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A For the 2010 calendar year, or tax year beginning 07-01-2010

PO BOX 6445

C Name of organization

GEORGIA ASSOCIATION OF CURRICULUM

INSTRUCTIONAL SUPERVISORS (GACIS)

As Filed Data -

Number and street (or P O box, if mail is not delivered to street address) Room/suite

DLN: 93492135029672

D Employer identification number

20-5998677

E Telephone number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

**B** Check if applicable

Address change

Name change

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)

**Short Form** 

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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

and ending 06-30-2011

Open to Public Inspection

|                 | eminat    |   |   |                       | (706)                          | 542-775  | 8                                 |
|-----------------|-----------|---|---|-----------------------|--------------------------------|----------|-----------------------------------|
| T <sub>Ar</sub> | nende     | City or town,   | state or country, and ZIP + 4   |                       | <b>F</b> Group Exempti         | on       | _                                 |
|                 | plication | on pending ATHENS, GA   | 30604   |                       | Number 🟲                       |          |                                   |
|                 |           | ing method Cash A   |   |                       |                                |          |                                   |
|                 |           | ing method I Cash I* A<br>: <b>}-</b> WWW.GAELORG                                       | ccrual Other (specify)  | _   _                 | L Check ► V                    | ıf the c | organization is <b>not</b>        |
| J Tax           | -Exem     | pt status(check only one)—  | 01(c)(3) 501(c)(6) <b>◄</b> (insert no ) 4947(a)(1) or  |                       | required to at<br>(Form 990, 9 | tach So  | chedule B                         |
|                 |           |   | t a section 509(a)(3) supporting organization a<br>90 return is not required though Form 990-N (  |                       |                                |          |                                   |
|                 | -         |   | , be sure to file a complete return   |                       | a, pe required (.              |          |                                   |
| L Add<br>more,  |           | 6b, 6c, and 7b, to line 9 to determ<br>Form 990 instead of Form 990-EZ                  | ine gross receipts, If gross receipts are \$200,000 or more                                       | e, or if total assets | (Part II, line 25, co<br>► \$  | lumn (B  | ) below) are \$500,000 or 152,186 |
|                 | rt I      |   | s, and Changes in Net Assets or Fun   | d Balances            | (See the instruc               | tions fo | <u> </u>                          |
|                 |           |   | used Schedule O to respond to any question i  |                       |                                | •        |                                   |
|                 | 1         | Contributions, gifts, grants  | , and similar amounts received  |                       |                                | 1        | 16,000                            |
|                 | 2         | Program service revenue i   | ncluding government fees and contracts .  |                       |                                | 2        | 89,176                            |
|                 | 3         | Membership dues and ass   | essments  |                       |                                | 3        | 44,025                            |
|                 | 4         | Investment income .   |   |                       |                                | 4        | 2,985                             |
| 흑               | 5a        | Gross amount from sale of   | assets other than inventory   | 5a                    |                                |          |                                   |
|                 | b         | Less cost or other basis a  | nd sales expenses   | 5b                    |                                |          |                                   |
| Revenue         | С         | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) |   |                       |                                |          |                                   |
| å               | 6         | Gaming and fundraising ev   |   |                       | _                              |          |                                   |
|                 | а         | Gross income from gaming (atta  |   |                       |                                |          |                                   |
|                 | b         |   | sing events (not including \$ _of contributions f<br>Schedule G if the sum of such gross income a |                       |                                |          |                                   |
|                 | С         |   | n gaming and fundraising events   | 6c                    |                                |          |                                   |
|                 | d         | Net income or (loss) from   | gaming and fundraising events (Add lines 6a a   | nd 6b and subt        | ract line 6c)                  | 6d       |                                   |
|                 | 7a        | Gross sales of inventory, l   | ess returns and allowances  | 7a                    |                                |          |                                   |
|                 | ь         | Less cost of goods sold   |   | 7b                    |                                | 1        |                                   |
|                 | С         | Gross profit or (loss) from   | sales of inventory (Subtract line 7b from line 7  | a)                    |                                | 7c       |                                   |
|                 | 8         | Other revenue (describe in  | Schedule O)   |                       |                                | 8        |                                   |
|                 | 9         | Total revenue. Add lines 1  | , 2, 3, 4, 5c, 6d, 7c, and 8  |                       |                                | 9        | 152,186                           |
|                 | 10        | Grants and similar amount   | s paid (list in Schedule O )  |                       |                                | 10       |                                   |
|                 | 11        | Benefits paid to or for mem   | nbers   |                       |                                | 11       |                                   |
|                 | 12        | Salaries, other compensat   | ion, and employee benefits  |                       |                                | 12       | 58,963                            |
| φ<br>I          | 13        | Professional fees and othe  | r payments to independent contractors .   |                       |                                | 13       | 1,000                             |
| Expenses        | 14        | Occupancy, rent, utilities,   | and maintenance   |                       |                                | 14       |                                   |
|                 | 15        | Printing, publications, pos   | tage, and shipping  |                       |                                | 15       |                                   |
| _               | 16        | Other expenses (describe  | ın Schedule O)  |                       |                                | 16       | 54,554                            |
|                 | 17        | Total expenses. Add lines   | 10 through 16   |                       |                                | 17       | 114,517                           |
| ಲ               | 18        | Excess or (deficit) for the   | year (Subtract line 17 from line 9)   |                       |                                | 18       | 37,669                            |
| ر<br>د د<br>د د | 19        | Net assets or fund balance  | es at beginning of year (from line 27, column (A  | .)) (must agree       | with                           |          |                                   |
| Net Assets      |           | end-of-year figure reported   | d on prior year's return)   |                       |                                | 19       | 226,419                           |
| Ž               | 20        | Other changes in net asse   | ts or fund balances (explaın ın Schedule O)   |                       |                                | 20       | 15,433                            |
|                 | 21        | Net assets or fund balance  | es at end of year Combine lines 18 through 20   |                       | •                              | 21       | 279,521                           |

| Part II Balance Sheets  |  |  |   |  |            | _  |
|---|--|--|---|--|------------|--|
| Check if the organization use   | d Schedule O to respond to   | any question in t  | this Part II  |  |            | <u></u>  |
| (See the instruc  | ctions for Part II)  |  | (A) Begir   | nning 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 C   | ))   |  |   | 98,212   | 24         | 111,09   |
| 25 Total assets   |  |  |   | 255,065  | 25         | 305,976  |
| 26 Total liabilities (describe in Schedule  | .0)  |  |   | 28,646   | 26         | 26,45!   |
| 27 Net assets or fund balances (line 27   | of column (B) <b>must</b> agree wit  | th line 21) .  |   | 226,419  | 27         | 279,52   |
| Check if the organization use What is the organization's primary exempt   | ed Schedule O to respond to<br>t purpose?  | any question in t  |   |  | (c)        | Expenses quired for section 501 (3) and 501(c)(4) anizations and section |
| THE ASSOCIATION ADVOCATES FOR VISIONARY LEADERSHIP AND PROFES PERFORMANCE-BASED CURRICULUM A  | SSIONAL LEARNING THAT<br>AND HIGH QUALITY INSTI  | ENSURES A RIC<br>RUCTION FOR A   | GOROUS,<br>ALL STUDEN   | NTS  | 494<br>opt | 47(a)(1) trusts,<br>ional for others)                                    |
| Describe what was achieved in carrying or describe the services provided, the number program title  | er of persons benefited, and   | other relevant in  | formation fo  | reach  |            | I  |
| 28 PROFESSIONAL DEVELOPMENT - GAPROGRAMS RELATED TO CURRICULUM PROFESSIONAL STANDARDS OF EXCE ANNUAL FALL CONFERENCE FEATURIN INSTRUCTIONAL DEVELOPMENT IN GROWN FERENCES AS NEEDED THROUGH ADMINISTRATORS AND RELEVANT STONTENT WHILE MINIMIZING TIME AMOUNT (Grants \$ 0) | 1 AND INSTRUCTIONAL A LLENCE ACROSS THE STA NG RECOGNIZED INDUSTF EORGIA IN ADDITION, GA OUT THE YEAR ON TOPIC ATE EDUCATION OFFICIA | DMINISTRATOR<br>TE THE ASSOC<br>RY LEADERS ON<br>ACIS PRODUCE<br>S IDENTIFIED E<br>ALS THAT PROV<br>AND INSTRUCT | RS THAT PR<br>CIATION SF<br>CURRENT<br>S ONE DAY<br>BY BOTH<br>IDE IMPOR<br>ION DUTIE | OMOTE HIGH<br>ONORS AN<br>AND<br>RTANT<br>S        |            | 00.120   |
| 29  | ins amount includes loreign (  | grants, check her  |   | <u> </u>   | 28a        | 98,120   |
|   |  |  |   |  |            |  |
| (Grants \$ ) If th  | nis amount includes foreign (  | grants, check her  | re  | ►⊢   | 29a        |  |
| 30  |  |  |   | . –  |            |  |
| <u> </u>  | nis amount includes foreign (  | grants, check her  | re  | ▶  | 30a        |  |
|   | nis amount includes foreign (  | <u> </u>   |   | <b>▶</b> ┌   | 31a        |  |
| 32 Total program service expenses (add III  |  |  |   |  | 32         | 98,12  |
| Part IV List of Officers, Directors, Tr Check if the organization use   |  |  | •   | ated (See the ins                                  | struction  | ns for Part IV )   |
| (a) Name and address  | (b) Title and average hours per week devoted to position   | (c) Compensa<br>(If not paid<br>enter -0)  | ation (d<br>d, empl   | ) Contribution<br>loyee benefit p<br>erred compens | lans 8     | (e) Expense  |
| See Additional Data Table   | devoted to position  | enter -o,  | dere  | erreu compens                                      | acion      | other anowances  |
|   |  |  |   |  |            |  |
|   |  |  |   |  |            |  |
|   |  |  |   |  |            |  |

|                 | 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)   |                     |       |            |
| 35              | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income or Form 990-T   | 1                   |       |            |
| а               | 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 <b>Form 990-T</b> 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 🕨 📗 37a   | 5                   |       |            |
| 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 <b>or</b> 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   | 1                   |       |            |
| а               | Initiation fees and capital contributions included on line 9   |                     |       |            |
| 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 Francisco Telephone no   | <b>►</b> <u>(70</u> | 6)542 | -7758      |
|                 | 850 COLLEGE STATION ROAD ROOM 127 RIVERS CROSSING BUILDING  Located at ATHENS, GA  ZIP + 4   | <b>▶</b> 30         | 0602  |            |
| h               | At any time during the calendar year, did the organization have an interest in or a signature or other authority   |                     |       | 1          |
|                 | over a financial account in a foreign country (such as a bank account, securities account, or other financial  |                     | Yes   | No         |
|                 | account)?  | 42b                 |       | No         |
|                 | 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.  |                     |       |            |
| C               | At any time during the calendar year, did the organization maintain an office outside of the U S ?   | 42c                 |       | No         |
|                 | If "Yes," enter the name of the foreign country  |                     |       |            |
|                 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year  |                     |       | <b>▶</b> □ |
| A A =           | Did the eventuation maintain any denote advised finds 2.16 W/s=1/ Favor 000 minutes in the constitution of |                     | Yes   | No         |
| <del>44</del> a | 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 Form990-EZ   |                     |       |            |
|                 |  | 44b                 |       | No         |
| С               | Did the organization receive any payments for indoor tanning services during the year?   | 4.6=                |       | NI -       |
|                 | If 'Voc' to line 44c, has the organization filed a Form 720 to report these neumants? If 'We / provide an authorities  | 44c                 |       | No         |
| a               | 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                 |       |            |

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

| Form  | 990-EZ (2010)  |                                      |                            |                |                                       |           |                             | Page <b>4</b>                                |
|-------|--|--------------------------------------|----------------------------|----------------|---------------------------------------|-----------|-----------------------------|--|
|       |  |                                      |                            |                |                                       |           | Yes                         | No   |
| 45    | Is any related organization a control<br>'Yes,' Form 990 and Schedule R must b                       |                                      |                            | ng of section  | 512(b)(13)? <i>If</i>                 | 45        |                             | No   |
| 45a   | Did the organization receive any pay meaning of section 512(b)(13)? If '                             |                                      |                            |                |                                       | 45a       |                             | No   |
| 46    | Did the organization engage, directly candidates for public office? If "Yes,                         |                                      |                            | on behalf of o | r ın opposition to                    |           |                             |  |
| Do    |  |                                      |                            |                | + -h:+-h                              | 46        |                             | No   |
| Раг   | Tt VI Section 501(c)(3) organized All section 501(c)(3) organized 47-49b and 52.                     |                                      |                            | _              |                                       |           | _                           | stions                                       |
|       | Check if the organization use  | ed Schedule O to respor              | id to any question in th   | ıs Part VI     |                                       | <u> </u>  |                             | <u>.                                    </u> |
|       |  |                                      |                            |                |                                       |           | Yes                         | No   |
| 47    | Did the organization engage in lobby   | ring activities? If "Yes,"           | complete Schedule C,       | Part II        |                                       | 47        |                             |  |
| 48    | Is the organization a school describ   | ed in section 170(b)(1)(             | (A)(II)? If "Yes," comple  | te Schedule E  | :                                     | 48        |                             |  |
| 49a   | <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? |                                      |                            |                |                                       | 49a       |                             |  |
| b     | If "Yes," was the related organizatio  | n a section 527 organiz              | atıon?                     |                |                                       | 49b       |                             |  |
| 50    | Complete this table for the organizat  |                                      |                            |                |                                       |           |                             |  |
|       | employees) who each received more  |                                      |                            |                |                                       |           |                             |  |
| (a)   | Name and address of each employee  | (b) Title and average hours per week | (c) Compensation           |                | ontributions to<br>ee benefit plans & | -         | <b>e)</b> Exper<br>ecount a |  |
|       | paid more than \$100,000   | devoted to position                  | 1                          |                | ed compensation                       |           | er allowa                   |  |
|       |  |                                      |                            |                |                                       |           |                             |  |
|       |  |                                      |                            |                |                                       |           |                             |  |
|       |  |                                      |                            |                |                                       |           |                             |  |
|       |  |                                      |                            |                |                                       |           |                             |  |
|       |  |                                      |                            |                |                                       |           |                             |  |
|       |  |                                      |                            |                |                                       |           |                             |  |
|       |  |                                      |                            |                |                                       |           |                             |  |
|       |  |                                      |                            |                |                                       |           |                             |  |
|       |  |                                      |                            |                |                                       |           |                             |  |
| 50(f  | Total number of other employees p  | oaid over \$100,000 .                |                            |                |                                       | <u> </u>  |                             | 0  |
|       |  |                                      |                            |                |                                       |           |                             |  |
| 51    | Complete this table for the organization   |                                      |                            | ontractors w   | ho each received n                    | nore th   | an \$10                     | 0,000  |
|       | of compensation from the organization  | •                                    |                            | (1.) T         |                                       | (-) (     |                             |  |
|       | (a) Name and address of each indep   | endent contractor paid r             | nore than \$100,000        | (B)            | ype of service                        | (c) C     | ompen                       | sation                                       |
|       |  |                                      |                            |                |                                       |           |                             |  |
|       |  |                                      |                            |                |                                       |           |                             |  |
|       |  |                                      |                            |                |                                       |           |                             |  |
|       |  |                                      |                            |                |                                       |           |                             |  |
|       |  |                                      |                            |                |                                       |           |                             |  |
|       |  |                                      |                            |                |                                       |           |                             |  |
|       |  |                                      |                            |                |                                       |           |                             |  |
|       |  |                                      |                            |                |                                       |           |                             |  |
| 51(d  | Total number of other independent  | contractors each receiv              | /ing over \$100,000        |                |                                       |           |                             | 0  |
| 52    | Did the organization complete Sch  |                                      | tion 501(c)(3) organiz     | ations and 4   | 947(a)(1) nonexer                     |           |                             |  |
|       | must attach a completed Schedul  | e A                                  |                            |                |                                       | 1         | es 🗀                        | No   |
| Under | r penalties of perjury, I declare that I ha  | ve examined this return, i           | ncluding accompanying      | schedules and  | d statements, and to                  | the be    | st of my                    | ,  |
|       | ledge and belief, it is true, correct, and ledge.  | complete. Declaration of p           | oreparer (other than offic | er) is based o | on all information of                 | which     | prepare                     | r has any                                    |
|       |  |                                      |                            |                |                                       |           |                             |  |
|       | *****  |                                      |                            |                | 2012 05 14                            |           |                             |  |
| Sign  | 1 <b>F</b>   |                                      |                            |                | 2012-05-14<br>Date                    |           |                             |  |
| Here  | JACK PARISH EXECUTIVE DIRECT   | FOR                                  |                            |                |                                       |           |                             |  |
|       | <u> </u>   |                                      | Date                       | Check If       | Preparer's taxpay                     | ver ident | ification :                 | number                                       |
| Paid  | Preparer's signature RANDY JESSUP  |                                      | 2012-05-10                 | self-          | (See instructions                     |           | ii icatiON f                | unibel                                       |
|       | arer's Firm's name (or yours & BATES CA  | emp                                  |                            | employed 🕨     |                                       |           |                             |  |
| Use ( | Only if self-employed),  |                                      |                            |                | _ EIN ▶                               |           |                             |  |
|       | address, and ZIP + 4 - PO DRAW   |                                      |                            |                | Phone no ► (7                         | 70) 532-  | 9131                        |  |
|       | <u> </u>   | LLE, GA 30503                        |                            |                |                                       | •         |                             |  |
| Mayt  | the IRS discuss this return with the p   | reparer shown above? S               | ee instructions            |                | <u> •  </u>                           | ₽         | es I                        | No   |

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492135029672

OMB No 1545-0047

2010

Open to Public
Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization GEORGIA ASSOCIATION OF CURRICULUM INSTRUCTIONAL SUPERVISORS (GACIS) **Employer identification number** 

20-5998677

| ldentifier              | Return Reference            | Explanation           |
|-------------------------|-----------------------------|-----------------------|
| OTHER INVESTMENT INCOME | FORM 990-EZ, PART I, LINE 4 | INTEREST INCOME 2,985 |

| ldentifier        | Return<br>Reference             | Explanation   |
|-------------------|---------------------------------|---|
| OTHER<br>EXPENSES | FORM 990-EZ,<br>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<br>ASSETS | l '              | 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 |

| ldentifier           | Return Reference                 | Explanation  |
|----------------------|----------------------------------|--|
| OTHER<br>LIABILITIES | FORM 990-EZ,<br>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.