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Department of the Treasury

22

preparer has any knowledge

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS

OMB No 1545-0047 2013

Open to Public

generally cannot redact the information on the form Internal Revenue Service Inspection \blacktriangleright Information about Form 990 and its instructions is at $\underline{\textit{www.IRS.gov/form990}}$ A For the 2013 calendar year, or tax year beginning 07-01-2013 2013, and ending 06-30-2014 Name of organization D Employer identification number B Check if applicable GEORGIA ASSOCIATION OF CURRICULUM INSTRUCTIONAL SUPERVISORS GACIS Address change 20-5998677 Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Terminated (706) 542-7758 City or town, state or province, country, and ZIP or foreign postal code ATHENS, GA $\,$ 30604 Amended return Application pending **G** Gross receipts \$ 392,599 F Name and address of principal officer **H(a)** Is this a group return for ┌ Yes 🗸 No subordinates? ┌ Yes 🗸 No **H(b)** Are all subordinates included? If "No," attach a list (see instructions) Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► **L** Year of formation M State of legal domicile GA Part I Summary Briefly describe the organization's mission or most significant activities THE ASSOCIATION ADVOCATESFOR 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 Activities & Governance Check this box 📭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 202,180 81,860 Program service revenue (Part VIII, line 2g) . . . 201,070 290,279 15,595 20,460 Investment income (Part VIII, column (A), lines 3, 4, and 7d). Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 392,599 418,845 13 0 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines Expenses 64,860 73,068 5 - 10) Professional fundraising fees (Part IX, column (A), line 11e) . . 0 16a b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 239.006 263,882 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 303,866 336,950 19 Revenue less expenses Subtract line 18 from line 12 114.979 55,649 t Assets or id Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . 498.517 545,661 21 54,758 23,798 Total liabilities (Part X, line 26)

Part II Signature Block 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

					2015-05-15					
Sign	Sı	gnature of officer		Date						
Here	<u>1</u>	MMY STOKES GAEL Ex Dir								
	Ty	ype or print name and title								
Doid		Print/Type preparer's name James O Taylor CPA	Preparer's signature	Date	Check If PTIN P01233655					
Paid Prepare	r	Firm's name Firm's Lowe & Co	ompany		Firm's EIN ►					
Use On		Firm's address - 700 Oglethorpe Av			Phone no (706) 543-8205					
		Athens, GA 30600	6							
May the IR	S disc	cuss this return with the prepar	rer shown above? (see instructio	ns)		No				

Net assets or fund balances Subtract line 21 from line 20

443,759

521,863

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ►

Part IV	Checl	dist 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Νo
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 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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, Part VI	11a		Νο
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
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		No
d	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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 (see instructions)	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)							
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No					
22	Did the organization report more than \$5,000 of grants or 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	No					
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? <i>If "Yes," complete Schedule J</i>	23	No					
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 25a	24a	No					
b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?							
С	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	No					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No					
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							
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	No					
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II							
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III							
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)							
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	No					
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	204						
	complete Schedule L, Part IV	28b	No					
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	No					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No					
31	Part I	31	No					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No					
b	If 'Yes' to line 35a, 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	35b	No					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No					
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	No					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	No					

- G	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	 No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0		1.05	
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	i		
_	gaming (gambling) winnings to prize winners?	1c		Νo
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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		No
•	Did the agreement on house unrelated by some and agreement of \$1,000 arranged unrelated to your	2-		NI.
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N c
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
lа	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)?	4a		No
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	•		
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
_	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
_	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	7h		
	Form 1098-C?	/ n		
5	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		No
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
-)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
_	facilities	1		
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)]		
2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		14.0
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states			
_	The which the organization is needsed to issue qualified health plans	1		
	Enter the amount of reserves on hand	 		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule 0	14h	ı	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI							

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a		Νo
b	Each committee with authority to act on behalf of the governing body?	8b		Νo
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	in Cod	۵ ۱
	cetion by toneies (this section b requests information about policies not required by the internal re	CVCIIC	ie Cou	c.)
	terion bi Foncies (This Section & Tequests information about policies not required by the Internal N	CVC//C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	Did the organization have local chapters, branches, or affiliates?			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a		No No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b		No No No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b		No No No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13		No No No No No No No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13		No No No No No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14		No No No No No No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14		No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14		No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14		No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b		No

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶THE ORGANIZATION 850 COLLEGE STATION ROAD ROOM 127 R ATHENS, GA 30602 (706) 542-7758

Form 990	(2013	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. 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

List all of the organization's former officers, key employees, or 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	verage Position (do not check more than one box, unless compensation person is both an officer and a director/trustee) Reportable compensation from the organizations (Worganizations (Worgani									- '	(F) Estima mount o compens from t	ited f other sation the
	for related organizations below dotted line)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-	MISC)	2/1099-MISC)		ganizati relate organiza	ed
											-		
											_		
											+		
											+		
											_		
											+		
1b Sub-Total	 sto Part VIIS	 ection A		•			* *						
d Total (add lines 1b and 1c) .			` .	٠.	٠.'		 		62,291				
2 Total number of individuals (inc \$100,000 of reportable compe						d abov	e) w	ho received	d more th	an			
										г		Yes	No
3 Did the organization list any for on line 1a? If "Yes," complete S					key •	emplo	yee, •	or highest,	compen • •	sated employee	3		No
4 For any individual listed on line organization and related organization and related organization.											4		No
5 Did any person listed on line 1 services rendered to the organ										or individual for	5		No
Section D. Indonesiant Co	mtua eta									L		1	
Section B. Independent Co Complete this table for your five	e highest comp												
compensation from the organiz	zation Report co (A) ame and business	-	ation	tor t	ne c	alenda	arye	ar ending v		thin the organizati (B) cription of services	on's t	ax year (C Comper)

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization $\blacktriangleright 0$

		Check If Schedul	le O contains a respon	se or note to any li	ne in this Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated campa	aigns 1a					
and and a	ь	Membership due	s 1b					
90.	c	Fundraising ever	nts 1c					
<u>A</u> ≦		_						
<u>≣</u>	d	Related organiza						
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants	(contributions) 1e					
ë S	f	All other contribution similar amounts not	ns, gifts, grants, and 1f	81,860				
<u>a</u> <u>a</u>	g	Noncash contribution						
n d d	-	1a-1f \$						
ತಿಕ	h	Total. Add lines	1a-1f		81,860			
				Business Code				
nue	2a	Conferences		611710	237,179	237,179		
28 28	ь	Membership Dues &	. Assessments		53,100	53,100		
- 63 -	С							
er E	d							
Program Serwce Revenue	e							
⊈raï	f	All other prograr	n service revenue					
چ	g	Total Add lines	2a-2f	b.	290,279			
	3		me (including dividend		230,213			
		and other similar	ramounts)		20,460	20,460		
	4		ment of tax-exempt bond p	proceeds	0			
	5	Royalties	() 5	•	0			
	6a	Gross rents	(ı) Real	(II) Personal				
		Less rental						
		expenses Rental income						
	•	or (loss)						
	d	Net rental incom	ne or (loss)		0			
	7a	Gross amount	(ı) Securities	(II) Other				
	′"	from sales of assets other						
		than inventory						
	Ь	Less cost or other basis and						
	l c	sales expenses Gain or (loss)						
	d	L Net gain or (loss	· · · · · · · · · · · · · · · · · · ·		0			
	8a	Gross income fro	г	-				
e E		events (not inclu	ıdıng					
Other Revenue		\$ of contributions	 reported on line 1c)					
e E		See Part IV, line						
⊕ T			a					
돗	b c	Less direct exp	enses b [oss) from fundraising e	avente -	0			
_			om gaming activities	events p-				
		See Part IV, line						
			a					
	b	Less direct exp	L		0			
		Gross sales of ir	oss) from gaming activ	/ities	0			
	104	returns and allow						
			a					
	Ь	Less cost of go						
	С		oss) from sales of inve		0			
	11a	Miscellaneous	Veneune	Business Code				
	ь							
	C							
	, ,	All other revenue	e					
	e		- · · · · [11a-11d					
	12		ee Instructions		0			
		rocar revenue. S	CC INSUIUCUUIS		392,599	310,739		

Part IX Statement of Functional Expenses

	section 501(c)(3) and 501(c)(4) o	rganizations must complete all columns	All other organizations must complete column (A	()
--	-----------------------------------	--	---	----

	. , , , , , , , , , , , , , , , , , , ,				
	Check if Schedule O contains a response or note to any line in this	Part IX		<u></u>	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraısıng expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	·		· ·
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	62,291			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,000	4,500	1,500	
9	Other employee benefits	0			
10	Payroll taxes	4,777	3,583	1,194	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	1,000		1,000	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	7,355	7,355		
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	8,892	8,892		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	168,705	168,705		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	1,205		1,205	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Facilities costs	60,006	60,006		
b	Miscellaneous	7,858	7,858		<u> </u>
c	Supplies	4,716	4,716		
d	Volunteer Recognition	3,316	3,316		
e	All other expenses	829	829		
25	Total functional expenses. Add lines 1 through 24e	336,950	269,760	4,899	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Cash-non-interest-bearing Segning of year Segning of year 240,594 1 276,227 2 2 2 2 2 2 2 2 2	Par	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
2 Sevings and temporary cash investments 2 0 0						` '
3 Pledges and grants receivable, net 3 0 0 1.175 4 4 Accounts receivable, net 1.177 4 0 0 0 0 0 0 0 0 0		1	Cash-non-interest-bearing	240,604	1	276,223
A Accounts receivable, net 11,175 4 0 0		2	Savings and temporary cash investments		2	0
Source Comparison Compar		3	Pledges and grants receivable, net		3	0
Separation Schedule L S S O		4	Accounts receivable, net	11,175	4	0
Comparison Co		5	employees, and highest compensated employees Complete Part II of			
Prepared expenses and deferred charges 9 0	<u>s</u>	6	section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees'		_	
9 Prepaid expenses and deferred charges 9 0	Se.					
9 Prepaid expenses and deferred charges 9 0	AS.	1				
10a	_	1				
10 10 10 10 10 10 10 10		-	Land, buildings, and equipment cost or other basis Complete Part		9	0
11		ь	12 5. 55.153.15		10c	0
12		111			11	0
13		1			12	0
14		13			13	0
15		14			14	0
16 Total assets. Add lines 1 through 15 (must equal line 34) 498,517 16 545,661 17		15		246,738	15	269,438
17 Accounts payable and accrued expenses		1		498,517	16	545,661
18 Grants payable		+		,		<u> </u>
Portion 19		1			18	
20 Tax-exempt bond liabilities		1		33,632	19	
21 Escrow or custodial account liability Complete Part IV of Schedule D				,		
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		1	·		21	
Unsecured notes and loans payable to unrelated third parties		1	Loans and other payables to current and former officers, directors, trustees,			
Unsecured notes and loans payable to unrelated third parties	qе		persons Complete Part II of Schedule L		22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties		23	_
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule	21 126	25	22 700
Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26				
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds		20	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete	34,730	20	20,730
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	μÇ			440.750	~-	E04 000
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	<u>8</u>			443,759		521,863
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	ă	1				
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	ī	29	,		29	
30 Capital stock or trust principal, or current funds	r F		- '			
33 Total net assets or fund balances	0	30	-		30	
33 Total net assets or fund balances	ě.	1				
33 Total net assets or fund balances	₫.S.S	1				
Z 34 Total liabilities and net assets/fund balances	₽ E	1	- , , ,	443,759	33	521,863
	Ż	34	Total liabilities and net assets/fund balances	498,517	34	545,661

	Check if Schedule O contains a response or note to any line in this Part XII			. Г
			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Director

Software ID: 13000170 **Software Version:** 2013v4.0

EIN: 20-5998677

Name: GEORGIA ASSOCIATION OF CURRICULUM INSTRUCTIONAL SUPERVISORS GACIS

Compensated Employees, and (A)	(B)	Ī		(C)				(D)	(E)	(F)
Name and Title	Average	Posit	tion (do no				Reportable	Reportable	Estimated amount
	hours per week (list	more tl						compensation from the	compensation from related	of other compensation
	any hours	anda						organization (W-	organizations (W-	from the
	for related	옥크	Ι_	Q	줎	雪里	Ţ	2/1099-MISC)	2/1099-MISC)	organization and related
	organizations below	을들	<u>≊</u>	Officei	پر 6	문화	Former			organizations
	dotted line)	[왕호	[-	<u> </u>	5 e e	4			
		Individual trustee or director	Institutional Trustee		Key employee	Į~̃§				
		<u> </u>	<u>#</u>		Φ	B				
		"	ee Ee			Highest compensated employee				
Cındy Salloum	0.00					<u> </u>				
	0 00							0	0	0
Director Alicia McCartkey	0 00	-								
Director								0	0	0
Suzi Bonifay	0 00	-								
Director	0 00							0	0	0
Pam Smith	0 00									
Director	0 00							0	0	0
Leigh Ann Putnam	0 00									
Director	0 00							0	0	0
CLAIRE MILLER	1 00							0	0	0
Secretary	0 00							0	U	0
Jamie Moore	1 00							0	0	0
Director	0 00							Ů		
Noris Price	1 00							0	0	0
Director	0 00							_	_	
Michelle Sherman	1 00							0	0	0
Director ALICIA MCCARTNEY	0 00					<u> </u>				
	1 00							0	0	0
Sharon Hunt-Williams	0 00	-								
Director	0 00							0	0	0
Kelly WrightPansy Corbett	1 00									
Director	0 00							0	0	0
CYNDEE PHILLIPS	1 00							_	_	_
President	0 00							0	0	0
Rebecca Gillette	1 00							0	0	0
Director	0 00							0	0	0
Eve Thomas	1 00							0	0	0
Director	0 00							, and the second		
BUFFY WILLIAMS	1 00							0	0	0
Director	0 00									
Rodney Green	1 00							0	0	0
Director Christy Wray	0 00					<u> </u>				
								0	0	0
Director Keith Seifert	0 00									
								0	0	0
Director Deena Harper	0 00									
Director	0 00							0	0	0
Deborah Clarke	1 00									
Director	0 00							0	0	0
Keith Seifert	1 00									
Director	0 00						L	0	0	0
Kelly Roberts	1 00							0	0	0
Director	0 00							0	0	
Denise Burrell	1 00							0	0	0
Director	0 00		<u> </u>			1	_	ļ		
William Edgar	1 00							0	0	0
	i		•			1			•	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion (d nan oi n is b	ne bo	ox, u an of	ınless fficer	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Amy Krause	1 00							0	0	0
Director	0 00									
Debbie Downer	1 00							0	0	0
Director	0 00									
Barbara Kendrick	1 00							0	0	0
Director	0 00									
Amy Fouse	1 00							0	0	0
Pres Elect	0 00									
Deborah White	20 00			х				62,291	0	0
GACIS Ex Dir	0 00									
JIMMY STOKES	2 00			х				0	0	0
GAL Ex Dir	0 00									
GREG ARNSDORFF	2 00			х				0	0	0
Past President	0 00									

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OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990)

Open to Public

emal Revenue Service	and its instruct	ions is at <u>www.irs.gov/ioriii990</u> .			Inspect	lon	
	ON OF CURRICULUM		Emp	loyer identifica	tion numbe	r	
NSTRUCTIONAL SUP				5998677			
	i nizations Maintaining Donor Adv nization answered "Yes" to Form 990		unds	or Accounts	. Complet	e ıf	the
Organ	ilzation answered Tes to Form 990	(a) Donor advised funds		(b) Funds and o	other accou	nts	
Total number	at end of year			(-,			
Aggregate co	ontributions to (during year)						
Aggregate gr	ants from (during year)						
Aggregate va	llue at end of year						
	nization inform all donors and donor adviso e organization's property, subject to the or		nor advi	sed	┌ Yes	Г	No
used only for	nization inform all grantees, donors, and d charitable purposes and not for the benef				┌ Yes	_	No
	permissible private benefit? Servation Easements. Complete if	the organization answered "Ves" i	to Forn	n 990 Part IV			
	f conservation easements held by the org		10 1 0111	11 330, Tare 14	, iiic 7.		
	tion of land for public use (e g , recreation		n histori	ıcally ımportant	: land area		
	n of natural habitat	Preservation of a					
┌ Preserva	tion of open space						
Complete lin	es 2a through 2d if the organization held a	a qualified conservation contribution in	the forn	n of a conservat	tion		
easement on	the last day of the tax year						
				Held at the	End of the	Yea	r
	r of conservation easements		2a				
	e restricted by conservation easements		2b				
	onservation easements on a certified histo	• •	2c				
historic struc	onservation easements included in (c) acc cture listed in the National Register		2d				
	onservation easements modified, transferr	ed, released, extinguished, or terminat	ed by th	ne organization	during		
the tax year	<u> </u>						
Number of st	ates where property subject to conservat	ion easement is located ►					
_	anization have a written policy regarding to of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	violations, and	┌ Yes	Γ	No
Staff and vol	unteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	luring the year			
	openses incurred in monitoring, inspecting	, and enforcing conservation easement	s during	g the year			
►\$		d) about actually the requirements of ac	ation 1 ⁻	70 (h)(4)(D)(i)			
	011561 Valion easement reported on line 2 (1 170(h)(4)(B)(II)?	a) above satisfy the requirements of se-	CLIOII 17	/ U(II)(4)(B)(I)	┌ Yes	Γ	No
balance shee	describe how the organization reports coi et, and include, if applicable, the text of th tion's accounting for conservation easeme	e footnote to the organization's financia					
rt IIII Orga	inizations Maintaining Collection plete if the organization answered "Y	s of Art, Historical Treasures,	or Otl	her Similar <i>i</i>	Assets.		
works of art,	zation elected, as permitted under SFAS 1 historical treasures, or other similar asse vide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	arch in furthera			
If the organiz works of art,	zation elected, as permitted under SFAS 1 historical treasures, or other similar asse ride the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	ent and balance		ıc	
(i) Revenues	s included in Form 990, Part VIII, line 1			► \$			
	ncluded in Form 990, Part X						
If the organiz	zation received or held works of art, histor ounts required to be reported under SFAS						
Revenues ind	cluded in Form 990, Part VIII, line 1			F \$			
	ded in Form 990, Part X			·			
Assets inclu	ucu mii omi 220, Fail A			- →			

Par	t IIII Organizations Maintaining Co	llections of Art	t, His	tori	cal Tr	easur	es, or C	the	r Similar As	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	ieck a	any of t	the follo	wing that	are a	significant use	ofits	
а	Public exhibition		d	Γ	Loan	or excha	ange prog	rams			
b	Scholarly research		e	Γ	Other	=					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	aın how	v they	/ furthe	r the or	ganızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	┌ Yes	┌ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar				_		answere	d "Y	es" to Form 9) 90,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interm	ediary	for c	ontribu	tions or	other ass	ets r		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	II and complete the	e follow	ving t	able		Г		Ar	nount	
c	Beginning balance							1c			
d	Additions during the year						ļ	1d			
e	Distributions during the year						ľ	1e			
f	Ending balance						ļ	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	ne 21?							┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	II Check here if the	e expla	anatio	on has	been pro	ovided in I	Part)	KIII		Γ
Pa	art V Endowment Funds. Complete										
		(a)Current year	(b)	Prior y	/ear	b (c)Two	o years back	(d) ¹	Three years back	(e) Four y	ears back
1a	Beginning of year balance							+			
Ь	Contributions							+-			
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balan	ice (lin	e 1g,	colum	n (a)) he	eld as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse organization by	ssion of the organiz	zatıon t	that a	re held	d and ad	mınıstere	d for	the	Yes	No
	(i) unrelated organizations			•				•	3a		
b	(ii) related organizations		 ad on S	ched	 ule R?				3a(
4	Describe in Part XIII the intended uses of the	•				•		•			<u> </u>
Pa	rt VI Land, Buildings, and Equipme	ent. Complete if				n answe	ered 'Yes	' to	Form 990, Pa	art IV, li	ine
	11a. See Form 990, Part X, line	10.		1 ,	-) C+		(h)Cash as		(-) ((-)	Da a le coa leca
	Description of property				a) Cost o sıs (ınve	estment)	(b)Cost or basis (ot		(c) Accumulat depreciation		Book value
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment		•								
	Other										
Tota	al. Add lines 1a through 1e (Column (d) must e	equal Form 990 Part	X colu	mn (I	3) line	10(c)		_		I	

(including name of acquirity)	(b)Book value	(c) Method of valuation
(including name of security) 1)Financial derivatives		Cost or end-of-year market value
2)Closely-held equity interests		
ther		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
art VIII Investments—Program Related.	Complete if the organization	answered 'Yes' to Form 990, Part IV, line 11
See Form 990, Part X, line 13.	(I-) Dealers les	(a) Mathada Gualuatua
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	*	
	tion answered Yes to Form 990	, Part IV , line 11d See Form 990 , Part X , line 15
(a) Des	scription	(b) Book value
(a) Des	scription	(b) Book value
(a) Des	scription	(b) Book value
(a) Des	scription	(b) Book value
(a) Des	scription	(b) Book value
(a) Des	scription	(b) Book value
(a) Des	scription	(b) Book value
(a) Des	scription	(b) Book value
(a) Des	scription	(b) Book value
(a) Des	scription	(b) Book value
(a) Des	scription	(b) Book value
(a) Des	scription	(b) Book value
(a) Des	scription	(b) Book value
(a) Des	scription	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col.(B) lin	e 15.)	
otal. (Column (b) must equal Form 990, Part X, col.(B) lin Part X Other Liabilities. Complete if the ofform 990, Part X, line 25.	<i>e 15.)</i> rganization answered 'Yes' to	
otal. (Column (b) must equal Form 990, Part X, col.(B) lin Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability	e 15.)	
otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the offerm 990, Part X, line 25. (a) Description of liability	e 15.)	
otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the offerm 990, Part X, line 25. (a) Description of liability	<i>e 15.)</i> rganization answered 'Yes' to	
Part X Other Liabilities. Complete if the of Form 990, Part X, col.(B) line 1. (a) Description of liability defend income taxes	e 15.)	
otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the offerm 990, Part X, line 25. (a) Description of liability	e 15.)	
Part X Other Liabilities. Complete if the of Form 990, Part X, col.(B) line 1. (a) Description of liability defend income taxes	e 15.) rganization answered 'Yes' to	
otal. (Column (b) must equal Form 990, Part X, col.(B) lin Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability	e 15.) rganization answered 'Yes' to	
otal. (Column (b) must equal Form 990, Part X, col.(B) lin Part X Other Liabilities. Complete if the of Form 990, Part X, line 25. (a) Description of liability ederal income taxes	e 15.) rganization answered 'Yes' to	
Part X Other Liabilities. Complete if the of Form 990, Part X, col.(a) Description of liability ederal income taxes	e 15.) rganization answered 'Yes' to	
otal. (Column (b) must equal Form 990, Part X, col.(B) lin Part X Other Liabilities. Complete if the of Form 990, Part X, line 25. (a) Description of liability ederal income taxes	e 15.) rganization answered 'Yes' to	
otal. (Column (b) must equal Form 990, Part X, col.(B) lin Part X Other Liabilities. Complete if the of Form 990, Part X, line 25.	e 15.) rganization answered 'Yes' to	
Part X Other Liabilities. Complete if the of Form 990, Part X, col.(a) Description of liability ederal income taxes	e 15.) rganization answered 'Yes' to	
otal. (Column (b) must equal Form 990, Part X, col.(B) lin Part X Other Liabilities. Complete if the of Form 990, Part X, line 25. (a) Description of liability ederal income taxes	e 15.) rganization answered 'Yes' to	
otal. (Column (b) must equal Form 990, Part X, col.(B) lin Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability	e 15.) rganization answered 'Yes' to	
otal. (Column (b) must equal Form 990, Part X, col.(B) lin Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability ederal income taxes ue to affiliates	e 15.) rganization answered 'Yes' to (b) Book value 23,798	
otal. (Column (b) must equal Form 990, Part X, col.(B) lin Part X Other Liabilities. Complete if the of Form 990, Part X, line 25. (a) Description of liability ederal income taxes	e 15.) rganization answered 'Yes' to (b) Book value 23,798	269,4 Form 990, Part IV, line 11e or 11f. See

Par		evenue per Audited Financial Stat vered 'Yes' to Form 990, Part IV, line 1		is with kevenue	per ĸ	eturn Complete i
1		r support per audited financial statements			1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
а	Net unrealized gains on invest	ments	2a			
b	Donated services and use of f	acılıtıes	2b			
c	Recoveries of prior year grant	s	2c			
d	Other (Describe in Part XIII)		2d			
е	Add lines 2a through 2d .				2e	
	Subtract line ${f 2e}$ from line ${f 1}$.				3	
	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
С	Add lines 4a and 4b				4c	
	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12).		5	
art		xpenses per Audited Financial Sta		nts With Expense	s per	Return. Complet
		swered 'Yes' to Form 990, Part IV, line			1 .	T
	· ·	raudited financial statements			1	
		t not on Form 990, Part IX, line 25	1 -	I		
3		acilities	2a		_	
b			2b		_	
c			2c			
d	Other (Describe in Part XIII)		2d		4 _	
е	_				2e	
					3	
		0, Part IX, line 25, but not on line 1:	1	I		
a	·	uded on Form 990, Part VIII, line 7b			_	
b			4b		4	
C					4c	
		nd 4c. (This must equal Form 990, Part I, lin	e 18)		5	
	Supplemental Inf					
art		Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
	Return Reference	Explanation				

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135026545

OMB No 1545-0047

2013

Open to Public Inspection

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization GEORGIA ASSOCIATION OF CURRICULUM INSTRUCTIONAL SUPERVISORS GACIS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

20-5998677

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	No review was or will be conducted
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	No documents available to the public
Other Changes In Net Assets Or Fund Balances - Other Increases	Cash basis adjustment = \$22455
Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts	The Organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract

(Rev December 2009)

Application for Change in Accounting Method

OMB No 1545-0152

Department of the Treasury Internal Revenue Service		_						
	·	consolidated group) (see instruction	s) Identificati 20-5998677		er (see insti	ructions)		
INSTRUCTIONAL SUPERVISOR			Principal bus 813000	siness activ	rty code nun	nber (see ins	structio	ns)
Number, street, and room or su	ute no If a PO	box, see the instructions	Tax year of	change be	gins (MM/DD/	YYYY) (07-01-2	2013
PO BOX 6445			Tax year of	change en	ds (MM/DD/Y	YYY) (06-30-2	2014
City or town, state, and ZIP co	de		Name of cor	ntact perso	n (see ınstru	ctions)		
ATHENS, GA 30604			Dusty Smith					
Name of applicant(s) (if difference GEORGIA ASSOCIATION OF C		nd identification number(s) (see instru		20-5998677	Contact per (706) 542-7	son's teleph	one nu	ımber
If the applicant is a membe	r of a consoli	dated group, check this box .				▶ □	-	
	rney and Dec	laration of Representative, is att	iched (see inst	ructions f	or when Fo	rm 2848 is	requii	red),
Check the box to indicate					ate box to i	ndicate the	type	
☐ Individual		Cooperative (Sec 1381)	of account (see instru	_	od change	being requ	ested	l .
Corporation		☐ Partnership						
Controlled foreign corpo (Sec 957)	ration	☐ S corporation ☐ Insurance co (Sec 816(a))	☐ Depreci			annal Anto		~ f
,	904(d)(2)(E))	Insurance co (Sec 831)	1 '	al Institutio	s and/or Fir	ianciai Acti	villes (O1
☐ Qualified personal service		☐ Other (specify) ►	_		J.1.5			
corporation (Sec 448(d)	(2))	· · · · · · · · · · · · · · · · · · ·	_	. ,,				
Exempt organization En	ter Code sect	tion > 501(c)6						
to the taxpayer or to the taxpay (including its instructions), as The taxpayer must attach a	yer's requested well as any oth Ill applicable s	quested change in method of account to the second change in method of accounting. The second that is not specifical supplemental statements requesting the second control of the	his includes all i ly requested	nformation	requested or		3115	
		Change Request					Yes	No
Enter only one designate published by the IRS If check "Other," and provious change See instruction	ated automation of the requeste nde both a de ns	omatic accounting method chan c accounting method change nu d change has no designated au scription of the change and cita	mber, except as tomatic accour	s provided	d for in guida od change	ance number,		
►(a) Change No <u>32</u> (b) C	other T Descrip	tion ►						
unavailable for the app	licant's reque	cribed in section 4 02 of Rev Prosted change? If "Yes," attach an	explanation			it to be		×
		Part IV, and also Schedules A thr	ough E of this to	orm (if ap _i	olicable).		Yes	No
Part II Information Fo		gage in the trade or business to	which the requ	ested cha	nne relates	or .	163	NO
terminate its existence	, in the tax yea	ar of change (see instructions)? o make the change under autor						X
4a Does the applicant (or	any present o	or former consolidated group in v	which the applic	cant was a	a member d	lurina		
• •		Federal income tax return(s) und						X
b Is the method of accou		licant is requesting to change aided group in which the applicant v	•	-	•	•		
year(s)) either (i) under	r consideratio	n or (II) placed in suspense (se						X
knowledge and belief, the applic	cation contains a on all information	Signature (see insti examined this application, including a fill the relevant facts relating to the app n of which preparer has any knowledg	ccompanying scho lication, and it is e	true, correc	t, and comple	te Declaration		
	File r 2015-05-15		Prepai	-	than filer/a 1233655	ppiicant)		
Sign GEORGIA ASSOCIATION OF CUP INSTRUCTIONAL SUPERVISORS			Signature of in	dividual pro	eparing the ap	plication and	d date	
Name and	d title (print or ty	ype)	Name of individ	ual preparı	ng the applica	ntion (print o	r type)	

Name of firm preparing the application

Pa	rt II	Information For All Requests (continued)	⁄es	No
4c	Is the	method of accounting the applicant is requesting to change an issue pending (with respect to either the		
		ant or any present or former consolidated group in which the applicant was a member during the applicable		
		ar(s)) for any tax year under examination (see instructions)?		Х
d		request to change the method of accounting being filed under the procedures requiring that the operating		
		on director consent to the filing of the request (see instructions)?	_	X
		," attach the consent statement from the director		
е		request to change the method of accounting being filed under the 90-day or 120-day window period?	_	X
		," check the box for the applicable window period and attach the required statement (see instructions)		
	□ 90	day		
f	If you	answered "Yes" to line 4a, enter the name and telephone number of the examining agent and the tax		
	year(s) under examination		
	Name		ļ	
		copy of this Form 3115 been provided to the examining agent identified on line 4f?		Х
5a		the applicant (or any present or former consolidated group in which the applicant was a member during		.,
	-	pplicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court?	_	Х
		," enter the name of the (check the box)		
	•	one number, and the tax year(s) before Appeals and/or a Federal court		
ь	Name		ŀ	
a	Has a on lin	copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified		Х
r		method of accounting the applicant is requesting to change an issue under consideration by Appeals	\dashv	
·		r a Federal court (for either the applicant or any present or former consolidated group in which the applicant		
		member for the tax year(s) the applicant was a member) (see instructions)?		Х
		," attach an explanation		
6		applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group,		
•		a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d)		
		ar(s) during which the applicant was a member that is under examination, before an Appeals office, and/or		
	-	a Federal court		
7	lf. for	ederal income tax purposes, the applicant is either an entity (including a limited liability company) treated as		
		nership or an S corporation, is it requesting a change from a method of accounting that is an issue under		
		deration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax		
	return	of a partner, member, or shareholder of that entity?		Х
	If "Yes	," the applicant is not eligible to make the change		
8a		the applicable revenue procedure (advance consent or automatic consent) state that the applicant does		
		cerve audit protection for the requested change (see instructions)?		X
		," attach an explanation		
9a		ne applicant, its predecessor, or a related party requested or made (under either an automatic change		
	-	dure or a procedure requiring advance consent) a change in method of accounting within the past 5 years		
,		ding the year of the requested change)?	_	Х
b		," for each trade or business, attach a description of each requested change in method of accounting		
_	-	ding the tax year of change) and state whether the applicant received consent application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not		
L	-	d and returned to the IRS, or the change was not made or not made in the requested year of change, attach		
	_	planation		
l 0a		the applicant, its predecessor, or a related party currently have pending any request (including any		
		rrently filed request) for a private letter ruling, change in method of accounting, or technical advice?		X
b		," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the		
~		f request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s)		
		request(s)		
11			Х	
		," check the appropriate boxes below to indicate the applicant's present and proposed methods of		
		nting Also, complete Schedule A on page 4 of this form		
		nt method:		
	Propo	sed method:		

		<u> </u>	- 3
	Information For All Requests (continued)	Yes	No
12	If the applicant is either (i) not changing its overall method of accounting, or (ii) is changing its overall method of		
	accounting and also changing to a special method of accounting for one or more items, attach a detailed and		
	complete description for each of the following		
	The item(s) being changed		
	The applicant's present method for the item(s) being changed		
	The applicant's proposed method for the item(s) being changed		
	The applicant's present overall method of accounting (cash, accrual, or hybrid)		
13	Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal		
	business activity code for each. If the applicant has more than one trade or business as defined in		
	Regulations section 1 446-1(d), describe whether each trade or business is accounted for separately, the		
	goods and services provided by each trade or business and any other types of activities engaged in that		
	generate gross income, the overall method of accounting for each trade or business, and which trade or		
	business is requesting to change its accounting method as part of this application or a separate application		
14	Will the proposed method of accounting be used for the applicant's books and records and financial statements?		
	For insurance companies, see the instructions	X	
	If "No," attach an explanation		
15a	Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization,		
	merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing		
	of the year under section 381(b)(1)?		X
k	olf "Yes," for the items of income and expense that are the subject of this application, attach a statement identifying		
	the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of		
	distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to		
	the change(s) requested in this application		
	Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response?		X
17	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method		
	of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories		
	subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change		
	1st preceding 2nd preceding 3rd preceding		
	year ended mo yr year ended mo yr year ended mo yr	4	
	\$ 418,846	1.	<u> </u>
Pa	Information For Advance Consent Request	Yes	No
18	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or		
	other published guidance as an automatic change request?		Х
	If "Yes," attach an explanation describing why the applicant is submitting its request under advance consent		
	request procedures		
19	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a		
	detailed and complete description of the facts that explains how the law specifically applies to the applicant's		
	situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority		
	(statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either		
	a discussion of the contrary authorities or a statement that no contrary authority exists		
20	Attach a copy of all documents related to the proposed change (see instructions)		
21	Attach a statement of the applicant's reasons for the proposed change		
22	If the applicant is a member of a consolidated group for the year of change, do all other members of the		
	consolidated group use the proposed method of accounting for the item being changed?		
	If "No," attach an explanation		
23	Enter the amount of user fee attached to this application (see instructions) > \$		
	of the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions)		
Pa	int IV Section 481(a) Adjustment	Yes	No
	Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the		
24	applicant to implement the requested change in method of accounting on a cut-off basis rather than a section		
٥.	481(a) adjustment?		X
25			
	income \(\\$ \ \ \\$ \ \ \ \ \ \ \ \ \ \ \ \ \		
	methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show		
	the computation for each component. If more than one applicant is applying for the method change on the same		
	application, attach a list of the name, identification number, principal business activity code (see instructions),		
	and the amount of the section 481(a) adjustment attributable to each applicant	1	l

For	m 3115 (Rev 12-2009)		Pag	e 4
P	art IV Section 481(a) Adjustment	Ye	s N	10
26	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take the entire amount of the adjustment into account in the year of change?	ке . >		
27				
	group, a consolidated group, a controlled group, or other related parties?		,	<u> </u>
_	If "Yes," attach an explanation			
Sc	chedule A-Change in Overall Method of Accounting (If Schedule A applies, Part I below must be con	npleted)		
P	art I Change in Overall Method (see instructions)			
1	Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None 'attach a statement providing a breakdown of the amounts entered on lines 1a through 1g	'Also,		
		Amount		_
ä	a Income accrued but not received (such as accounts receivable)		11,1	175
I	b Income received or reported before it was earned (such as advanced payments). Attach 🕏			_
	a description of the income and the legal basis for the proposed method		33,6	332
	c Expenses accrued but not paid (such as accounts payable)		NC)NE
	d Prepaid expenses previously deducted		NC)NE
	e Supplies on hand previously deducted and/or not previously reported		NC)NE
	f Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II.		NC)NE
	g Other amounts (specify) Attach a description of the item and the legal basis for its inclusion in the		NIC	
	calculation of the section 481(a) adjustment		NC	ONE
ı	h Net section 481(a) adjustment (Combine lines 1a–1g) Indicate whether the adjustment is an			
	increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment			
	amount on Part IV, line 25		22,4	1 57
3	Is the applicant also requesting the recurring item exception under section 461(h)(3)?	applicable od used v tted with t in Part I, li	vher he nes	of 1 1a
P	art II Change to the Cash Method For Advance Consent Request (see instructions)			_
	plicants requesting a change to the cash method must attach the following information			
1	A description of inventory items (items whose production, purchase, or sale is an income-producing factor) at	nd materia	als	
^	and supplies used in carrying out the business	40.04		
2	! An explanation as to whether the applicant is required to use the accrual method under any section of the Cooregulations	ie or		
	rogandaono			

Schedule B-Change to the Deferral Method for Advance Payments (see instructions)

- 1 If the applicant is requesting to change to the Deferral Method for advance payments described in section 5 02 of Rev Proc 2004-34, 2004-1 C B 991, attach the following information
- a A statement explaining how the advance payments meet the definition in section 4 01 of Rev Proc 2004-34
- **b** If the applicant is filing under the automatic change procedures of Rev Proc 2008-52, the information required by section 8 02(3)(a)-(c) of Rev Proc 2004-34
- c If the applicant is filing under the advance consent provisions of Rev Proc 97-27, the information required by section 8 03(2) (a)-(f) of Rev Proc 2004-34
- 2 If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1 451-5, attach the following
- a A statement explaining how the advance payments meet the definition in Regulations section 1 451-5(a)(1)
 - b A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1 451-5(a)(2)(i) and (3)
- c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1 451-5(b)(1)(ii)
- d A statement explaining whether the inventoriable goods exception of Regulations section 1 451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income

Schedule C-Changes Within the LIFO Inventory Method (see instructions)

Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970,** Application To Use LIFO inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items
- a Valuing inventory (e.g., unit method or dollar-value method)
- **b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.)
- c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.)
- **d** Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method)
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1 472-8(b)(1) and (2)
- a Adescription of the types of products produced by the applicant If possible, attach a brochure
- **b** A description of the types of processes and raw materials used to produce the products in each proposed pool
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces
- d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool
- f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- **g** A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar See Regulations section 1 472-8(b)(3)
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1 472-8(c)

Proc 2008-52 (or its successor)

Schedule D-Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions) Part I Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8) 1 To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested change If the applicant is a construction contractor, attach a detailed description of its construction activities b If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions)? ┌ Yes ┌ No If line 2b is "No," attach an explanation c If line 2b is "Yes," is the applicant requesting to use the percentage-of-completion method using cost-to-cost d If line 2c is "No." is the applicant requesting to use the exempt-contract percentage-of-completion If line 2d is "Yes," attach an explanation of what cost comparison the applicant will use to determine a contract's completion factor If line 2d is "No," attach an explanation of what method the applicant is using and the authority for its use 3a Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)? | Yes | No b If "Yes," explain the applicant's present and proposed method(s) of accounting for long-term manufacturing contracts c Attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods 4 To determine a contract's completion factor using the percentage-of-completion method a Will the applicant use the cost-to-cost method in Regulations section 1 460-4(b)? b If line 4a is If "No," is the applicant electing the simplified cost-to-cost method (see section 460(b)(3) and Regulations section 1 460-5(c))? 5 Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term contracts or Federal long-term contracts Part II Change in Valuing Inventories Including Cost Allocation Changes (Also complete Part III on pages 7 and 8) 1 Attach a description of the inventory goods being changed 2 Attach a description of the inventory goods (if any) NOT being changed 3a Is the applicant subject to section 263A? If "No," go to line 4a b is the applicant's present inventory valuation method in compliance with section 263A (see instructions)? Inventory Not Inventory Being Changed Being Changed 4a Check the appropriate boxes below Identification methods Proposed method Present method Specific identification FIFO Other (attach explanation) Valuation methods Cost or market, whichever is lower Retail cost **b** Enter the value at the end of the tax year preceding the year of change . . . 5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions) a Copies of Form(s) 970 filed to adopt or expand the use of the method b Only for applicants requesting advance consent. A statement describing whether the applicant is changing to the method required by Regulations section 1 472-6(a) or (b), or whether the applicant is proposing a different method c Only for applicants requesting an automatic change. The statement required by section 22 01(5) of the Appendix of Rev

Part III

Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions))

Section A-Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method)
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method)
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method)

Section B-Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460 Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in		
	service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental		
	expenses)		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
25	`		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs)		

Forr	n 3115 (Rev 12-2009)		Page 8
Pa	int III Method of Cost Allocation (see instructions) (continued)		
	ction C-Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is	requesting to ch	ange its
me	thod for these costs)		
		Present method	Proposed method
1	Marketing, selling, advertising, and distribution expenses		
2	Research and experimental expenses not included in Section B, line 26		
3	Bidding expenses not included in Section B, line 22		
4	General and administrative costs not included in Section B		
5	Income taxes		_
6	Cost of strikes		_
7	Warranty and product liability costs		_
8	Section 179 costs		_
9	On-site storage		
10	Depreciation, amortization, and cost recovery allowance not included in Section B, line 11		
11	Other costs (Attach a list of these costs)		
Sc	hedule E-Change in Depreciation or Amortization (see instructions)	•	
App Not und	collicants requesting approval to change their method of accounting for depreciation or amortization or sust provide this information for each item or class of property for which a change is refered to the List of Automatic Accounting Method Changes in the instructions for information refer sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. do not file Form 3115 with reference to the property determined under Regulations section 1 167(a)-11 (CLADR)? If "Yes," the only changes permitted are under Regulations section 1 167(a)-11(c)(1)(iii) Is any of the depreciation or amortization required to be capitalized under any Code section (e. 263A)? If "Yes," enter the applicable section Has a depreciation, amortization, or expense election been made for the property (e.g., the elections 168(f)(1), 179, or 179C)?	equested egarding automatespect to certain	atic changes
k	To the extent not already provided, attach a statement describing the property being changed type of property, the year the property was placed in service, and the property's use in the applicance-producing activity of the property is residential rental property, did the applicant live in the property before renting is the property public utility property?	cant's trade or b	usiness or Yes No
5	To the extent not already provided in the applicant's description of its present method, attach a the property is treated under the applicant's present method (e.g., depreciable property, invent under Regulations section 1 162-3, nondepreciable section 263(a) property, property deduction	ory property, sup	plies
6	If the property is not currently treated as depreciable or amortizable property, attach a statement proposed change to depreciate or amortize the property	nt of the facts su	pporting the
7	If the property is currently treated and/or will be treated as depreciable or amortizable property, information for both the present (if applicable) and proposed methods	provide the follo	wing
а	The Code section under which the property is or will be depreciated or amortized (e.g., section	168(g))	
k	The applicable asset class from Rev Proc 87-56, 1987-2 C B 674, for each asset depreciate or under section 1400L, the applicable asset class from Rev Proc 83-35, 1983-1 C B 745, for former section 168 (ACRS), an explanation why no asset class is identified for each asset for been identified by the applicant	r each asset de _l	oreciated under
c	The facts to support the asset class for the proposed method		
c	The depreciation or amortization method of the property, including the applicable Code section method under section 168(b)(1))	n (e g , 200% de	clining balance

g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section

168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation

e The useful life, recovery period, or amortization period of the property

as to why no special depreciation allowance was or will be claimed

f The applicable convention of the property

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93493135026545
TY 2013 Change in Overall Me breakdown statement	thod		
Name:	GEORGIA ASSOCIAT		
EIN:	20-5998677		
Software ID:	13000170		
Software Version:	2013v4.0		
			1
I	ncome accrued but n	ot received	
Descript	ion		Amount
Account receivable			11,175
	Expenses accrued bu	ıt not paid	
Description Amount			Amount
Prep	paid expenses previo	usly deducte	ed
Description			Amount
Sun	plies on hand previo	usly deducte	<u>d</u>
Description	price on haria previo		Amount
Description		l	Amount
Inve	ntory on hand previo	ously deducte	ed
Description			Amount

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135026545

TY 2013 Income received or reported before it was earned statement

Name: GEORGIA ASSOCIATION OF CURRICULUM

INSTRUCTIONAL SUPERVISORS GACIS

EIN: 20-5998677

Software ID: 13000170

Software Version: 2013v4.0

Description	Legal Basis for the Proposed Method
Deferred revenue	

TY 2013 Trade or Business Statement

Name: GEORGIA ASSOCIATION OF CURRICULUM

INSTRUCTIONAL SUPERVISORS GACIS

EIN: 20-5998677

Software ID: 13000170

Software Version: 2013v4.0

Description: Business Code: 813000 - PROFESSIONAL DEVELOPMENT - GACIS

DEVELOPS AND DELIVERS PROFESSIONAL EDUCATION PROGRAMS
RELATED TO CURRICULUM AND INSTRUCTIONAL ADMINISTRATORS

THAT PROMOTE HIGH PROFESSIONAL STANDARDS OF EXCELLENCE

ACROSS THE STATE. THE ASSOCIATION SPONORS AN ANNUAL FALL CONFERENCE FEATURING RECOGNIZED INDUSTRY LEADERS

ON CURRENT AND INSTRUCTIONAL DEVELOPMENT IN GEORGIA. IN

ADDITION, GACIS PRODUCES ONE DAY CONFERENCES AS NEEDED

THROUGHOUT THE YEAR ON TOPICS IDENTIFIED BY BOTH

ADMINISTRATORS AND RELEVANT STATE EDUCATION OFFICIALS THAT PROVIDE IMPORTANT CONTENT WHILE MINIMIZING TIME

AWAY FROM CURRICULUM AND INSTRUCTION DUTIES.