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F Group Exemption
Number 

Check if the organization used Schedule O to respond to any question in this Part I ☒

Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	156,853	22	194,885
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	98,212	24	111,091
25	Total assets	255,065	25	305,976
26	Total liabilities (describe in Schedule O)	28,646	26	26,455
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	226,419	27	279,521

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

☒

What is the organization's primary exempt purpose?
THE ASSOCIATION ADVOCATES FOR EXCELLENCE IN PUBLIC EDUCATION BY PROVIDING VISIONARY LEADERSHIP AND PROFESSIONAL LEARNING THAT ENSURES A RIGOROUS, PERFORMANCE-BASED CURRICULUM AND HIGH QUALITY INSTRUCTION FOR ALL STUDENTS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28

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 SPONSORS 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.
(Grants \$ 0) If this amount includes foreign grants, check here ☐

28a

98,120

29

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31

Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐

31a

32

Total program service expenses (add lines 28a through 31a)

32

98,120

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Form 990-EZ (2010)

Part V

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

Check if the organization used Schedule O to respond to any question in this Part V ☒

		Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No		
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, explain in Schedule O why the organization did not report the income on Form 990-T				
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No		
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td>0</td></tr></table>	37a	0		
37a	0				
b	Did the organization file Form 1120-POL for this year?	37b			
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 outstanding at the end of the tax year covered by this return?	38a	No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on line 9	39a			
b	Gross receipts, included on line 9, for public use of club facilities	39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____				
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____				
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	No		
41	List the states with which a copy of this return is filed ▶ GA				
42a	The organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶ (706) 542-7758 850 COLLEGE STATION ROAD ROOM 127 RIVERS CROSSING BUILDING Located at ▶ ATHENS, GA ZIP + 4 ▶ 30602				
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	No		
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	No		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43				
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No		
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d			

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	
49b	If "Yes," was the related organization a section 527 organization?	

50 Complete this table for the organization's 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	(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

50(f) Total number of other employees paid over \$100,000 0

51 Complete this table for the organization's 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	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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.

Sign Here	Signature of officer *****		Date 2012-05-14				
	Type or print name and title JACK PARISH EXECUTIVE DIRECTOR						
Paid Preparer's Use Only	Preparer's signature	RANDY JESSUP	Date	2012-05-10	Check if self-employed		Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	BATES CARTER & CO LLP PO DRAWER 2396 GAINESVILLE, GA 30503			EIN		
				Phone no	(770) 532-9131		

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

Additional Data

Software ID:
Software Version:
EIN: 20-5998677
Name: GEORGIA ASSOCIATION OF CURRICULUM
INSTRUCTIONAL SUPERVISORS (GACIS)

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DEBORAH WHITE 850 COLLEGE STATION ROAD ROOM 127 R ATHENS,GA 30602	GACIS EXECUTIVE DIRECTOR 20 00	49,891	5,244	0
JACK PARISH 850 COLLEGE STATION ROAD ROOM 127 R ATHENS,GA 30602	GAEL EXECUTIVE DIRECTOR 2 00	0	0	0
SHARON FLYTHE 850 COLLEGE STATION ROAD ROOM 127 R ATHENS,GA 30602	PRESIDENT 2 00	0	0	0
PEGGY CONNELL 850 COLLEGE STATION ROAD ROOM 127 R ATHENS,GA 30602	PRESIDENT-ELECT 2 00	0	0	0
BRENDA SCHULZ 850 COLLEGE STATION ROAD ROOM 127 R ATHENS,GA 30602	PAST PRESIDENT 2 00	0	0	0
VICKI ROGERS 850 COLLEGE STATION ROAD ROOM 127 R ATHENS,GA 30602	TREASURER 2 00	0	0	0
BERNIE EVANS 850 COLLEGE STATION ROAD ROOM 127 R ATHENS,GA 30602	BOARD MEMBER 1 00	0	0	0
LUCY FLOYD 850 COLLEGE STATION ROAD ROOM 127 R ATHENS,GA 30602	BOARD MEMBER 1 00	0	0	0
CLAIRE MILLER 850 COLLEGE STATION ROAD ROOM 127 R ATHENS,GA 30602	BOARD MEMBER 1 00	0	0	0
FRANCES YOUNG 850 COLLEGE STATION ROAD ROOM 127 R ATHENS,GA 30602	BOARD MEMBER 1 00	0	0	0
LISA FRANKLIN 850 COLLEGE STATION ROAD ROOM 127 R ATHENS,GA 30602	BOARD MEMBER 1 00	0	0	0
RON BRYANT 850 COLLEGE STATION ROAD ROOM 127 R ATHENS,GA 30602	BOARD MEMBER 1 00	0	0	0

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization GEORGIA ASSOCIATION OF CURRICULUM INSTRUCTIONAL SUPERVISORS (GACIS)	Employer identification number 20-5998677
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 2,985

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONFERENCES & TRAVEL AMOUNT 44,601 DESCRIPTION ADVERTISING AMOUNT 3,451 DESCRIPTION OFFICE SUPPLIES AMOUNT 2,705 DESCRIPTION AWARDS & GIFTS AMOUNT 1,792 DESCRIPTION SUPPLIES AMOUNT 1,105 DESCRIPTION BAD DEBT AMOUNT 900 TOTAL TO FORM 990-EZ, LINE 16 54,554

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION UNREALIZED GAIN/LOSS AMOUNT 15,433

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 5,772 END OF YEAR AMOUNT 3,218 DESCRIPTION INVESTMENTS BEG OF YEAR AMOUNT 92,440 END OF YEAR AMOUNT 107,873

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 11,325 END OF YEAR AMOUNT 7,350 DESCRIPTION CASH HELD FOR AFFILIATES BEG OF YEAR AMOUNT 17,321 END OF YEAR AMOUNT 19,105

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: GEORGIA ASSOCIATION OF CURRICULUM
INSTRUCTIONAL SUPERVISORS (GACIS)

EIN: 20-5998677

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.