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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, 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

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

GEORGIA ASSOCIATION OF CURRICULUM INSTRUCTIONAL SUPERVISORS (GACIS)

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

PO BOX 6445

City or town, state or country, and ZIP + 4

ATHENS, GA 30604

D Employer identification number

20-5998677

E Telephone number

(770) 967-2050

F Group Exemption Number

G Accounting method

Cash

Accrual

Other (specify)

I Website:

WWW.GAEL.ORG

J Tax-Exempt status

(check only one)

501(c)(3)

501(c)( 6)

(insert no )

4947(a)(1) or

527

H Check

if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ  \$ 165,570

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I )

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	28,500
	2	Program service revenue including government fees and contracts	2	93,798
	3	Membership dues and assessments	3	41,094
	4	Investment income	4	2,178
	5a	Gross amount from sale of assets other than inventory	5c	
	5b	Less cost or other basis and sales expenses		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and fundraising events	6d	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
Expenses	6b			
	6c	Less direct expenses from gaming and fundraising events		
	6d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		
	7a	Gross sales of inventory, less returns and allowances	7c	
	7b	Less cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	165,570
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	64,860
	13	Professional fees and other payments to independent contractors	13	1,000
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	220
	16	Other expenses (describe in Schedule O)	16	64,919
	17	Total expenses. Add lines 10 through 16	17	130,999
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	34,571
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	279,521
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	14,688
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	328,780

**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	
<b>22</b>	Cash, savings, and investments . . . . .	194,885	<b>22</b>	229,503
<b>23</b>	Land and buildings . . . . .		<b>23</b>	
<b>24</b>	Other assets (describe in Schedule O) . . . . .	111,091	<b>24</b>	130,496
<b>25</b>	<b>Total assets</b> . . . . .	305,976	<b>25</b>	359,999
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) . . . . .	26,455	<b>26</b>	31,219
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	279,521	<b>27</b>	328,780

**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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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      ☐

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

**28a**      113,197

**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**      113,197

**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				

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 significant 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 <b>not</b> 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If 'Yes' to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If 'No,' provide an explanation in Schedule O . . . . .	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III . . . . .	35c	No
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	0
b	Did the organization file <b>Form 1120-POL</b> 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		
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 ▶ <u>GA</u>		
42a	The organization's books are in care of ▶ <u>THE ORGANIZATION</u> Telephone no ▶ <u>(706) 542-7758</u> 850 COLLEGE STATION ROAD ROOM 127 RIVERS CROSSING BUILDING Located at ▶ <u>ATHENS, GA</u> ZIP + 4 ▶ <u>30602</u>		
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	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 <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <u>43</u>		
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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 may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	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		
46			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 or have a section 501(h) election in effect during the tax year? 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
f Total number of other employees paid over \$100,000				

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

d	Total number of other independent contractors each receiving over \$100,000	
52	Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	<input type="checkbox"/> Yes <input type="checkbox"/> 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		2013-05-14 Date		
	JIMMY STOKES EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	RANDY JESSUP	Date	2013-05-14	
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's taxpayer identification number (See instructions)	
	BATES CARTER & CO LLP PO DRAWER 2396 GAINESVILLE, GA 30503			P00958814	
				EIN	20-8004844
				Phone no	(770) 532-9131
May the IRS discuss this return with the preparer shown above? See instructions					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**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

**2011****Open to Public  
Inspection**Name of the organization  
GEORGIA ASSOCIATION OF CURRICULUM  
INSTRUCTIONAL SUPERVISORS (GACIS)**Employer identification number**

20-5998677

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 2,178
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONFERENCES & TRAVEL AMOUNT 54,950 DESCRIPTION ADVERTISING AMOUNT 2,457 DESCRIPTION OFFICE SUPPLIES AMOUNT 2,640 DESCRIPTION AWARDS & GIFTS AMOUNT 2,410 DESCRIPTION SUPPLIES AMOUNT 952 DESCRIPTION BAD DEBT AMOUNT 1,190 DESCRIPTION WEBSITE AMOUNT 320 TOTAL TO FORM 990-EZ, LINE 16 64,919
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION UNREALIZED GAIN/LOSS AMOUNT 14,688
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 3,218 END OF YEAR AMOUNT 7,935 DESCRIPTION INVESTMENTS BEG OF YEAR AMOUNT 107,873 END OF YEAR AMOUNT 122,561
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 2,837 DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 7,350 END OF YEAR AMOUNT 8,250 DESCRIPTION CASH HELD FOR AFFILIATES BEG OF YEAR AMOUNT 19,105 END OF YEAR AMOUNT 20,132

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	52,395	5,502	0
JIMMY STOKES 850 COLLEGE STATION ROAD ROOM 127 R ATHENS,GA 30602	GAEL EXECUTIVE DIRECTOR 2 00	0	0	0
PEGGY CONNELL 850 COLLEGE STATION ROAD ROOM 127 R ATHENS,GA 30602	PRESIDENT 2 00	0	0	0
SHARON FLYTHE 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	PRESIDENT-ELECT 2 00	0	0	0
GREG ARNSDORFF 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

**TY 2011 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.