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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
GEORGIA SCHOOL BOARDS ASSOCIATION
RISK MANAGEMENT FUND

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5120 SUGARLOAF PARKWAY

City or town, state or province, country, and ZIP or foreign postal code
LAWRENCEVILLE, GA 30043

D Employer identification number
58-2159813

E Telephone number
(770) 962-2985

G Gross receipts $ 43,997,104

F Name and address of principal officer
VALARIE WILSON
5120 SUGARLOAF PARKWAY
LAWRENCEVILLE, GA 30043

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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 AGENCY

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 LOCALSCHOOL SYSTEMS TO PROTECT ASSETS AND MINIMIZE LOSSES THROUGH SUPERIORCUSTOMIZED ALTERNATIVES TO TRADITIONAL INSURANCE WHILE MAINTAININGFINANCIAL INTEGRITY

Activities & Governance

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	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	11
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

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	19,433,765	20,851,779
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	325,702	680,717
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,759,467	21,532,496

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
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)	18,682,736	22,588,640
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,682,736	22,588,640
19	Revenue less expenses Subtract line 18 from line 12	1,076,731	-1,056,144

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	36,721,367	39,783,547
21	Total liabilities (Part X, line 26)	14,716,948	18,843,081
22	Net assets or fund balances Subtract line 21 from line 20	22,004,419	20,940,466

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

****** 2017-11-14
Signature of officer Date

VALARIE WILSON SECRETARY/TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARY JO ALEXANDER	MARY JO ALEXANDER	2017-10-25		P00002534

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF THE GSBA RISK MANAGEMENT FUND IS TO PARTNER WITH LOCALSCHOOL SYSTEMS TO PROTECT ASSETS AND MINIMIZE LOSSES THROUGH SUPERIORCUSTOMIZED ALTERNATIVES TO TRADITIONAL INSURANCE WHILE MAINTAININGFINANCIAL 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 O

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 $ 21,072,773 including grants of $) (Revenue $ 20,851,779)

See Additional Data

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** ▶ 21,072,773

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
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*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		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*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	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	40		
b	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? *If "No" to line 3b, provide an explanation in Schedule O* . . .	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	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).**				
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?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
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.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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	13b			
c	Enter the amount of reserves on hand	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? *If "No," provide an explanation in Schedule O* . .	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 8		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 8		
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			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		No

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?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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▶ 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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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 5120 SUGARLOAF PARKWAY LAWRENCEVILLE, GA 30043 (770) 962-2985

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) 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) SAMMIE KNIGHT TRUSTEE	0 50	X						0	0	0
(3) ROBBY PITTS VICE CHAIR	0 50	X		X				0	0	0
(4) KATRINA YOUNG TRUSTEE	0 50	X						0	0	0
(5) HOWARD MANN TRUSTEE	0 50	X						0	0	0
(6) RONALD HOPKINS TRUSTEE	0 50	X						0	0	0
(7) DAVID LEWIS TRUSTEE	0 50	X						0	0	0
(8) GREG DENNEY TRUSTEE	0 50	X						0	0	0
(9) NORIS PRICE TRUSTEE	0 50	X						0	0	0
(10) REGINA BUCCAFUSCO TRUSTEE	0 50	X						0	0	0
(11) VALARIE WILSON 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	Former			
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	1,550,459
MARSH INC PO BOX 100357 ATLANTA, GA 30384	BROKERAGE FEES	715,813
EPIC RESPONSE 3045 CHASTAIN MEADOWS PKWY STE 400 MARIETTA, GA 30066	RESTORATION SERVICES FOR MEMBERS	441,544
BELFOR USA GROUP INC 3505 NEWPOINT PLACE STE 475 LAWRENCEVILLE, GA 30043	RESTORATION SERVICES FOR MEMBERS	425,794
HARBEN HARTLEY & HAWKINS 340 JESSE JEWELL PARKWAY STE 750 GAINSVILLE, GA 30501	LEGAL SERVICES	367,664

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 Revenue

Check 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		Business Code			
	2a FUND CONTRIBUTIONS	525100	20,851,779	20,851,779	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a–2f . . . . ▶		20,851,779		
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	456,834			456,834
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	22,688,491			
	b Less cost or other basis and sales expenses	22,464,608			
	c Gain or (loss)	223,883			
	d Net gain or (loss) . . . . . ▶	223,883			223,883
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from fundraising events . . ▶				
	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 . . . . . ▶	21,532,496	20,851,779	0	680,717

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) Fundraisingexpenses
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, line 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	737,668		737,668	
b Legal	8,500		8,500	
c Accounting	13,000		13,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	86,716		86,716	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,014,273	1,014,273		
12 Advertising and promotion				
13 Office expenses	2,405		2,405	
14 Information technology	111,597		111,597	
15 Royalties				
16 Occupancy				
17 Travel	3,758		3,758	
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	18,781		18,781	
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 ESTIMATED & INCURRED CL	12,522,154	12,522,154		
b EXCESS INSURANCE EXPENS	6,360,951	6,360,951		
c CLAIMS ADMINISTRATION	657,015	657,015		
d MEMBERSHIP DEVELOPMENT	533,442		533,442	
e All other expenses	518,380	518,380		
25 **Total functional expenses.** Add lines 1 through 24e	22,588,640	21,072,773	1,515,867	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	667,433	1	0
	2	Savings and temporary cash investments	12,127,062	2	15,441,409
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	164,457	4	301,822
	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	405,858	9	452,600
	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	23,285,337	11	23,508,747
	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	71,220	15	78,969
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	36,721,367	16	39,783,547
Liabilities	17	Accounts payable and accrued expenses	91,168	17	84,041
	18	Grants payable		18	
	19	Deferred revenue	145,366	19	26,181
	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	14,480,414	25	18,732,859
	26	**Total liabilities.** Add lines 17 through 25	14,716,948	26	18,843,081
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	22,004,419	27	20,940,466
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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	22,004,419	33	20,940,466
	34	Total liabilities and net assets/fund balances	36,721,367	34	39,783,547

Part XI Reconcilliation of Net Assets

Check 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	21,532,496
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,588,640
3	Revenue less expenses Subtract line 2 from line 1	3	-1,056,144
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,004,419
5	Net unrealized gains (losses) on investments	5	-7,809
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	20,940,466

Part XII Financial Statements and Reporting

Check 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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 58-2159813

Name: GEORGIA SCHOOL BOARDS ASSOCIATION
RISK MANAGEMENT FUND

Form 990, Part III, Line 4a:

DEVELOP, IMPLEMENT, ADMINISTER AND MAINTAIN A PROGRAM OF PROPERTY ANDLIABILITY 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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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*.**

OMB No 1545-0047

2016

Open to Public Inspection

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 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☑ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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 95

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 95					0	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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
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*	1		No
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)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
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*	3b		
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*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		No
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*	4b		
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*	4c		
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)*	5a	Yes	
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?	5b	Yes	
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		No
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 I of Schedule L (Form 990 or 990-EZ)*	8		No
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.***	9a		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9a) 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.***	9c		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		No
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)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
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?	11a		No
b	A family member of a person described in (a) above?	11b		No
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*	11c		No

Section B. Type I Supporting Organizations

			Yes	No
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*	1	Yes	
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*	2		No

Section C. Type II Supporting Organizations

			Yes	No
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)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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)*	2		
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*	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)

			Yes	No
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*	2a		
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*	2b		
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.***	3a		
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*	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

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 1	SUPPORTED ORGANIZATIONS ARE DESIGNATED BY CLASS AND ARE COMPRISED OF THE MEMBERS OF THE GS BA RISK MANAGEMENT FUND MEMBERSHIP IN THE FUND SHALL BE AVAILABLE ONLY TO PUBLIC SCHOOL D ISTRICTS IN THE STATE OF GEORGIA AND OTHER RELATED ENTITIES AS MAY BE AUTHORIZED BY STATE LAW OR RULE OF THE COMMISSIONER OF INSURANCE

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART I, LINE 11A	THE GEORGIA SCHOOL BOARDS ASSOCIATION RISK MANAGEMENT FUND QUALIFIES FOR PUBLIC CHARITY ST ATUS UNDER SEVERAL REASONS THE ORGANIZATION IS CHOOSING TO FILE UNDER TYPE 1 509(A)(3) SU PPORTING ORGANIZATION A TYPE I SUPPORTING ORGANIZATION IS OPERATED, SUPERVISED OR CONTROL LED BY ITS SUPPORTED ORGANIZATION(S), TYPICALLY BY GIVING THE SUPPORTED ORGANIZATION(S) TH E POWER TO REGULARLY APPOINT OR ELECT A MAJORITY OF THE TRUSTEES OF THE SUPPORTING ORGANIZ ATION THE ORGANIZATION'S SUPPORTED ORGANIZATIONS DO NAME THE MAJORITY OF THE ORGANIZATION 'S TRUSTEES

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 2	MEMBERSHIP IS LIMITED TO PUBLIC SCHOOL DISTRICTS IN THE STATE OF GEORGIA, WHICH ARE DESCRI BED BY CODE SECTION 170(B)(1)(A)(II), AND SPECIFIED OTHER RELATED ENTITIES

990 Schedule A, Supplemental Information

Return Reference	Explanation
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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, SECTION A, LINE 5A	MEMBERSHIP IN THE GSBA RISK MANAGEMENT FUND IS VOLUNTARY THE FOLLOWING ORGANIZATIONS ELEC TED TO JOIN FUND MEMBERSHIP DURING THE YEAR BARROW COUNTY SCHOOLS 58-6000187 MARIETTA CIT Y SCHOOLS 58-2016361 QUITMAN COUNTY SCHOOLS 58-6000307 WALTON COUNTY SCHOOLS 58-6000339

Additional Data

Software ID:

Software Version:

EIN: 58-2159813

Name: GEORGIA SCHOOL BOARDS ASSOCIATION
RISK MANAGEMENT FUND

Form 990, Sch A, Part I, Line 12g - 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 (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	2		No	0	0
(A) APPLING COUNTY SCHOOLS	586000180	2		No	0	0
(A) ATKINSON COUNTY SCHOOLS	586000181	2		No	0	0
(A) ATKINSON COUNTY SCHOOLS	586000181	2		No	0	0
(B) BACON COUNTY SCHOOLS	586000182	2		No	0	0
(B) BACON COUNTY SCHOOLS	586000182	2		No	0	0
(C) BALDWIN COUNTY SCHOOLS	586000184	2		No	0	0
(C) BALDWIN COUNTY SCHOOLS	586000184	2		No	0	0
(D) BANKS COUNTY SCHOOLS	586000186	2		No	0	0
(D) BANKS COUNTY SCHOOLS	586000186	2		No	0	0
(E) BARROW COUNTY SCHOOLS	586000187	2		No	0	0
(E) BARROW COUNTY SCHOOLS	586000187	2		No	0	0
(F) BARTOW COUNTY SCHOOLS	586000188	2		No	0	0
(F) BARTOW COUNTY SCHOOLS	586000188	2		No	0	0
(G) BLECKLEY COUNTY SCHOOLS	586000193	2		No	0	0
(G) BLECKLEY COUNTY SCHOOLS	586000193	2		No	0	0
(H) BRANTLEY COUNTY SCHOOLS	586000194	2		No	0	0
(H) BRANTLEY COUNTY SCHOOLS	586000194	2		No	0	0
(I) BREMEN CITY SCHOOLS	586002541	2		No	0	0
(I) BREMEN CITY SCHOOLS	586002541	2		No	0	0
(J) BRYAN COUNTY SCHOOLS	586000196	2		No	0	0
(J) BRYAN COUNTY SCHOOLS	586000196	2		No	0	0
(K) BUTTS COUNTY SCHOOLS	586000199	2		No	0	0
(K) BUTTS COUNTY SCHOOLS	586000199	2		No	0	0
(L) CALHOUN COUNTY SCHOOLS	586000200	2		No	0	0
(L) CALHOUN COUNTY SCHOOLS	586000200	2		No	0	0
(M) CARROLL COUNTY SCHOOLS	586000203	2		No	0	0
(M) CARROLL COUNTY SCHOOLS	586000203	2		No	0	0
(N) CHATTAHOOCHEE COUNTY SCHOOLS	586000207	2		No	0	0
(N) CHATTAHOOCHEE COUNTY SCHOOLS	586000207	2		No	0	0

Form 990, Sch A, Part I, Line 12g - 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 (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) CHATTOOGA COUNTY SCHOOLS	586000208	2		No	0	0
(P) CHATTOOGA COUNTY SCHOOLS	586000208	2		No	0	0
(A) CHICKAMAUGA CITY SCHOOLS	586000142	2		No	0	0
(A) CHICKAMAUGA CITY SCHOOLS	586000142	2		No	0	0
(B) CLARKE COUNTY SCHOOLS	586010495	2		No	0	0
(B) CLARKE COUNTY SCHOOLS	586010495	2		No	0	0
(C) COFFEE COUNTY SCHOOLS	586000215	2		No	0	0
(C) COFFEE COUNTY SCHOOLS	586000215	2		No	0	0
(D) COLQUITT COUNTY SCHOOLS	586000216	2		No	0	0
(D) COLQUITT COUNTY SCHOOLS	586000216	2		No	0	0
(E) COLUMBIA COUNTY SCHOOLS	586000217	2		No	0	0
(E) COLUMBIA COUNTY SCHOOLS	586000217	2		No	0	0
(F) CRISP COUNTY SCHOOLS	586010115	2		No	0	0
(F) CRISP COUNTY SCHOOLS	586010115	2		No	0	0
(G) DADE COUNTY SCHOOLS	586000222	2		No	0	0
(G) DADE COUNTY SCHOOLS	586000222	2		No	0	0
(H) DAWSON COUNTY SCHOOLS	586000223	2		No	0	0
(H) DAWSON COUNTY SCHOOLS	586000223	2		No	0	0
(I) DECATUR CITY SCHOOLS	586000147	2		No	0	0
(I) DECATUR CITY SCHOOLS	586000147	2		No	0	0
(J) DECATUR COUNTY SCHOOLS	586000224	2		No	0	0
(J) DECATUR COUNTY SCHOOLS	586000224	2		No	0	0
(K) DOOLY COUNTY SCHOOLS	586000230	2		No	0	0
(K) DOOLY COUNTY SCHOOLS	586000230	2		No	0	0
(L) DOUGHERTY COUNTY SCHOOLS	586000231	2		No	0	0
(L) DOUGHERTY COUNTY SCHOOLS	586000231	2		No	0	0
(M) DOUGLAS COUNTY SCHOOLS	586000232	2		No	0	0
(M) DOUGLAS COUNTY SCHOOLS	586000232	2		No	0	0
(N) ECHOLS COUNTY SCHOOLS	586000234	2		No	0	0
(N) ECHOLS COUNTY SCHOOLS	586000234	2		No	0	0

Form 990, Sch A, Part I, Line 12g - 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 (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) ELBERT COUNTY SCHOOLS	586000236	2		No	0	0
(AE) ELBERT COUNTY SCHOOLS	586000236	2		No	0	0
(A) EMANUEL COUNTY SCHOOLS	586000237	2		No	0	0
(A) EMANUEL COUNTY SCHOOLS	586000237	2		No	0	0
(B) EVANS COUNTY SCHOOLS	586000238	2		No	0	0
(B) EVANS COUNTY SCHOOLS	586000238	2		No	0	0
(C) FANNIN COUNTY SCHOOLS	586000240	2		No	0	0
(C) FANNIN COUNTY SCHOOLS	586000240	2		No	0	0
(D) FAYETTE COUNTY SCHOOLS	586000241	2		No	0	0
(D) FAYETTE COUNTY SCHOOLS	586000241	2		No	0	0
(E) FRANKLIN COUNTY SCHOOLS	586000244	2		No	0	0
(E) FRANKLIN COUNTY SCHOOLS	586000244	2		No	0	0
(F) GAINESVILLE CITY SCHOOLS	586000152	2		No	0	0
(F) GAINESVILLE CITY SCHOOLS	586000152	2		No	0	0
(G) GILMER COUNTY SCHOOLS	586000247	2		No	0	0
(G) GILMER COUNTY SCHOOLS	586000247	2		No	0	0
(H) GLYNN COUNTY SCHOOLS	586000249	2		No	0	0
(H) GLYNN COUNTY SCHOOLS	586000249	2		No	0	0
(I) GRADY COUNTY SCHOOLS	586000252	2		No	0	0
(I) GRADY COUNTY SCHOOLS	586000252	2		No	0	0
(J) GREENE COUNTY SCHOOLS	586000253	2		No	0	0
(J) GREENE COUNTY SCHOOLS	586000253	2		No	0	0
(K) GRIFFIN RESA	581132977	10		No	0	0
(K) GRIFFIN RESA	581132977	10		No	0	0
(L) GRIFFINSPALDING COUNTY SCHOOLS	586003006	2		No	0	0
(L) GRIFFINSPALDING COUNTY SCHOOLS	586003006	2		No	0	0
(M) HABERSHAM COUNTY SCHOOLS	586000255	2		No	0	0
(M) HABERSHAM COUNTY SCHOOLS	586000255	2		No	0	0
(N) HARALSON COUNTY SCHOOLS	586000258	2		No	0	0
(N) HARALSON COUNTY SCHOOLS	586000258	2		No	0	0

Form 990, Sch A, Part I, Line 12g - 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 (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) HART COUNTY SCHOOLS	586000261	2		No	0	0
(AT) HART COUNTY SCHOOLS	586000261	2		No	0	0
(A) HEARD COUNTY SCHOOLS	586000262	2		No	0	0
(A) HEARD COUNTY SCHOOLS	586000262	2		No	0	0
(B) HOUSTON COUNTY SCHOOLS	586000264	2		No	0	0
(B) HOUSTON COUNTY SCHOOLS	586000264	2		No	0	0
(C) JASPER COUNTY SCHOOLS	586000267	2		No	0	0
(C) JASPER COUNTY SCHOOLS	586000267	2		No	0	0
(D) JEFF DAVIS COUNTY SCHOOLS	586000268	2		No	0	0
(D) JEFF DAVIS COUNTY SCHOOLS	586000268	2		No	0	0
(E) JEFFERSON CITY SCHOOLS	586003088	2		No	0	0
(E) JEFFERSON CITY SCHOOLS	586003088	2		No	0	0
(F) LONG COUNTY SCHOOLS	586000279	2		No	0	0
(F) LONG COUNTY SCHOOLS	586000279	2		No	0	0
(G) LUMPKIN COUNTY SCHOOLS	586000281	2		No	0	0
(G) LUMPKIN COUNTY SCHOOLS	586000281	2		No	0	0
(H) MARIETTA CITY SCHOOLS	582016361	2		No	0	0
(H) MARIETTA CITY SCHOOLS	582016361	2		No	0	0
(I) MCINTOSH COUNTY SCHOOLS	586000286	2		No	0	0
(I) MCINTOSH COUNTY SCHOOLS	586000286	2		No	0	0
(J) MILLER COUNTY SCHOOLS	586000288	2		No	0	0
(J) MILLER COUNTY SCHOOLS	586000288	2		No	0	0
(K) MITCHELL COUNTY SCHOOLS	586000289	2		No	0	0
(K) MITCHELL COUNTY SCHOOLS	586000289	2		No	0	0
(L) MONROE COUNTY SCHOOLS	586000290	2		No	0	0
(L) MONROE COUNTY SCHOOLS	586000290	2		No	0	0
(M) MORGAN COUNTY SCHOOLS	586000292	2		No	0	0
(M) MORGAN COUNTY SCHOOLS	586000292	2		No	0	0
(N) MUSCOGEE COUNTY SCHOOLS	586000143	2		No	0	0
(N) MUSCOGEE COUNTY SCHOOLS	586000143	2		No	0	0

Form 990, Sch A, Part I, Line 12g - 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 (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		
(BI) NE GA RESA	586000295	10		No	0	0
(BI) NE GA RESA	586000295	10		No	0	0
(A) NEWTON COUNTY SCHOOLS	581168944	2		No	0	0
(A) NEWTON COUNTY SCHOOLS	581168944	2		No	0	0
(B) NW GA RESA	581695274	10		No	0	0
(B) NW GA RESA	581695274	10		No	0	0
(C) PAULDING COUNTY SCHOOLS	586000299	2		No	0	0
(C) PAULDING COUNTY SCHOOLS	586000299	2		No	0	0
(D) PELHAM CITY SCHOOLS	586000165	2		No	0	0
(D) PELHAM CITY SCHOOLS	586000165	2		No	0	0
(E) PICKENS COUNTY SCHOOLS	586000301	2		No	0	0
(E) PICKENS COUNTY SCHOOLS	586000301	2		No	0	0
(F) PIERCE COUNTY SCHOOLS	586000302	2		No	0	0
(F) PIERCE COUNTY SCHOOLS	586000302	2		No	0	0
(G) PULASKI COUNTY SCHOOLS	586000305	2		No	0	0
(G) PULASKI COUNTY SCHOOLS	586000305	2		No	0	0
(H) PUTNAM COUNTY SCHOOLS	586000306	2		No	0	0
(H) PUTNAM COUNTY SCHOOLS	586000306	2		No	0	0
(I) QUITMAN COUNTY SCHOOLS	586000307	2		No	0	0
(I) QUITMAN COUNTY SCHOOLS	586000307	2		No	0	0
(J) RABUN COUNTY SCHOOLS	586000308	2		No	0	0
(J) RABUN COUNTY SCHOOLS	586000308	2		No	0	0
(K) RICHMOND COUNTY SCHOOLS	586000310	2		No	0	0
(K) RICHMOND COUNTY SCHOOLS	586000310	2		No	0	0
(L) ROCKDALE COUNTY SCHOOLS	586000312	2		No	0	0
(L) ROCKDALE COUNTY SCHOOLS	586000312	2		No	0	0
(M) SAVANNAH-CHATHAM COUNTY SCHOOLS	586000206	2		No	0	0
(M) SAVANNAH-CHATHAM COUNTY SCHOOLS	586000206	2		No	0	0
(N) SCHLEY COUNTY SCHOOLS	586000313	2		No	0	0
(N) SCHLEY COUNTY SCHOOLS	586000313	2		No	0	0

Form 990, Sch A, Part I, Line 12g - 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 (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) SCREVEN COUNTY SCHOOLS	586000314	2		No	0	0
(BX) SCREVEN COUNTY SCHOOLS	586000314	2		No	0	0
(A) SEMINOLE COUNTY SCHOOLS	586000315	2		No	0	0
(A) SEMINOLE COUNTY SCHOOLS	586000315	2		No	0	0
(B) SOCIAL CIRCLE CITY SCHOOLS	580871915	2		No	0	0
(B) SOCIAL CIRCLE CITY SCHOOLS	580871915	2		No	0	0
(C) STEWART COUNTY SCHOOLS	586000319	2		No	0	0
(C) STEWART COUNTY SCHOOLS	586000319	2		No	0	0
(D) TALIAFERRO COUNTY SCHOOLS	586000323	2		No	0	0
(D) TALIAFERRO COUNTY SCHOOLS	586000323	2		No	0	0
(E) TATTNALL COUNTY SCHOOLS	586000324	2		No	0	0
(E) TATTNALL COUNTY SCHOOLS	586000324	2		No	0	0
(F) TAYLOR COUNTY SCHOOLS	586000325	2		No	0	0
(F) TAYLOR COUNTY SCHOOLS	586000325	2		No	0	0
(G) TOOMBS COUNTY SCHOOLS	586000330	2		No	0	0
(G) TOOMBS COUNTY SCHOOLS	586000330	2		No	0	0
(H) TOWNS COUNTY SCHOOLS	586000331	2		No	0	0
(H) TOWNS COUNTY SCHOOLS	586000331	2		No	0	0
(I) TRION CITY SCHOOLS	586000173	2		No	0	0
(I) TRION CITY SCHOOLS	586000173	2		No	0	0
(J) WALTON COUNTY SCHOOLS	586000339	2		No	0	0
(J) WALTON COUNTY SCHOOLS	586000339	2		No	0	0
(K) WARE COUNTY SCHOOLS	586000340	2		No	0	0
(K) WARE COUNTY SCHOOLS	586000340	2		No	0	0
(L) WASHINGTON COUNTY SCHOOLS	586000342	2		No	0	0
(L) WASHINGTON COUNTY SCHOOLS	586000342	2		No	0	0
(M) WAYNE COUNTY SCHOOLS	586000343	2		No	0	0
(M) WAYNE COUNTY SCHOOLS	586000343	2		No	0	0
(N) WEBSTER COUNTY SCHOOLS	586000344	2		No	0	0
(N) WEBSTER COUNTY SCHOOLS	586000344	2		No	0	0

Form 990, Sch A, Part I, Line 12g - 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 (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		
(CM) WEST GA RESA	581169012	10		No	0	0
(CM) WEST GA RESA	581169012	10		No	0	0
(A) WHITE COUNTY SCHOOLS	586000346	2		No	0	0
(A) WHITE COUNTY SCHOOLS	586000346	2		No	0	0
(B) WHITFIELD COUNTY SCHOOLS	586000347	2		No	0	0
(B) WHITFIELD COUNTY SCHOOLS	586000347	2		No	0	0
(C) WILCOX COUNTY SCHOOLS	586000348	2		No	0	0
(C) WILCOX COUNTY SCHOOLS	586000348	2		No	0	0
(D) WILKES COUNTY SCHOOLS	586002758	2		No	0	0
(D) WILKES COUNTY SCHOOLS	586002758	2		No	0	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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.

OMB No 1545-0047

2016

Open to Public Inspection

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" on 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" on 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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 ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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" on 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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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" on 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 on 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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 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' on 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' on 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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CLAIMS RESERVE	18,164,960
UNALLOCATED LAE RESERVES	567,899
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	18,732,859

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	21,524,687
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-7,809		
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	-7,809
3	Subtract line **2e** from line **1**			3	21,532,496
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	21,532,496

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	22,588,640
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	22,588,640
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	22,588,640

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 58-2159813

Name: GEORGIA SCHOOL BOARDS ASSOCIATION
RISK MANAGEMENT FUND

Supplemental 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 S UBJECT TO TAX ON INCOME THAT IS NOT RELATED TO ITS EXEMPT PURPOSE MANAGEMENT BELIEVES IT HAS NOT TAKEN AN UNCERTAIN TAX POSITION

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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.

OMB No 1545-0047

2016

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	THE GEORGIA SCHOOL BOARDS ASSOCIATION RISK MANAGEMENT FUND, (THE "FUND") HAS CONTRACTED WI TH THE GEORGIA SCHOOL BOARDS ASSOCIATION, INC (THE "ASSOCIATION"), TO PROVIDE ADMINISTRAT IVE SERVICES TO THE FUND ADMINISTRATIVE SERVICES INCLUDE, BUT ARE NOT LIMITED TO, USE OF THE ASSOCIATION'S NAME, OFFICE, STAFF, OVERHEAD ITEMS AND RELATED EXPENSES TO CARRY OUT TH E DAY-TO-DAY OPERATIONS OF THE FUND THE ASSOCIATION ALSO PROVIDES VARIOUS CLAIMS, MARKETI NG/MEMBER DEVELOPMENT, UNDERWRITING, AND RISK IMPROVEMENT SERVICES TO MEMBERS OF THE FUND

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 17 THERE WERE 95 MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON WRITTEN REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
GEORGIA SCHOOL BOARDS ASSOCIATION
RISK MANAGEMENT FUND

Employer 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.

See Additional Data Table

(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	(g) Section 512(b)(13) controlled entity? 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) 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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

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) 249 BLACKSHEAR HIGHWAY BAXLEY, GA 31513 58-6000180	EDUCATION	GA			N/A		No
(1) 98 E ROBERTS AVENUE PEARSON, GA 31642 58-6000181	EDUCATION	GA			N/A		No
(2) 102 WEST 4TH STREET ALMA, GA 31510 58-6000182	EDUCATION	GA			N/A		No
(3) PO BOX 1188 MILLEDGEVILLE, GA 31061 58-6000184	EDUCATION	GA			N/A		No
(4) PO BOX 248 HOMER, GA 30547 58-6000186	EDUCATION	GA			N/A		No
(5) 179 W ATHENS ST WINDER, GA 30680 58-6000187	EDUCATION	GA			N/A		No
(6) 65 GILREATH RD NW CARTERSVILLE, GA 30121 58-6000188	EDUCATION	GA			N/A		No
(7) 242 E DYKES ST COCHRAN, GA 31014 58-6000193	EDUCATION	GA			N/A		No
(8) 272 SCHOOL CIRCLE NAHUNTA, GA 31553 58-6000194	EDUCATION	GA			N/A		No
(9) 504 LAUREL ST BREMEN, GA 30110 58-6002541	EDUCATION	GA			N/A		No
(10) 8810 HWY 280 EAST BLACK CREEK, GA 31308 58-6000196	EDUCATION	GA			N/A		No
(11) 181 NORTH MULBERRY STREET JACKSON, GA 30233 58-6000199	EDUCATION	GA			N/A		No
(12) 10877 DICKEY STREET CALHOUN, GA 39866 58-6000200	EDUCATION	GA			N/A		No
(13) 164 INDEPENDENCE DRIVE CARROLLTON, GA 30116 58-6000203	EDUCATION	GA			N/A		No
(14) 326 BROAD STREET CUSSETA, GA 31805 58-6000207	EDUCATION	GA			N/A		No
(15) 33 MIDDLE SCHOOL RD SUMMERVILLE, GA 30747 58-6000208	EDUCATION	GA			N/A		No
(16) 402 COVE ROAD CHICKAMAUGA, GA 30707 58-6000142	EDUCATION	GA			N/A		No
(17) 240 MITCHELL BRIDGE RD ATHENS, GA 30606 58-6010495	EDUCATION	GA			N/A		No
(18) 1311 SOUTH PETERSON AVENUE DOUGLAS, GA 31533 58-6000215	EDUCATION	GA			N/A		No
(19) PO BOX 2708 MOULTRIE, GA 31776 58-6000216	EDUCATION	GA			N/A		No

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						Yes	No
(21) 4781 HEREFORD FARM ROAD EVANS, GA 30809 58-6000217	EDUCATION	GA			N/A		No
(1) PO BOX 729 CORDELE, GA 31010 58-6010115	EDUCATION	GA			N/A		No
(2) PO BOX 188 TRENTON, GA 30752 58-6000222	EDUCATION	GA			N/A		No
(3) 517 ALLEN STREET DAWSONVILLE, GA 30534 58-6000223	EDUCATION	GA			N/A		No
(4) 758 SCOTT BOULEVARD DECATUR, GA 30030 58-6000147	EDUCATION	GA			N/A		No
(5) 100 WEST STREET BAINBRIDGE, GA 39817 58-6000224	EDUCATION	GA			N/A		No
(6) 202 COTTON STREET VIENNA, GA 31092 58-6000230	EDUCATION	GA			N/A		No
(7) PO BOX 1470 ALBANY, GA 31706 58-6000231	EDUCATION	GA			N/A		No
(8) PO BOX 1077 DOUGLASVILLE, GA 30133 58-6000232	EDUCATION	GA			N/A		No
(9) 216 HIGHWAY 129 NORTH STATENVILLE, GA 31648 58-6000234	EDUCATION	GA			N/A		No
(10) 50 LAUREL DRIVE ELBERTON, GA 30635 58-6000236	EDUCATION	GA			N/A		No
(11) PO BOX 130 SWAINSBORO, GA 30401 58-6000237	EDUCATION	GA			N/A		No
(12) 613 WEST MAIN STREET CLAXTON, GA 30417 58-6000238	EDUCATION	GA			N/A		No
(13) 2290 EAST FIRST STREET BLUE RIDGE, GA 30513 58-6000240	EDUCATION	GA			N/A		No
(14) 210 STONEWALL AVENUE FAYETTEVILLE, GA 30214 58-6000241	EDUCATION	GA			N/A		No
(15) 280 BUSHA ROAD CARNESVILLE, GA 30521 58-6000244	EDUCATION	GA			N/A		No
(16) 508 OAK STREET GAINESVILLE, GA 30501 58-6000152	EDUCATION	GA			N/A		No
(17) 134 INDUSTRIAL BOULEVARD ELLIJAY, GA 30540 58-6000247	EDUCATION	GA			N/A		No
(18) PO BOX 1677 BRUNSWICK, GA 31521 58-6000249	EDUCATION	GA			N/A		No
(19) 122 NORTH BROAD STREET CAIRO, GA 39828 58-6000252	EDUCATION	GA			N/A		No

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						Yes	No
(41) 101 EAST THIRD STREET GREENSBORO, GA 30642 58-6000253	EDUCATION	GA			N/A		No
(1) 440 TILNEY AVENUE GRIFFIN, GA 30224 58-1132977	EDUCATION	GA			N/A		No
(2) 216 SOUTH 6TH STREET GRIFFIN, GA 30224 58-6003006	EDUCATION	GA			N/A		No
(3) 132 STANFORD MILL RD CLARKESVILLE, GA 30523 58-6000255	EDUCATION	GA			N/A		No
(4) 299 ROBERSTON AVENUE TALLAPOOSA, GA 30176 58-6000258	EDUCATION	GA			N/A		No
(5) 284 CAMPBELL DR HARTWELL, GA 30643 58-6000261	EDUCATION	GA			N/A		No
(6) PO BOX 1330 FRANKLIN, GA 30217 58-6000262	EDUCATION	GA			N/A		No
(7) PO BOX 1850 PERRY, GA 31069 58-6000264	EDUCATION	GA			N/A		No
(8) 1411 COLLEGE STREET MONTICELLO, GA 31064 58-6000267	EDUCATION	GA			N/A		No
(9) PO BOX 1780 HAZLEHURST, GA 31539 58-6000268	EDUCATION	GA			N/A		No
(10) 575 WASHINGTON STREET JEFFERSON, GA 30549 58-6003088	EDUCATION	GA			N/A		No
(11) PO BOX 428 LUDOWICI, GA 31316 58-6000279	EDUCATION	GA			N/A		No
(12) 56 INDIAN DRIVE DAHLONEGA, GA 30533 58-6000281	EDUCATION	GA			N/A		No
(13) 250 HOWARD ST MARIETTA, GA 30060 58-2016361	EDUCATION	GA			N/A		No
(14) 200 PINE STREET DARIEN, GA 31305 58-6000286	EDUCATION	GA			N/A		No
(15) 96 PERRY STREET COLQUITT, GA 39837 58-6000288	EDUCATION	GA			N/A		No
(16) 108 SOUTH HARNEY ST CAMILLA, GA 31730 58-6000289	EDUCATION	GA			N/A		No
(17) PO BOX 1308 FORSYTH, GA 31029 58-6000290	EDUCATION	GA			N/A		No
(18) 1065 EAST AVENUE MADISON, GA 30650 58-6000292	EDUCATION	GA			N/A		No
(19) 2960 MACON RD COLUMBUS, GA 31906 58-6000143	EDUCATION	GA			N/A		No

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						Yes	No
(61) P O BOX 1469 COVINGTON, GA 30015 58-6000295	EDUCATION	GA			N/A		No
(1) 375 WINTER STREET WINTERVILLE, GA 30683 58-1168944	EDUCATION	GA			N/A		No
(2) 3167 CEDARTOWN HWY SE ROME, GA 30161 58-1695274	EDUCATION	GA			N/A		No
(3) 3236 ATLANTA HIGHWAY DALLAS, GA 30132 58-6000299	EDUCATION	GA			N/A		No
(4) 203 MATHEWSON AVENUE PELHAM, GA 31779 58-6000165	EDUCATION	GA			N/A		No
(5) 100 DB CARROLL STREET JASPER, GA 30143 58-6000301	EDUCATION	GA			N/A		No
(6) PO BOX 349 BLACKSHEAR, GA 31516 58-6000302	EDUCATION	GA			N/A		No
(7) 72 WARREN STREET HAWKINSVILLE, GA 31036 58-6000305	EDUCATION	GA			N/A		No
(8) 158 OLD GLENWOOD SPRINGS ROAD EATONTON, GA 31024 58-6000306	EDUCATION	GA			N/A		No
(9) PO BOX 248 GEORGETOWN, GA 39854 58-6000307	EDUCATION	GA			N/A		No
(10) 963 TIGER CONNECTOR TIGER, GA 30576 58-6000308	EDUCATION	GA			N/A		No
(11) 864 BROAD STREET AUGUSTA, GA 30901 58-6000310	EDUCATION	GA			N/A		No
(12) 954 NORTH MAIN STREET CONYERS, GA 30012 58-6000312	EDUCATION	GA			N/A		No
(13) 208 BULL STREET SAVANNAH, GA 31401 58-6000206	EDUCATION	GA			N/A		No
(14) PO BOX 66 ELLAVILLE, GA 31806 58-6000313	EDUCATION	GA			N/A		No
(15) 382 HALCYONDALE ROAD SYLVANIA, GA 30467 58-6000314	EDUCATION	GA			N/A		No
(16) 800 SOUTH WOOLFORK AVENUE DONALSONVILLE, GA 39845 58-6000315	EDUCATION	GA			N/A		No
(17) 147 ALCOVA DRIVE SOCIAL CIRCLE, GA 30025 58-0871915	EDUCATION	GA			N/A		No
(18) PO BOX 547 LUMPKIN, GA 31815 58-6000319	EDUCATION	GA			N/A		No
(19) 557 BROAD ST CRAWFORDVILLE, GA 30631 58-6000323	EDUCATION	GA			N/A		No

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						Yes	No
(81) PO BOX 157 REIDSVILLE, GA 30453 58-6000324	EDUCATION	GA			N/A		No
(1) PO BOX 1930 BUTLER, GA 31006 58-6000325	EDUCATION	GA			N/A		No
(2) 17 E WESLEY AVENUE LYONS, GA 30436 58-6000330	EDUCATION	GA			N/A		No
(3) 67 LAKEVIEW CIRCLE HIAWASSEE, GA 30546 58-6000331	EDUCATION	GA			N/A		No
(4) 239 SIMMONS STREET TRION, GA 30753 58-6000173	EDUCATION	GA			N/A		No
(5) 200 DOUBLE SPRINGS CHURCH RD MONROE, GA 30656 58-6000339	EDUCATION	GA			N/A		No
(6) 1301 BAILEY STREET WAYCROSS, GA 31501 58-6000340	EDUCATION	GA			N/A		No
(7) PO BOX 716 SANDERSVILLE, GA 31082 58-6000342	EDUCATION	GA			N/A		No
(8) 555 SOUTH SUNSET BLVD JESUP, GA 31545 58-6000343	EDUCATION	GA			N/A		No
(9) 7307 WASHINGTON STREET PRESTON, GA 31824 58-6000344	EDUCATION	GA			N/A		No
(10) 99 BROWN SCHOOL DRIVE GRANTVILLE, GA 30220 58-1169012	EDUCATION	GA			N/A		No
(11) 136 WARRIORS PATH CLEVELAND, GA 30528 58-6000346	EDUCATION	GA			N/A		No
(12) 1306 S THORNTON AVENUE DALTON, GA 30720 58-6000347	EDUCATION	GA			N/A		No
(13) 395 COLLEGE ST W ABBEVILLE, GA 31001 58-6000348	EDUCATION	GA			N/A		No
(14) 313A N ALEXANDER AVE WASHINGTON, GA 30673 58-6002758	EDUCATION	GA			N/A		No