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Form 990

Return of Organization Exempt From Income Tax

2014

Open to Public
Inspection

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
- Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable	C Name of organization GEORGIA SCHOOL BOARDS ASSOCIATION RISK MANAGEMENT FUND		D Employer identification number 58-2159813
<input type="checkbox"/> Address change	E Telephone number (770) 962-2985		
<input type="checkbox"/> Name change	F Name and address of principal officer VALARIE WILSON 5120 SUGARLOAF PARKWAY LAWRENCEVILLE, GA 30043		G Gross receipts \$ 27,105,537
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	
<input type="checkbox"/> Final return/terminated	5120 SUGARLOAF PARKWAY		
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code LAWRENCEVILLE, GA 30043		
<input type="checkbox"/> Application pending			

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ► WWW GSBA COM

K Form of organization Corporation Trust Association Other ► INTERLOCAL RISK MANAGEMENT AGENCYH(a) Is this a group return for subordinates? Yes NoH(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

L Year of formation 1994 M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O FOR COMPLETE DESCRIPTION THE MISSION OF THE GSBA RISK MANAGEMENT FUND IS TO PARTNER WITH LOCAL SCHOOL SYSTEMS TO PROTECT ASSETS AND MINIMIZE LOSSES THROUGH SUPERIOR CUSTOMIZED ALTERNATIVES TO TRADITIONAL INSURANCE WHILE MAINTAINING FINANCIAL INTEGRITY		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	10
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,761,185	20,079,859
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	501,987	459,215
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
	19,263,172	20,539,074

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,151,190	16,246,748
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18,151,190	16,246,748
19 Revenue less expenses Subtract line 18 from line 12	1,111,982	4,292,326

20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	29,969,216	35,570,434
22 Net assets or fund balances Subtract line 21 from line 20	13,334,609	14,809,865
	16,634,607	20,760,569

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 preparer has any knowledge

Sign Here	***** Signature of officer VALARIE WILSON SECRETARY/TREASURER Type or print name and title	2016-02-15 Date
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Paid Preparer Use Only	Print/Type preparer's name MARY JO ALEXANDER	Preparer's signature MARY JO ALEXANDER	Date 2016-02-15	Check <input type="checkbox"/> if self-employed	PTIN P0002534
	Firm's name ► MAULDIN & JENKINS LLC			Firm's EIN ► 58-0692043	
	Firm's address ► 200 GALLERIA PKWY SE STE 1700 ATLANTA, GA 303395946			Phone no (770) 955-8600	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III Statement of Program Service Accomplishments

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

1

1 Briefly describe the organization's mission

THE MISSION OF THE GSBA RISK MANAGEMENT FUND IS TO PARTNER WITH LOCAL SCHOOL SYSTEMS TO PROTECT ASSETS AND MINIMIZE LOSSES THROUGH SUPERIOR CUSTOMIZED ALTERNATIVES TO TRADITIONAL INSURANCE WHILE MAINTAINING FINANCIAL INTEGRITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule C

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 14,930,353 including grants of \$) (Revenue \$ 20,079,859)

DEVELOP, IMPLEMENT, ADMINISTER AND MAINTAIN A PROGRAM OF PROPERTY AND LIABILITY SELF-INSURANCE FOR ITS MEMBER ORGANIZATIONS GSBA RISK MANAGEMENT FUND OFFERS PROTECTION THROUGH ITS GROUP-SELF-INSURANCE PLANS FOR PROPERTY AND LIABILITY RISKS THE ORGANIZATION PARTNERS WITH GEORGIA PUBLIC SCHOOL SYSTEMS AND GOES FAR BEYOND THE NORMAL SERVICE FROM A COMMERCIAL INSURANCE BROKER. THE STAFF BUILDS RELATIONSHIPS WITH ITS MEMBERS AND PROVIDES TRAINING AND INFORMATION TO ASSIST MEMBERS IN SUCCESSFULLY MANAGING THEIR RISKS THE FUND DELIVERS PERSONAL SUPPORT TO ITS MEMBERS AT THE HIGHEST PROFESSIONAL LEVEL AS NEEDED FOR ALL LIABILITY AND PROPERTY INSURANCE RELATED SERVICES A TEAM OF RISK MANAGEMENT STAFF AND CONSULTANTS ARE IN PLACE TO ASSIST MEMBERS IN MINIMIZING LOSS EXPOSURES, INJURIES, AND DAMAGES THROUGH RISK IDENTIFICATION, ASSESSMENT, PLANNING, PHYSICAL INSPECTIONS, RESEARCH AND OTHER SPECIAL STATE-WIDE INITIATIVES AND MEETINGS ORIENTED TO PUBLIC SCHOOLS AND EDUCATION

4b (Code) (Expenses \$ including grants of \$) (Revenue \$

4c (Code) (Expenses \$ including grants of \$) (Revenue \$

4d Other program services (Describe in Schedule O)

(Expenses \$ **including grants of \$**) (Revenue \$ **)**

4e Total program service expenses ► 14,930,353

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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? If "Yes," complete Schedule C, Part II

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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 V

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

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- 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
- c 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
- 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
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- 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 XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

- 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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

- b 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

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

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

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)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2		No
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11a		No
11b		No
11c		No
11d		No
11e	Yes	
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

Part 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 domestic 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 or for domestic individuals 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? If "Yes," complete Schedule J	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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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 "Yes," complete Schedule L, Part II	26		No
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	27		No
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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	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	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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	Yes	
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	14	
1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . .	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	1c	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	0	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	No	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a	No	
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	5a		
5a 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	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a	No	
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).	7a	No	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . .	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	No	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7f	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	8		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . .	9a		
9b			
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .	9b		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders . . .	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
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	13b		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . .	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? . . .	14a	No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "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

Section 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	1a	9	
	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			
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	9	
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	Yes	
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		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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	8a	Yes	
a	The governing body?	8b	Yes	
b	Each committee with authority to act on behalf of the governing body?	9		No
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			

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	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?	15a	No
a	The organization's CEO, Executive Director, or top management official	15b	No
b	Other officers or key employees of the organization		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	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 organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	<input checked="" type="checkbox"/> GA
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	
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	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	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	► MARK WILLIS	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee Or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VERNON PAYNE CHAIRMAN	0 50	X		X				0	0	0
(2) REGINA BUCCAFUSCO TRUSTEE	0 50	X						0	0	0
(3) SHARON ADAMS TRUSTEE	0 50	X						0	0	0
(4) RONALD HOPKINS TRUSTEE	0 50	X						0	0	0
(5) SAMMIE KNIGHT TRUSTEE	0 50	X						0	0	0
(6) HOWARD MANN TRUSTEE	0 50	X						0	0	0
(7) REBECCA MCCLAIN TRUSTEE	0 50	X						0	0	0
(8) KATRINA YOUNG TRUSTEE	0 50	X						0	0	0
(9) CURTIS JONES TRUSTEE	0 50	X						0	0	0
(10) JEANNIE M HENRY SECRETARY/TREASURER	4 00			X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Individual trustee Or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
GEORGIA SCHOOL BOARDS ASSOCIATION 5120 SUGARLOAF PKWY LAWRENCEVILLE, GA 30043	MANAGEMENT, UNDERWRITING, CLAIMS, AND OT	1,856,771
MARSH INC PO BOX 100357 ATLANTA, GA 30384	BROKERAGE FEES	684,135
CHARTER RESTORATION LLC 3080 PREMIER PARKWAY STE 100 DULUTH, GA 30097	RESTORATION SERVICES FOR MEMBERS	449,364
BELFOR USA GROUP INC 3505 NEWPOINT PLACE STE 475 LAWRENCEVILLE, GA 30043	RESTORATION SERVICES FOR MEMBERS	432,903
EPIC RESPONSE 3045 CHASTAIN MEADOWS PKWY STE 400 MARIETTA, GA 30066	RESTORATION SERVICES FOR MEMBERS	411,521
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 8		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f				
Program Service Revenue	2a FUND CONTRIBUTIONS	Business Code 525100	20,079,859	20,079,859	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		20,079,859		
	3 Investment income (including dividends, interest, and other similar amounts)		312,165		312,165
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(I) Real				
b Less rental expenses	(II) Personal				
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(I) Securities				
b Less cost or other basis and sales expenses	6,713,513				
c Gain or (loss)	6,566,463				
d Net gain or (loss)	147,050				
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		147,050		147,050	
b Less direct expenses	a				
c Net income or (loss) from fundraising events	b				
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See Instructions		20,539,074	20,079,859	0	459,215

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations 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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	715,451		715,451	
b Legal	8,500		8,500	
c Accounting	49,263		49,263	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	68,089		68,089	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,046,728	1,046,728		
12 Advertising and promotion				
13 Office expenses	3,563		3,563	
14 Information technology	54,452		54,452	
15 Royalties				
16 Occupancy				
17 Travel	3,488		3,488	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	18,406		18,406	
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)				
a EXCESS INSURANCE EXPENS	6,589,101	6,589,101		
b ESTIMATED & INCURRED CL	6,284,977	6,284,977		
c CLAIMS ADMINISTRATION	630,275	630,275		
d MEMBERSHIP DEVELOPMENT	395,183		395,183	
e All other expenses	379,272	379,272		
25 Total functional expenses. Add lines 1 through 24e	16,246,748	14,930,353	1,316,395	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 SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	338,807	1 624,291
	2 Savings and temporary cash investments	11,465,141	2 11,045,697
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net	155,373	4 268,098
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges	548,058	9 391,711
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	
	b Less accumulated depreciation	10b	10c
	11 Investments—publicly traded securities	16,926,363	11 22,521,218
	12 Investments—other securities See Part IV, line 11		12
	13 Investments—program-related See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets See Part IV, line 11	535,474	15 719,419
	16 Total assets. Add lines 1 through 15 (must equal line 34)	29,969,216	16 35,570,434
Liabilities	17 Accounts payable and accrued expenses	30,298	17 30,460
	18 Grants payable		18
	19 Deferred revenue	30,159	19 0
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21
	22 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		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable to unrelated third parties		24
	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	13,274,152	25 14,779,405
	26 Total liabilities. Add lines 17 through 25	13,334,609	26 14,809,865
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	16,634,607	27 20,760,569
	28 Temporarily restricted net assets		28
	29 Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	16,634,607	33 20,760,569
	34 Total liabilities and net assets/fund balances	29,969,216	34 35,570,434

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,539,074
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,246,748
3	Revenue less expenses Subtract line 2 from line 1	3	4,292,326
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,634,607
5	Net unrealized gains (losses) on investments	5	-166,364
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,760,569

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a 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? 3b 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	3a	No
	3b	

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service**Name of the organization**GEORGIA SCHOOL BOARDS ASSOCIATION
RISK MANAGEMENT FUND**Employer identification number**

58-2159813

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 8

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total 89					0	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2013 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
1		No
2		No
3a		No
3b		
3c		
4a		No
4b		
4c		
5a	Yes	
5b	Yes	
5c		
6		No
7		No
8		No
9a		No
9b		No
9c		No
10a		No
10b		
11a		No
11b		No
11c		No

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
1	Yes	
2		No

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

a The organization satisfied the Activities Test Complete **line 2** below

b The organization is the parent of each of its supported organizations Complete **line 3** below

c The organization supported a governmental entity Describe in Part VI how you supported a government entity (**see instructions**)

2 Activities Test **Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.**

3 Parent of Supported Organizations **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

1 Net short-term capital gain
 2 Recoveries of prior-year distributions
 3 Other gross income (see instructions)
 4 Add lines 1 through 3
 5 Depreciation and depletion
 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
 6 Other expenses (see instructions)
 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
 a Average monthly value of securities
 b Average monthly cash balances
 c Fair market value of other non-exempt-use assets
 d Total (add lines 1a, 1b, and 1c)
 e Discount claimed for blockage or other factors (explain in detail in Part VI) _____
 2 Acquisition indebtedness applicable to non-exempt use assets
 3 Subtract line 2 from line 1d
 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
 6 Multiply line 5 by 035
 7 Recoveries of prior-year distributions
 8 Minimum Asset Amount (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)
 2 Enter 85% of line 1
 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
 4 Enter greater of line 2 or line 3
 5 Income tax imposed in prior year
 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

Section D - Distributions

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
PART IV, SECTION A, LINE 1	SUPPORTED ORGANIZATIONS ARE DESIGNATED BY CLASS AND ARE COMPRISED OF THE MEMBERS OF THE GSBA RISK MANAGEMENT FUND. MEMBERSHIP IN THE FUND SHALL BE AVAILABLE ONLY TO PUBLIC SCHOOL DISTRICTS IN THE STATE OF GEORGIA AND OTHER RELATED ENTITIES AS MAY BE AUTHORIZED BY STATE LAW OR RULE OF THE COMMISSIONER OF INSURANCE
PART I, LINE 11A	THE GEORGIA SCHOOL BOARDS ASSOCIATION RISK MANAGEMENT FUND QUALIFIES FOR PUBLIC CHARITY STATUS UNDER SEVERAL REASONS. THE ORGANIZATION IS CHOOSING TO FILE UNDER TYPE 1 509(A)(3) SUPPORTING ORGANIZATION. A TYPE I SUPPORTING ORGANIZATION IS OPERATED, SUPERVISED OR CONTROLLED BY ITS SUPPORTED ORGANIZATION(S), TYPICALLY BY GIVING THE SUPPORTED ORGANIZATION(S) THE POWER TO REGULARLY APPOINT OR ELECT A MAJORITY OF THE TRUSTEES OF THE SUPPORTING ORGANIZATION. THE ORGANIZATION'S SUPPORTED ORGANIZATIONS DO NAME THE MAJORITY OF THE ORGANIZATION'S TRUSTEES
PART IV, SECTION A, LINE 2	MEMBERSHIP IS LIMITED TO PUBLIC SCHOOL DISTRICTS IN THE STATE OF GEORGIA, WHICH ARE DESCRIBED BY CODE SECTION 170(B)(1)(A)(II), AND SPECIFIED OTHER RELATED ENTITIES
PART IV, SECTION A, LINE 5A	MEMBERSHIP IN THE GSBA RISK MANAGEMENT FUND IS VOLUNTARY. THE FOLLOWING ORGANIZATIONS ELECTED TO JOIN FUND MEMBERSHIP DURING THE YEAR. GAINESVILLE CITY SCHOOLS ADDED COFFEE COUNTY SCHOOLS ADDED WILCOX COUNTY SCHOOLS ADDED
PART IV, SECTION A, LINE 11G, COLUMN VI	THE GSBA RISK MANAGEMENT FUND WAS CREATED TO DEVELOP, IMPLEMENT AND ADMINISTER AN INTER-LOCAL RISK MANAGEMENT PROGRAM FOR MEMBERS OF THE FUND

Additional Data

Software ID:

Software Version:

EIN: 58-2159813

Name: GEORGIA SCHOOL BOARDS ASSOCIATION
RISK MANAGEMENT FUND

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) APPLING COUNTY SCHOOLS	586000180			No	0	0
(A) ATKINSON COUNTY SCHOOLS	586000181			No	0	0
(B) BACON COUNTY SCHOOLS	586000182			No	0	0
(C) BALDWIN COUNTY SCHOOLS	586000184			No	0	0
(D) BANKS COUNTY SCHOOLS	586000186			No	0	0
(E) BARTOW COUNTY SCHOOLS	586000188			No	0	0
(F) BRANTLEY COUNTY SCHOOLS	586000194			No	0	0
(G) BREMEN CITY SCHOOLS	586002541			No	0	0
(H) BRYAN COUNTY SCHOOLS	586000196			No	0	0
(I) BUTTS COUNTY SCHOOLS	586000199			No	0	0
(J) CALHOUN COUNTY SCHOOLS	586000200			No	0	0
(K) CARROLL COUNTY SCHOOLS	586000203			No	0	0
(L) CHATHAM COUNTY SCHOOLS	586000206			No	0	0
(M) CHATTAHOOCHEE COUNTY SCHOOLS	586000207			No	0	0
(N) CHATTOOGA COUNTY SCHOOLS	586000208			No	0	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(P) CHICKAMAUGA CITY SCHOOLS	586000142			No	0	0
(A) CLARKE COUNTY SCHOOLS	586010495			No	0	0
(B) COLQUITT COUNTY SCHOOLS	586000216			No	0	0
(C) COLUMBIA COUNTY SCHOOLS	586000217			No	0	0
(D) CRISP COUNTY SCHOOLS	586010115			No	0	0
(E) DADE COUNTY SCHOOLS	586000222			No	0	0
(F) DAWSON COUNTY SCHOOLS	586000223			No	0	0
(G) DECATUR CITY SCHOOLS	586000147			No	0	0
(H) DECATUR COUNTY SCHOOLS	586000224			No	0	0
(I) DOOLY COUNTY SCHOOLS	586000230			No	0	0
(J) DOUGHERTY COUNTY SCHOOLS	586000231			No	0	0
(K) DOUGLAS COUNTY SCHOOLS	586000232			No	0	0
(L) ECHOLS COUNTY SCHOOLS	586000234			No	0	0
(M) ELBERT COUNTY SCHOOLS	586000236			No	0	0
(N) EMANUEL COUNTY SCHOOLS	586000237			No	0	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(AE) EVANS COUNTY SCHOOLS	586000238			No	0	0
(A) FANNIN COUNTY SCHOOLS	586000240			No	0	0
(B) FAYETTE COUNTY SCHOOLS	586000241			No	0	0
(C) FRANKLIN COUNTY SCHOOLS	586000244			No	0	0
(D) GILMER COUNTY SCHOOLS	586000247			No	0	0
(E) GLYNN COUNTY SCHOOLS	586000249			No	0	0
(F) GRADY COUNTY SCHOOLS	586000252			No	0	0
(G) GREENE COUNTY SCHOOLS	586000253			No	0	0
(H) GRIFFIN RESA	581132977			No	0	0
(I) HABERSHAM COUNTY SCHOOLS	586000255			No	0	0
(J) HARALSON COUNTY SCHOOLS	586000258			No	0	0
(K) HEARD COUNTY SCHOOLS	586000262			No	0	0
(L) HOUSTON COUNTY SCHOOLS	586000264			No	0	0
(M) JASPER COUNTY SCHOOLS	586000267			No	0	0
(N) JEFF DAVIS COUNTY SCHOOLS	586000268			No	0	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(AT) JEFFERSON CITY SCHOOLS	586003088			No	0	0
(A) LONG COUNTY SCHOOLS	586000279			No	0	0
(B) LUMPKIN COUNTY SCHOOLS	586000281			No	0	0
(C) MCINTOSH COUNTY SCHOOLS	586000286			No	0	0
(D) MILLER COUNTY SCHOOLS	586000288			No	0	0
(E) MITCHELL COUNTY SCHOOLS	586000289			No	0	0
(F) MONROE COUNTY SCHOOLS	586000290			No	0	0
(G) MORGAN COUNTY SCHOOLS	586000292			No	0	0
(H) MUSCOGEE COUNTY SCHOOLS	586000143			No	0	0
(I) NE GA RESA	586000295			No	0	0
(J) NEWTON COUNTY SCHOOLS	581168944			No	0	0
(K) NW GA RESA	581695274			No	0	0
(L) PAULDING COUNTY SCHOOLS	586000299			No	0	0
(M) PELHAM CITY SCHOOLS	586000165			No	0	0
(N) PICKENS COUNTY SCHOOLS	586000301			No	0	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(B) PIERCE COUNTY SCHOOLS	586000302			No	0	0
(A) PULASKI COUNTY SCHOOLS	586000305			No	0	0
(B) PUTNAM COUNTY SCHOOLS	586000306			No	0	0
(C) RABUN COUNTY SCHOOLS	586000308			No	0	0
(D) RICHMOND COUNTY SCHOOLS	586000310			No	0	0
(E) ROCKDALE COUNTY SCHOOLS	586000312			No	0	0
(F) SCHLEY COUNTY SCHOOLS	586000313			No	0	0
(G) SCREVEN COUNTY SCHOOLS	586000314			No	0	0
(H) SEMINOLE COUNTY SCHOOLS	586000315			No	0	0
(I) SOCIAL CIRCLE CITY SCHOOLS	580871915			No	0	0
(J) GRIFFINSPALDING COUNTY SCHOOLS	586003006			No	0	0
(K) STEWART COUNTY SCHOOLS	586000319			No	0	0
(L) TALIAFERRO COUNTY SCHOOLS	586000323			No	0	0
(M) TATTNALL COUNTY SCHOOLS	586000324			No	0	0
(N) TAYLOR COUNTY SCHOOLS	586000325			No	0	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(BX) TOOMBS COUNTY SCHOOLS	586000330			No	0	0
(A) TOWNS COUNTY SCHOOLS	586000331			No	0	0
(B) TRION CITY SCHOOLS	586000173			No	0	0
(C) WARE COUNTY SCHOOLS	586000340			No	0	0
(D) WASHINGTON COUNTY SCHOOLS	586000342			No	0	0
(E) WAYNE COUNTY SCHOOLS	586000343			No	0	0
(F) WEBSTER COUNTY SCHOOLS	586000344			No	0	0
(G) WEST GA RESA	581169012			No	0	0
(H) WHITE COUNTY SCHOOLS	586000346			No	0	0
(I) WHITFIELD COUNTY SCHOOLS	586000347			No	0	0
(J) WILKES COUNTY SCHOOLS	586002758			No	0	0
(K) GAINESVILLE CITY SCHOOLS	586000152			No	0	0
(L) COFFEE COUNTY SCHOOLS	586000215			No	0	0
(M) WILCOX COUNTY SCHOOLS	586000348			No	0	0

2014

Open to Public
Inspection**SCHEDULE D**
(Form 990)**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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service**Name of the organization**GEORGIA SCHOOL BOARDS ASSOCIATION
RISK MANAGEMENT FUND**Employer identification number**

58-2159813

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Yes	No
3a(i)	
3a(ii)	
3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements					
d Equipment					
e Other					

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	20,372,710
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-166,364
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-166,364
3	Subtract line 2e from line 1	3	20,539,074
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	20,539,074

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	16,246,748
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	16,246,748
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	16,246,748

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	THE AGENCY IS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE AGENCY IS SUBJECT TO TAX ON INCOME THAT IS NOT RELATED TO ITS EXEMPT PURPOSE. MANAGEMENT BELIEVES IT HAS NOT TAKEN AN UNCERTAIN TAX POSITION

Part XIII Supplemental Information (continued)

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ 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.**2014****Open to Public
Inspection**Name of the organization
GEORGIA SCHOOL BOARDS ASSOCIATION
RISK MANAGEMENT FUND**Employer identification number**
58-2159813**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	
FORM 990, PART VI, SECTION A, LINE 6	SEVERAL SCHOOL SYSTEMS IN THE STATE OF GEORGIA ARE MEMBERS OF THE GEORGIA SCHOOL BOARDS AS SOCIATION RISK MANAGEMENT FUND DURING THE YEAR ENDED 6 30 15 THERE WERE 89 MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A	TRUSTEES ARE ELECTED BY THE MEMBERS OF THE FUND, UNLESS A VACANCY OCCURS DURING THE TERM, IN WHICH CASE THE EXECUTIVE DIRECTOR OF GEORGIA SCHOOL BOARDS ASSOCIATION, INC , WITH INPU T FROM OTHERS, RECOMMENDS INDIVIDUALS FOR THE VACANT TRUSTEE POSITION AND THE EXISTING TRU STEES VOTE TO ELECT
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE CONTROLLER, EXECUTIVE DIRECTOR AND THE ASSISTANT EXECUTIVE DIRECTOR OF GEORGIA SCHOOL BOARDS ASSOCIATION, INC AND POSTED FOR TRUSTEE REVIEW PRIOR T O FILING
FORM 990, PART VI, SECTION B, LINE 12C	EACH MEMBER OF THE BOARD OF TRUSTEES WILL SUBMIT AN ANNUAL REPORT ON A FORM PROVIDED BY TH E FUND TO IDENTIFY ANY POTENTIAL CONFLICTS THE FORMS WILL BE REVIEWED BY THE EXECUTIVE CO MMITTEE WHICH WILL DISCUSS ANY POTENTIAL CONFLICT WITH THE INDIVIDUAL TRUSTEE AND, IF NECE SSARY, REFER ANY ISSUE OF POTENTIAL VIOLATION OF THE POLICY TO THE BOARD OF TRUSTEES
FORM 990, PART VI, SECTION B, LINE 15	THE FUND HAS NO EMPLOYEES BUT THE BOARD DOES APPROVE MANAGEMENT FEES PAID TO GEORGIA SCHOO L BOARDS ASSOCIATION, INC WHICH PROVIDES MANAGEMENT SERVICES FOR THE FUND
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON WRITTEN REQUEST
FORM 990 PART XII LINE 2C	THE ORGANIZATION UTILIZES A JOINT AUDIT COMMITTEE WITH THE GEORGIA SCHOOL BOARDS ASSOCIATI ON WORKERS COMPENSATION FUND FOR THE PURPOSE OF EVALUATING EXTERNAL AUDITOR RELATIONSHIP A ND COMMUNICATING WITH OUR AUDITORS THE AUDIT COMMITTEE IS A JOINT GSBA WORKERS' COMPENSAT ION FUND/GSBA RISK MANAGEMENT FUND COMMITTEE THAT SERVES AS A TRUSTEES' POINT OF CONTACT F OR THE FINANCIAL AUDITORS IN ADDITION, THE COMMITTEE MAY ALSO -PERIODICALLY REVIEW AUDIT OR RELATIONSHIP -RESOLVE DISAGREEMENTS BETWEEN MANAGEMENT AND THE AUDITORS REGARDING FINAN CIAL REPORTING -RECEIVE AUDIT REPORTS FROM THE AUDITORS THE ORGANIZATION CONTINUES TO USE THE SERVICES OF THE SAME AUDITING FIRM THAT WAS AWARDED THE AUDIT BID PREVIOUSLY THERE HA VE BEEN NO CHANGES TO THE AUDIT AND FINANCIAL STATEMENT OVERSIGHT PROCESS

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

Open to Public
Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue ServiceName of the organization
GEORGIA SCHOOL BOARDS ASSOCIATION
RISK MANAGEMENT FUNDEmployer identification number
58-2159813**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
See Additional Data Table						Yes No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
									Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
				Yes	No			Yes	No			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Schedule R (Form 990) 2014

Additional Data**Software ID:
Software Version:****EIN:** 58-2159813**Name:** GEORGIA SCHOOL BOARDS ASSOCIATION
RISK MANAGEMENT FUND**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
Yes	No					
(1) APPLING COUNTY SCHOOLS 249 BLACKSHEAR HIGHWAY BAXLEY, GA 31513 58-6000180	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(1) ATKINSON COUNTY SCHOOLS 98 E ROBERTS AVENUE PEARSON, GA 31642 58-6000181	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(2) BACON COUNTY SCHOOLS 102 WEST 4TH STREET ALMA, GA 31510 58-6000182	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(3) BALDWIN COUNTY SCHOOLS PO BOX 1188 MILLEDGEVILLE, GA 31061 58-6000184	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(4) BANKS COUNTY SCHOOLS PO BOX 248 HOMER, GA 30547 58-6000186	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(5) BARTOW COUNTY SCHOOLS 65 GILREATH RD NW CARTERSVILLE, GA 30121 58-6000188	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(6) BRANTLEY COUNTY SCHOOLS 272 SCHOOL CIRCLE NAHUNTA, GA 31553 58-6000194	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(7) BREMEN CITY SCHOOLS 504 LAUREL ST BREMEN, GA 30110 58-6002541	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(8) BRYAN COUNTY SCHOOLS 8810 HWY 280 EAST BLACK CREEK, GA 31308 58-6000196	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(9) BUTTS COUNTY SCHOOLS 181 NORTH MULBERRY STREET JACKSON, GA 30233 58-6000199	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(10) CALHOUN COUNTY SCHOOLS 10877 DICKEY STREET CALHOUN, GA 39866 58-6000200	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(11) CARROLL COUNTY SCHOOLS 164 INDEPENDENCE DRIVE CARROLLTON, GA 30116 58-6000203	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(12) CHATHAM COUNTY SCHOOLS 208 BULL STREET SAVANNAH, GA 31401 58-6000206	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(13) CHATTAHOOCHEE COUNTY SCHOOLS 326 BROAD STREET CUSSETA, GA 31805 58-6000207	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(14) CHATTOOGA COUNTY SCHOOLS 33 MIDDLE SCHOOL RD SUMMERTON, GA 30747 58-6000208	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(15) CHICKAMAUGA CITY SCHOOLS 402 COVE ROAD CHICKAMAUGA, GA 30707 58-6000142	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(16) CLARKE COUNTY SCHOOLS 240 MITCHELL BRIDGE RD ATHENS, GA 30606 58-6010495	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(17) COLQUITT COUNTY SCHOOLS PO BOX 2708 MOULTRIE, GA 31776 58-6000216	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(18) COLUMBIA COUNTY SCHOOLS 4781 HEREFORD FARM ROAD EVANS, GA 30809 58-6000217	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No
(19) CRISP COUNTY SCHOOLS PO BOX 729 CORDELE, GA 31010 58-6010115	EDUCATION	GA	501(C)(3)	LINE 2	N/A	No

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) DADE COUNTY SCHOOLS PO BOX 188 TRENTON, GA 30752 58-6000222	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(1) DAWSON COUNTY SCHOOLS 517 ALLEN STREET DAWSONVILLE, GA 30534 58-6000223	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(2) DECATUR CITY SCHOOLS 758 SCOTT BOULEVARD DECATUR, GA 30030 58-6000147	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(3) DECATUR COUNTY SCHOOLS 100 WEST STREET BAINBRIDGE, GA 39817 58-6000224	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(4) DOOLY COUNTY SCHOOLS 202 COTTON STREET VIENNA, GA 31092 58-6000230	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(5) DOUGHERTY COUNTY SCHOOLS PO BOX 1470 ALBANY, GA 31706 58-6000231	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(6) DOUGLAS COUNTY SCHOOLS PO BOX 1077 DOUGLASVILLE, GA 30133 58-6000232	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(7) ECHOLS COUNTY SCHOOLS 216 HIGHWAY 129 NORTH STATENVILLE, GA 31648 58-6000234	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(8) ELBERT COUNTY SCHOOLS 50 LAUREL DRIVE ELBERTON, GA 30635 58-6000236	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(9) EMANUEL COUNTY SCHOOLS PO BOX 130 SWAINSBORO, GA 30401 58-6000237	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(10) EVANS COUNTY SCHOOLS 613 WEST MAIN STREET CLAXTON, GA 30417 58-6000238	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(11) FANNIN COUNTY SCHOOLS 2290 EAST FIRST STREET BLUE RIDGE, GA 30513 58-6000240	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(12) FAYETTE COUNTY SCHOOLS 210 STONEWALL AVENUE FAYETTEVILLE, GA 30214 58-6000241	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(13) FRANKLIN COUNTY SCHOOLS 280 BUSHA ROAD CARNESVILLE, GA 30521 58-6000244	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(14) GILMER COUNTY SCHOOLS 134 INDUSTRIAL BOULEVARD ELLIJAY, GA 30540 58-6000247	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(15) GLYNN COUNTY SCHOOLS PO BOX 1677 BRUNSWICK, GA 31521 58-6000249	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(16) GRADY COUNTY SCHOOLS 122 NORTH BROAD STREET CAIRO, GA 39828 58-6000252	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(17) GREENE COUNTY SCHOOLS 101 EAST THIRD STREET GREENSBORO, GA 30642 58-6000253	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(18) GRIFFIN RESA 440 TILNEY AVENUE GRIFFIN, GA 30224 58-1132977	EDUCATION	GA	501(C)(3)	LINE 9	N/A		No
(19) HABERSHAM COUNTY SCHOOLS 132 STANFORD MILL RD CLARKESVILLE, GA 30523 58-6000255	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(41) HARALSON COUNTY SCHOOLS 299 ROBERSTON AVENUE TALLAPOOSA, GA 30176 58-6000258	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(1) HEARD COUNTY SCHOOLS PO BOX 1330 FRANKLIN, GA 30217 58-6000262	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(2) HOUSTON COUNTY SCHOOLS PO BOX 1850 PERRY, GA 31069 58-6000264	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(3) JASPER COUNTY SCHOOLS 1411 COLLEGE STREET MONTICELLO, GA 31064 58-6000267	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(4) JEFF DAVIS COUNTY SCHOOLS PO BOX 1780 HAZLEHURST, GA 31539 58-6000268	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(5) JEFFERSON CITY SCHOOLS 575 WASHINGTON STREET JEFFERSON, GA 30549 58-6003088	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(6) LONG COUNTY SCHOOLS PO BOX 428 LUDOWICI, GA 31316 58-6000279	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(7) LUMPKIN COUNTY SCHOOLS 56 INDIAN DRIVE DAHLONEGA, GA 30533 58-6000281	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(8) MCINTOSH COUNTY SCHOOLS 200 PINE STREET DARIEN, GA 31305 58-6000286	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(9) MILLER COUNTY SCHOOLS 96 PERRY STREET COLQUITT, GA 39837 58-6000288	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(10) MITCHELL COUNTY SCHOOLS 108 SOUTH HARNEY ST CAMILLA, GA 31730 58-6000289	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(11) MONROE COUNTY SCHOOLS PO BOX 1308 FORSYTH, GA 31029 58-6000290	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(12) MORGAN COUNTY SCHOOLS 1065 EAST AVENUE MADISON, GA 30650 58-6000292	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(13) MUSCOGEE COUNTY SCHOOLS 2960 MACON RD COLUMBUS, GA 31906 58-6000143	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(14) NE GA RESA PO BOX 1469 COVINGTON, GA 30015 58-6000295	EDUCATION	GA	501(C)(3)	LINE 9	N/A		No
(15) NEWTON COUNTY SCHOOLS 375 WINTER STREET WINTERVILLE, GA 30683 58-1168944	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(16) NW GA RESA 3167 CEDARTOWN HWY SE ROME, GA 30161 58-1695274	EDUCATION	GA	501(C)(3)	LINE 9	N/A		No
(17) PAULDING COUNTY SCHOOLS 3236 ATLANTA HIGHWAY DALLAS, GA 30132 58-6000299	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(18) PELHAM CITY SCHOOLS 203 MATHEWSON AVENUE PELHAM, GA 31779 58-6000165	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(19) PICKENS COUNTY SCHOOLS 100 DB CARROLL STREET JASPER, GA 30143 58-6000301	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(61) PIERCE COUNTY SCHOOLS PO BOX 349 BLACKSHEAR, GA 31516 58-6000302	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(1) PULASKI COUNTY SCHOOLS 72 WARREN STREET HAWKINSVILLE, GA 31036 58-6000305	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(2) PUTNAM COUNTY SCHOOLS 158 OLD GLENWOOD SPRINGS ROAD EATONTON, GA 31024 58-6000306	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(3) RABUN COUNTY SCHOOLS 963 TIGER CONNECTOR TIGER, GA 30576 58-6000308	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(4) RICHMOND COUNTY SCHOOLS 864 BROAD STREET AUGUSTA, GA 30901 58-6000310	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(5) ROCKDALE COUNTY SCHOOLS 954 NORTH MAIN STREET CONYERS, GA 30012 58-6000312	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(6) SCHLEY COUNTY SCHOOLS PO BOX 66 ELLAVILLE, GA 31806 58-6000313	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(7) SCREVEN COUNTY SCHOOLS 382 HALCYONDALE ROAD SYLVANIA, GA 30467 58-6000314	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(8) SEMINOLE COUNTY SCHOOLS 800 SOUTH WOOLFORK AVENUE DONALSONVILLE, GA 39845 58-6000315	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(9) SOCIAL CIRCLE CITY SCHOOLS 147 ALCOVA DRIVE SOCIAL CIRCLE, GA 30025 58-0871915	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(10) GRIFFINSPALDING COUNTY SCHOOLS 216 SOUTH 6TH STREET GRIFFIN, GA 30224 58-6003006	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(11) STEWART COUNTY SCHOOLS PO BOX 547 LUMPKIN, GA 31815 58-6000319	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(12) TALIAFERRO COUNTY SCHOOLS 557 BROAD ST CRAWFORDVILLE, GA 30631 58-6000323	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(13) TATTNALL COUNTY SCHOOLS PO BOX 157 REIDSVILLE, GA 30453 58-6000324	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(14) TAYLOR COUNTY SCHOOLS PO BOX 1930 BUTLER, GA 31006 58-6000325	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(15) TOOMBS COUNTY SCHOOLS 17 E WESLEY AVENUE LYONS, GA 30436 58-6000330	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(16) TOWNS COUNTY SCHOOLS 67 LAKEVIEW CIRCLE HIAWASSEE, GA 30546 58-6000331	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(17) TRION CITY SCHOOLS 239 SIMMONS STREET TRION, GA 30753 58-6000173	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(18) WARE COUNTY SCHOOLS 1301 BAILEY STREET WAYCROSS, GA 31501 58-6000340	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(19) WASHINGTON COUNTY SCHOOLS PO BOX 716 SANDERSVILLE, GA 31082 58-6000342	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(81) WAYNE COUNTY SCHOOLS 555 SOUTH SUNSET BLVD JESUP, GA 31545 58-6000343	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(1) WEBSTER COUNTY SCHOOLS 7307 WASHINGTON STREET PRESTON, GA 31824 58-6000344	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(2) WEST GA RESA 99 BROWN SCHOOL DRIVE GRANTVILLE, GA 30220 58-1169012	EDUCATION	GA	501(C)(3)	LINE 9	N/A		No
(3) WHITE COUNTY SCHOOLS 136 WARRIORS PATH CLEVELAND, GA 30528 58-6000346	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(4) WHITFIELD COUNTY SCHOOLS 1306 S THORNTON AVENUE DALTON, GA 30720 58-6000347	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(5) WILKES COUNTY SCHOOLS 313A N ALEXANDER AVE WASHINGTON, GA 30673 58-6002758	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(6) GAINESVILLE CITY SCHOOLS 508 OAK STREET GAINESVILLE, GA 30501 58-6000152	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(7) COFFEE COUNTY SCHOOLS 1311 SOUTH PETERSON AVENUE DOUGLAS, GA 31533 58-6000215	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No
(8) WILCOX COUNTY SCHOOLS 395 COLLEGE ST W ABBEVILLE, GA 31001 58-6000348	EDUCATION	GA	501(C)(3)	LINE 2	N/A		No