |
| | b | · | | | | | | |
| | C | ` ' | | | | | | ' |
| | d | Net rental income or (loss) Gross amount from sales of | (2 Cocurting | (i) Other | · · · · · · · · · · · · · · · · · · · | | | |
| | / a | assets other than inventory | (i) Securities | (ii) Other | | | | |
| | h | Less cost or other basis | | | | | | 1 |
| | U | and sales expenses | | | | | | |
| | c | : Gain or (loss) | | | | | | , |
| ļ | | Net gain or (loss) | | • | | - | | |
| . n | | Gross income from fundraisin | g events (not | | | | | - |
| ğ | | including \$ | of | | | | | |
| Other Revenue | | contributions reported on line | e 1c) See | | | | | , |
| 늅 | | Part IV, line 18 | а | | | | | |
| 美 | b | Less direct expenses | b | | | | | - |
| ~ | С | : Net income or (loss) from fund | = | • | | | | |
| | 9 a | | | | | | | |
| | _ | Part IV, line 19 | a | | | | | |
| l | | Less direct expenses | b | | - | | | |
| | | Net income or (loss) from gan | | | | | | |
| | 10 a | Gross sales of inventory, less and allowances | | | | | | |
| | h | Less: cost of goods sold | a b | | | | | 1 |
| i | | : Net income or (loss) from sale | _ | | | - | | |
| İ | | Miscellaneous Revenu | | Business Code | | | | ···· |
| Ì | 11 a | MISCELLANEOUS | | 900099 | 5. | 5. | - | - |
| | b | | - | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| | е | Total. Add lines 11a-11d | | ▶ | 5. | | | |
| 00000 | 12 | Total revenue. See instructions. | | | 129,747. | 121,330. | 0. | |
| 03200 12-21 | า ย - 10 | | | | | | | Form 990 (2010) |

Part IX Statement of Functional Expenses

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

| | All other organizations must com | | | | |
|----|--|-----------------------|------------------------------|-------------------------------------|--|
| | 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 | | | | |
| 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 US | | | | |
| | See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 81,000. | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 6,402. | | | |
| 11 | Fees for services (non-employees). | | | | |
| а | Management | 50,000. | | | |
| b | Legal | 4,822. | | | |
| С | Accounting | 5,309. | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | · | | | - |
| f | Investment management fees | | | | *** |
| g | Other | | · | | |
| 12 | Advertising and promotion | 5,847. | | | ·=· |
| 13 | Office expenses | 25,715. | | | |
| 14 | Information technology | 1,380. | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 13,406. | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | =. | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 663. | | | |
| 23 | Insurance | 2,318. | <u> </u> | | |
| 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 | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses Add lines 1 through 24f | 196,862. | | | |
| 26 | Joint costs Check here ▶ ☐ If 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 | | | | |

032010 12-21-10

Form **990** (2010)

| Part : | Χ· | Balance Sheet | | | |
|-----------------------------|-----|--|--------------------------|-----|---------------------------|
| - | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 1 | |
| | 2 | Savings and temporary cash investments | 643,385. | 2 | 571,532. |
| | 3 | Pledges and grants receivable, net | | 3 | <u>.</u> |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key | | Ì | |
| | | employees, and highest compensated employees Complete Part II | | | |
| | | of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | j | |
| | | employees' beneficiary organizations (see instructions) | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| Ass | 8 | Inventories for sale or use | | 8 | |
| 1 | 9 | Prepaid expenses and deferred charges | 1,346. | 9 | 1,354. |
| 1 | 0a | Land, buildings, and equipment cost or other | | | |
| | | basis Complete Part VI of Schedule D 10a 5,492. | | _ | - |
| | b | Less accumulated depreciation 10b 1,180. | 518. | 10c | 4,312. |
| 1 | 1 | Investments · publicly traded securities | | 11 | |
| 1 | 2 | Investments - other securities See Part IV, line 11 | | 12 | |
| 1 | 13 | Investments · program-related See Part IV, line 11 | | 13 | |
| 1 | 4 | Intangible assets | | 14 | |
| 1 | 15 | Other assets See Part IV, line 11 | | 15 | |
| 1 | 16_ | Total assets. Add lines 1 through 15 (must equal line 34) | 645,249. | _16 | 577,198 |
| 1 | 17 | Accounts payable and accrued expenses | 6,399. | 17 | 5,463 |
| 1 | 18 | Grants payable | | 18 | |
| 1 | 19 | Deferred revenue | | 19 | |
| 2 | 20 | Tax-exempt bond liabilities | | 20 | |
| တ္ဆ 2 | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| <u> </u> | 22 | Payables to current and former officers, directors, trustees, key employees, | | | |
| Liabilities | | highest compensated employees, and disqualified persons. Complete Part II | | _ | |
| ┛ ┃ | | of Schedule L | | 22 | |
| 2 | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 2 | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 2 | 25 | Other liabilities Complete Part X of Schedule D | | 25 | |
| 2 | 26_ | Total liabilities. Add lines 17 through 25 | 6,399. | 26 | 5,463 |
| | | Organizations that follow SFAS 117, check here X and complete | | | |
| S S | | lines 27 through 29, and lines 33 and 34. | | | |
| ဋ္ဌ 2 | 27 | Unrestricted net assets | 638,850. | 27 | 571,735 |
| | 28 | Temporarily restricted net assets | | 28 | |
| 둳 2 | 29 | Permanently restricted net assets | | 29 | |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117, check here | | | |
| ğ | | complete lines 30 through 34. | | | - |
| ets 3 | 30 | Capital stock or trust principal, or current funds | | 30 | |
| SS 3 | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| t 3 | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| z 3 | 33 | Total net assets or fund balances | 638,850. | 33 | 571,735. |
| 3 | 34 | Total liabilities and net assets/fund balances | 645,249. | 34 | 577, 198. |

Form **990** (2010)

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

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

GIS CERTIFICATION INSTITUTE

Employer identification number

04-3688252 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 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 advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ___ Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2010

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

| | | TIFICATION | | | | | | | Page 2 |
|-----|---|------------------------|-------------------------|-----------------------|------------|-------------|--------------|--|-----------|
| | t III Organizations Maintaining C | | | | | | | | |
| 3 | Using the organization's acquisition, accessi | on, and other record | ls, check any of the | following that | t are a si | gnificant i | use of its | collection | items |
| | (check all that apply) | | . — | | | | | | |
| a | Public exhibition | d | | change progra | | | | | |
| Ь | Scholarly research | е | e Other | | | | | | |
| C | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | • | • | • | | | se in Par | t XIV | |
| 5 | During the year, did the organization solicit o | | | | er sımılar | assets | | _ | |
| | to be sold to raise funds rather than to be ma | | | | | | | Yes | No_ |
| Par | t IV Escrow and Custodial Arran | | ete if the organization | on answered ' | "Yes" to | Form 990 | , Part IV, I | line 9, or | |
| | reported an amount on Form 990, Par | rt X, line 21 | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | an or other intermed | diary for contribution | ns or other as | sets not | ıncluded | | _ | |
| | on Form 990, Part X? | | | | | | | Yes | L No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the fo | ollowing table | | | | | | |
| | | | | | | | | Amount | |
| С | Beginning balance | | | | | 1c | | | |
| d | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21? | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIV | | | | | | | | |
| Par | t V Endowment Funds. Complete r | f the organization an | nswered "Yes" to Fo | orm 990, Part | IV, line 1 | 0 | | | |
| | | (a) Current year | (b) Prior year | (c) Two year | s back | (d) Three y | ears back | (e) Four y | ears 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 | | | | | | | | i i |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | - | | |
| 2 | Provide the estimated percentage of the year | r end balance held a | as: | | | | | | |
| a | Board designated or quasi-endowment | | % | | | | | | |
| b | Permanent endowment | % | '` | | | | | | |
| c | | ^% | | | | | | | |
| _ | Are there endowment funds not in the posse | • | ation that are held a | and administe | red for th | ne organiz | ation | | |
| Ju | by | oolon or the organiz | anon mar are note | 2,10 00,11111000 | 100 101 11 | io organiz | allon | T _v | res No |
| | (i) unrelated organizations | | | | | | | 3a(i) | 103 110 |
| | (ii) related organizations | | | | | | | 3a(ii) | |
| h | If "Yes" to 3a(ii), are the related organizations | s listed as required o | on Schedule R2 | | | | | 3b | |
| 4 | Describe in Part XIV the intended uses of the | • | | | | | | _ | |
| Par | | | | | | | | | |
| | Description of investment | (a) Cost or o | 1 | t or other | (c) Ac | cumulate | d T | (d) Book | value |
| | 2000 phon of arroamone | basis (investr | i | (other) | | reciation | ~ | (d) Dook | Value |
| 12 | Land | | , | ,, | | | | | |
| | Buildings | | | | | | _ | | |
| 5 | Leasehold improvements | | | | | | - | | |
| d | Equipment | | | 5,492. | | 1,18 | an $+$ | 1 | ,312. |
| | Other | | | J, 1 J 4 • | | <u> </u> | - | * | , , , , , |
| | Add lines 1a through 1e (Column (d) must e | gual Form 990 Part | X column (R) line | 10(c)) | | | | <u> </u> | 312. |

Schedule D (Form 990) 2010

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

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| Sche | dule D (Form 990) 2010 GIS CERTIFICATION INSTITUTE | <u> </u> | | | | -3688252 | Page 4 |
|-----------|--|-----------|---------------|--------|---|-------------------|-----------|
| Par | t XI Reconciliation of Change in Net Assets from Form 990 to | Audit | ed Financ | cial S | <u>Stateme</u> | ents | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | | 1 | | | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | Ī | 2 | | | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | Ī | 3 | *************************************** | - | |
| 4 | Net unrealized gains (losses) on investments | | ļ | 4 | *** | | |
| 5 | Donated services and use of facilities | | | 5 | | | |
| 6 | Investment expenses | | Ì | 6 | | | |
| | • | | 1 | 7 | | | |
| 7 | Prior period adjustments Other (Describe in Part XIV) | | Ì | 8 | | | |
| 8 | | | • | 9 | | | |
| 9 | Total adjustments (net) Add lines 4 through 8 | - 0 | - | | | | |
| 10 Dar | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statements. | | ith Reven | 10 I | er Reti | urn | |
| | | 1113 11 | Tur ricycii | uc p | 1 . | . | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | | <u> </u> | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 1 . | 1 | | | | |
| 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 | <u> </u> | | | 1 | |
| е | Add lines 2a through 2d | | | | 2 | e | |
| 3 | Subtract line 2e from line 1 | | | | 3 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | 1 | | İ | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | İ | |
| b | Other (Describe in Part XIV) | 4b | | | | | |
| c | Add lines 4a and 4b | | | | 4 | с | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | | 5 | |
| Pai | t XIII Reconciliation of Expenses per Audited Financial Stateme | ents V | Vith Expe | nses | per Re | eturn | |
| 1 | Total expenses and losses per audited financial statements | | | | 1 | 1 | |
| 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 | | | | • | |
| c | Other losses | 2c | | | | | |
| q | Other (Describe in Part XIV) | 2d | | | | | |
| e | Add lines 2a through 2d | | , | | | e | |
| 3 | Subtract line 2e from line 1 | | | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | | <u> </u> | <u> </u> | |
| ٠, | Investment expenses not included on Form 990, Part VIII, line 7b | 40 | I | | | | |
| a | • | 4a | | | | | |
| | Other (Describe in Part XIV) | 4b_ | l | | | | |
| C - | Add lines 4a and 4b | | | | | c | |
| Da. | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIV Supplemental Information | | | | | 5 | |
| | · · · · · · · · · · · · · · · · · · · | | 4 4 5. | | | | 4 0-4 |
| | blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III | | | | | | 9 4, Part |
| X, lın | e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp | olete thi | s part to pro | vide a | ny additio | onal information. | |
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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

GIS CERTIFICATION INSTITUTE

Employer identification number 04-3688252

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| THE GEOGRAPHIC INFORMATION SYSTEMS (GIS) COMMUNITY WITH A COMPLETE |
| CERTIFICATION PROGRAM. GISCI OFFERS PARTICIPANTS FROM THE FIRST EARLY |
| YEARS ON THE JOB UNTIL RETIREMENT A POSITIVE METHOD OF DEVELOPING VALUE |
| FOR PROFESSIONALS AND EMPLOYERS IN THE GIS PROFESSION. |
| |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
| POSITIVE METHOD OF DEVELOPING VALUE FOR PROFESSIONALS AND EMPLOYERS IN |
| THE GIS PROFESSION. |
| FORM 990, PART VI, SECTION B, LINE 11: COPY OF THE 990 IS SENT TO THE |
| EXECUTIVE DIRECTOR AND THE TREASURER FOR APPROVAL. THEN IT IS SENT TO THE |
| BOARD BEFORE IT IS FILED. |
| FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE |
| UPON REQUEST AT THE ORGANIZATION'S OFFICE. |
| FORM 990, PART VI, LINE 15A |
| COMPENSATION DETERMINATION |
| THE PROCESS FOR DETERMINING THE EXECUTIVE DIRECTOR'S COMPENSATION |
| INCLUDES AN ANNUAL REVIEW BY THE BOARD OF DIRECTORS FOR PERFORMANCE |
| EVALUATION AND SALARY DETERMINATION. |
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