Return of Organization Exempt From Income Tax

OMB No. 1545-0047

6

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Internal Revenue Service Go to v	ww.irs.gov/Form990 for instructions	and the lates	t mormation.		Inspection						
A For the 2022 calendar year, or tax year	beginning , 2	022, and end	ing		, 20						
B Check if applicable: C Name of organization	GEORGIA ASSOCIATION OF SCHO	OL BUSINE:	SS OFFICIALS	D Emplo	oyer identification number						
Address change Doing business as G	Doing business as GASBO 58-1										
Name change Number and street (c	Number and street (or P.O. box if mail is not delivered to street address) Room/suite										
Dinitial return P.O. BOX 19	2										
Final return/terminated City or town, state or	province, country, and ZIP or foreign postal of	code									
Amended return FITZGERALD,	GA 31750			G Gross	receipts \$ 368,897.						
Application pending F Name and address of	principal officer:		H(a) Is this a gro	up return fo	or subordinates? 🗌 Yes 🔀 No						
DAWN LLOYD, 1	120 DAHLONEGA HWY, CUMMI	NG, GA 30	040 H(b) Are all su	Ibordinat	es included? 🗌 Yes 🗌 No						
	501(c) () (insert no.) 🗌 4947(a	_			st. See instructions.						
J Website: http://gasbo.org			H(c) Group e>	emption	number						
K Form of organization: X Corporation Trust	Association Other	L Year of form	mation: 1967	M State	of legal domicile: GA						
Part I Summary		-									
1 Briefly describe the organizati	on's mission or most significant act	ivities: EDUCATI	ONAL ACTIVITIES FOR E	UBLIC SCH	HOOL SYSTEM BUSINESS PERSONNEL						
	-										
2 Check this box if the organ	nization discontinued its operations	or disposed	of more than 25	% of it	s net assets.						
3 Number of voting members of	the governing body (Part VI, line 1a	•		3	13						
4 Number of independent voting	members of the governing body (I	,		4	13						
	nployed in calendar year 2022 (Part			5	0						
6 Total number of volunteers (es	stimate if necessary)			6	5						
7a Total unrelated business rever	nue from Part VIII, column (C), line 1			7a	0.						
	e income from Form 990-T, Part I, I			7b	0.						
			Prior Year	. '	Current Year						
8 Contributions and grants (Par	: VIII, line 1h)										
 9 Program service revenue (Par 10 Investment income (Part VIII, or part vIII, or p	-		304,	056.	368,835.						
10 Investment income (Part VIII. 6	column (A), lines 3, 4, and 7d)			16.	62.						
11 Other revenue (Part VIII, colum	nn (A), lines 5, 6d, 8c, 9c, 10c, and										
	ough 11 (must equal Part VIII, colum		304.	072.	368,897.						
	aid (Part IX, column (A), lines 1-3) .	():		0/21							
	rs (Part IX, column (A), line 4)										
	mployee benefits (Part IX, column (A										
0	Part IX, column (A), line 11e)										
b Total fundraising expenses (P		0.									
17 Other expenses (Part IX, colur	nn (A), lines 11a–11d, 11f–24e) .		293,	422.	118,812.						
	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 293										
· ·	ract line 18 from line 12	,		650.	<u>118,812.</u> 250,085.						
			Beginning of Curre		End of Year						
20 Total assets (Part X, line 16)			116,		366,262.						
21 Total liabilities (Part X, line 26)					500,202.						
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances.			116	177.	366,262.						
Part II Signature Block	Subtract line 21 from line 20		1 110.	T / / · ·	200.207						

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	Signature of officer				Date)		
Here	DAWN LL	OYD, TREASURER						
	Type or print name	and title						
Paid	Print/Type prepa	Preparer's signature	Date		Check if	PTIN		
Preparer	Steve Ath	a	Steve Atha			self-employed		
Use Only		Underhill			Firm'	s EIN		
	Firm's address	3405 Martha Ber	Phone no. (706)331-2982					
May the IR	S discuss this re	eturn with the preparer s	shown above? See instructions				🗙 Yes 🛛	No
							00	

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Form 99	D (2022) Page 2
Part	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:
•	EDUCATIONAL ACTIVITIES FOR PUBLIC SCHOOL SYSTEM BUSINESS PERSONNEL
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. 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 \$85,477. including grants of \$0.) (Revenue \$368,897.) THE ORGANIZATION COORDINATES AND HOSTS AN ANNUAL CONFERENCE FOR THE PURPOSE OF EDUCATING GEORGIA PUBLIC SCHOOL SYSTEM BUSINESS PERSONNEL IN BEST BUSINESS PRACTICES, LEGAL COMPLIANCE, ACCOUNTING AND EMPLOYEE BENEFITS PRACTICES
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 85,477.

Form 99	0 (2022)		F	Page 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	×	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	2	×	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.	-		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States? 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	14a		×
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		×
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×
-	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		×

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Part	V Checklist of Required Schedules (continued)			
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	Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	22		×
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	23 24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		×
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		×
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		×
33	<i>complete Schedule N, Part II</i>	32		×
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		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		×
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
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 b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable11Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable10			
C C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		1

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 28 Encer the number of employees reported on Form VS.3. Transmitat of Vage and Tax Statements, filed for the calendar year ending with or within the year covered by this return? 20 - <th>Form 99</th> <th>0 (2022)</th> <th></th> <th>I</th> <th>Page 5</th>	Form 99	0 (2022)		I	Page 5
Statements, filed for the calendar year ending with or within the year covered by this return 2 0 0 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a 3c X Set instruction have unrelated business gross income of \$1,000 or more during the year? 3a X 3c X Set instruction have unrelated business gross income of \$1,000 or more during the year? 3a X 3c X Set instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP), for which the organization that is a bank account, searchiss a party to a prohibited tax shelter transaction? 5a X 3c X Bb Comparization that any the organization the form 866677 Set instructions on the ween of tax deductible as chartable contributions or gifts were not tax deductible? Set instructions on the any controlutions that were not tax deductible as chartable contributions or gifts were not tax deductible? Set instructions on the any controlutions that were not tax deductible as chartable contributions and party for which it were required to inform 6222? To To 7 Organization shat may receive dayment in keressos of 35 more secti	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b fat least one is reported on line 2a, ddi the organization file all required federal employment tax returns? 2b b filt of comparization have unrelated business gross income of 51,000 rmme during the year? 3b 3b b filt "Yes," has it filed a Form 980-1 for this year? (filt We' to line 2b, provide an explanation on Schedule 0), over a financial account? 3b 3b b filt "Yes," anter the name of the foreign country (such as a bank account, securities account, or other financial account? 4a x See instructions for filing requirement for fining a party to a prohibited tax shelter transaction at any time during the tax year? 5a x 5 Dota on transhibited tax shelter transaction at any time during the tax year? 5a x 6 Dota on transhibited tax shelter transaction? 5c 5c 6 Dota on transhibited tax shelter transaction? 5c 5c 7 Cragnization neave annual gross receipts that are normally greater than \$100,000, and did the organization include with very solicitation and express statement that such contributions? 6a x 7 Cragnization neave receive deductible contributions under section 170(c). 2d 7d x 8 "Yes," idid the organization neave any gross of \$75 made party as a contribution and partly for grognization neave a partis ta	2a				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	b		2b		
b If "Yes," has it field a Form 990-T for this year/ll "No" to line 3b, provide an explanation on Schedule 0. 3b d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a formation of the foreign country. the "Yes," near the name of the foreign country. b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? Sa c If "Yes," did the organization that it was or is a party to a prohibited tax shelter transaction? Sa c If "Yes," did the organization instite was ors eccepts that are normally greater than \$100,000, and did the organization sation instite weight werey solicitation an express statement that such contributions or gifts were not tax deductible? Sa 0 Organizations that may receive deductible contributions under section 170(c). Bit Wes," did the organization notide werey solicitation and party to goods and services provided to the payor? Ta d If "Yes," did the organization notide were solicitation and pressonal property for which it was required to tile form 8282? Ta d If "Yes," did the organization notide were solicitation of and services provided to the payor? Ta 0 Did the organization neave and a contholiciton of anal services provided? Ta d If "Yes," did the organization neaves and anone service provided? Ta	_		-		×
4a At any time during the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial account if, or the financial account? 4a b If "Yes," enter the name of the foreign country work as a bark account, securities account, or other financial accounts (FBAR). 5a b Was the organization aptry to a prohibited tax shelter transaction at any time during the tax year? 5b c 5c 5c d 5c 5c d 7c 7c 7c d 7c<	_				
b If "Yes," enter the name of the foreign country See instructions for filling requirements for Fin-CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Su Was the organization approximation that it was or is a party to a prohibited tax shelter transaction? B Did any taxable party notify the organization file form 8898-17? G Does the organization nave annual gross receipts that are normally greater than \$100,000, and id the organization nave annual gross receipts that are normally greater than \$100,000, and id the organization solit any contributions shart were not tax deductible? 7 Organizations that may receive adductible contributions and party for goods and services provided to the payor? 7 Organization selle, expresses of \$75 made partly as a contribution of tax were not tax deductible? 7 Organization selle, expresses of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Did the organization neceive a payment in excess of \$75 made partly as a contribution of tax. 7 Teg. 7 Teg. 8 M "Yes," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Teg. 8 Sponsoring organization neceive any funds, directly or indirectly, on a personal benefit contract? 7 M the organization neceive a contribution	_	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			~
56 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 50 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 56 Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles contributions deductible acharable contributions or orgins were not tax deductible? 6a × 7 Organizations that may receive adputcible contributions under section 170(c). 0d the organization and, exchange or otherwise dispose of tangible personal property for which it was required to file form 8282? 7a × 7 Drid the organization neelive a payment in excess base forso may permitims on a personal benefit contract? 7d × 8 I "Yes," did the organization and, waring the year, pay premiums on a personal benefit contract? 7d × 9 Did the organization neelive a contribution of qualified intelectual property, did the organization file form 8282? 7d	b	If "Yes," enter the name of the foreign country	4a		^
b Did any taxable party notify the organization file Form 886-17 56 × 60 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 or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible contributions under section 170(c). 0 0 Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 0 0 Did the organization notify the donor of the value of the goods or services provided? 7a × 0 If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d 7c × 10 Did the organization receive any funds, directly or indirectly, to na personal benefit contract? 7f × 7d 7d × 11 The organization receive any funds, directly or indirectly or and presonal benefit contract? 7f × 7d 7d <th>_</th> <th></th> <th>_</th> <th></th> <th></th>	_		_		
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 56 6D Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitable contributions? 56 b I'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 66 7 Organizations that may receive adputche the expess of 57 made partly as a contribution and partly for goods and services provided to the payor? 70 8 If 'Yes," did the organization neity the donor of the value of the goods or services provided? 71 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it ware required to file Form 8282? 72 8 I'Yes," indicate the number of Forms 8282 filed during the year 72 74 7 Did the organization receive a ayment in excress balances inclus on a personal benefit contract? 74 7 R 74 74 7 Sponsoring organization make any taxable distributions under section 4966? 9a × 8 X 9 9 3 X 9 Sponsoring organization make any taxable distributions under section 4966? 9a X	_				
Gas 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 deductibles contributions? 6a × b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a × c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goots and services provided to the payor? 7a × c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required for life Form \$282 filed during the year 7d × c Did the organization receive a promoting, directly, or night, directly or indirectly, to pay premiums on a personal benefit contract? 7f × d If "Yes," indicate the number of Forms 8282 filed during the year 7d × 7d × d If the organization receive a promoting, directly or indirectly, to pay premiums on a personal benefit contract? 7f × f If the organization newice a contribution of qualified intelectual property, did the organization masse are proved? 7d × g If the organization receive any function is included on Part VIII, line 12 10a 0b 8 × g Did the sponsoring organization makes and stribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution sucher do					×
organization solicit any contributions that were not tax deductible as charitable contributions? 6a x 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). 6b 2 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 x b If "Yes," indicate the number of Forms \$282 filed during the year 7d x c If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e x f Did the organization received a contribution of qualified intelloual property, did the organization received a contribution of any basts, airplanes, or other vehicles, did the organization fiele are mostle? 7n x f Bid the sponsoring organization make any taxable distributions under section 4966? 9a x 9 Sponsoring organization make any taxable distributions under section 4966? 9a x 9 Section 501(c)(12 organizations. Enter: 10a 11a 11a 10 10 11a 12a 12a 13a 12	-		50		
gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 10 0 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 × 16 "Fes," idid the organization osell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c × 17 Pres," indicate the number of Forms 8282 filed during the year 7d 7c × 17 Pres," indicate the number of Forms 8282 filed during the year 7d 7c × 17 Lot the organization receive any funds, directly or indirectly, to a personal benefit contract? 7f × 7g 7f × 17 If the organization receive a contribution of cars, boats, airplanes, or othe vehicles, did the organization file Form 8899 as required? 7n 7g 7n 8 × 9a × × 9a × × 9a × × >a × </th <th>oa</th> <th></th> <th>6a</th> <th></th> <th>×</th>	oa		6a		×
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 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?					
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17	16		16		
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17	-				
that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17				
If "Yes," complete Form 6069.			17		
		If "Yes," complete Form 6069.			

Page 6

Form 990 (2022)

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

Secu	on A. Governing body and Management								
			Yes	No					
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 13 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 on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 13								
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		×					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		××					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×					
6	Did the organization have members or stockholders?	6	×						
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	×						
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		×					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	×						
b	Each committee with authority to act on behalf of the governing body?	8b	×						
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 on Schedule O See Statement	•	×						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.) Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	Tes	X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100							
	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	×						
b	Describe on 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? <i>If "No," go to line 13</i>	12a		×					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c							
13	Did the organization have a written whistleblower policy?	13		×					
14	Did the organization have a written document retention and destruction policy?	14		×					
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?								
а	The organization's CEO, Executive Director, or top management official	15a		×					
b	Other officers or key employees of the organization	15b		×					
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
IVa	with a taxable entity during the year?	16a		×					
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							
	on C. Disclosure								
17 19	List the states with which a copy of this Form 990 is required to be filed GA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (200	tion	501(0)					
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	1 (580		501(0)					
40	X Own website Another's website Upon request Other (explain on Schedule O)	£ 1+		- l' - ·					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	or inter	rest p	olicy,					
20	State the name, address, and telephone number of the person who possesses the organization's books and re Dawn Lloyd, 1120 Dahlonega Hwy, Cumming, GA 30040 (770)887-2461	cords	•						

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and 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.

See the instructions for the order in which to list the persons above.

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

		(C)								
(A)	(B)	<i>.</i> .			ition			(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated amount		
	hours	,				or/trust		compensation	compensation	of other compensation
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	rganization (W-2/ 1099-MISC/ 099-MISC/	
(1) CHAD HICKS, PRESIDENT	2.00									
484 MULBERRY ST, MACON, GA 31201				×						
(2) COLE CROWDER, FIRST VP 3236 ATLANTA HWY, DALLAS, GA 30132	2.00			×						
(3) KEN OVERMAN, SECOND VP	2.00									
1592 NORMAN DRIVE, VALDOSTA, GA 31601				×						
(4) DAWN LLOYD, TREASURER	2.00									
1120 DAHLONEGA HWY, CUMMING GA 30040				×						
(5) MENDY GOBLE, APPLICATION DIRECTOR 205 WARRIOR PATH, CALHOUN, GA 30701-9266	2.00	×								
(6) ADRIENNE TAYLOR, EMERGING SASBO LDR	2.00									
249 BLACKSHEAR HWY, BAXLEY GA 31513		×								
(7) CHRIS LATIMER, SASBO DIRECTOR P.O. BOX 280, NEWNAN, GA 30264-0280	2.00	×								
(8) JACKIE SPARKS, EXHIBIT COORDINATOR	2.00									
1109 N PARRISH AVE, ADEL, GA 31620		×								
(9) MARY ANN CHANEY, DIRECTOR 1301 BAILEY ST, WAYCROSS GA 31501	2.00	×								
(10) CORETTA HARRIS, DIRECTOR 158 OLD GLENFIELD SPGS RD, EATONTON, GA 31024	2.00	×								
(11) BYRON JONES, DIRECTOR 216 S 6TH ST, GRIFFIN, GA 30224	2.00	×								
(12) PAULA NASH, DIRECTOR PO BOX 1850, PERRY, GA 31069	2.00	×								
(13) KESHIA WILLIAMS, PAST PRESIDENT	2.00		-	-						
PO BOX 280, NEWNAN, GA 30264-0280	2.00	×								
<u>(14)</u>										

Part	VII Section A. Officers, Directors,	Frustees,	Key I	Em	ploy	yee	s, an	d٢	lighest Compe	ensated Emplo	yees (contir	nued)
					•	C)							
	(A)	(B)	(do n	ot ch		ition	e than c	no	(D)	(E)		(F)	
	Name and title	Average	box,	unles	ss pe	erson	is both	an	Reportable	Reportable		ited am	ount
		hours per week		er an	-	-	or/trust	- ´	compensation from the	compensation from related		f other pensati	on
		(list any	Individual trustee or director	Inst	Officer	Key employee	High	Former	organization (W-2/	organizations (W-2/	fr	om the	
		hours for related	lirec	it i	cer	em	nest	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organ related	ization a	
		organizations	ör al	Institutional		ploy	e con		1099-NEC)	1099-1420)	relateu	Jiyaniza	110115
		below	uste	tru		/ee	nper						
		dotted line)	L &	trustee			Highest compensated employee						
(15)			-				ă						
(16)													
(17)													
<u>(17)</u>			-										
(18)			-										
(19)			-										
(20)													
			 										
(21)			-										
(22)			-										
(23)			-										
(24)				-		-							
(25)			-										
1b	Subtotal				·								
с	Total from continuation sheets to Part	VII, Sectio	n A										
d	Total (add lines 1b and 1c) .												
2	Total number of individuals (including but	t not limited						e) w	ho received mor	e than \$100,000	of		
	reportable compensation from the organ	ization											
_												Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete								loyee, or highes		3		×
4	For any individual listed on line 1a, is the organization and related organizations												
	individual										4		×
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>						5		×					
Secti	Section B. Independent Contractors							<u> </u>					
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add								(B) Description of service		(C) Compens		

	(A) Name and business address	(B) Description of services	(C) Compensation
	Table combine of independent contraction (including last and limited to		
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization	those listed above) who	

12

Total revenue. See instructions

	90 (202	2) Statement of Revenue					Page 9
Faru	VIII	Check if Schedule O contains a response	e or note to an	y line in this Pa	art VIII....		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
		Fundraising events 1c					
		Related organizations 1d					
		Government grants (contributions) 1e All other contributions, gifts, grants,					
	•	and similar amounts not included above 1f					
ibut Othe	g	Noncash contributions included in					
ntr nd C	_	lines 1a-1f 1g \$	6				
Co	h	Total. Add lines 1a-1f			-		
~			Business Code				
vice	2a		813910	227,275.	227,275.	0.	0.
Ser	b	VENDOR EXHIBIT/SPONSOR FEES 8	813910	141,560.	141,560.	0.	0.
Program Service Revenue	c d						
gra Re	e						
Pro	f	All other program service revenue					
_	g	Total. Add lines 2a–2f		368,835.			
	3	Investment income (including dividends,					
	-	other similar amounts)		62.	62.	0.	0.
	4 5	Income from investment of tax-exempt bon					
	Э	Royalties	(ii) Personal				
	6a	Gross rents 6a	(
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a					
e	b	Less: cost or other basis					
Ť.	-	and sales expenses . 7b					
eve	с	Gain or (loss) 7c					
er B	d	Net gain or (loss)					
Other Reven	8a	Gross income from fundraising					
0		events (not including \$ of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising even	ts				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities Gross sales of inventory, less	»				
	IVU	returns and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventor	у				
sn			Business Code				
neor	11a						
scellaneo Revenue	b						
Miscellaneous Revenue	c d	All other revenue					
ž		Total. Add lines 11a–11d					
	-		-				

368,897.

368,897.

. .

0.

0.

Part IX Statement of Functional Expenses

following ŠOP 98-2 (ASC 958-720)

Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) (C) Management and general expenses Program service expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): 32,000. Management 0. 32,000. 0. а Legal b С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column a (A), amount, list line 11g expenses on Schedule O.) . 12 Advertising and promotion 13 1,335. 0. 1,335. Office expenses 0. Information technology 14 15 Royalties Occupancy 16 Travel 28,857. 28,857. 17 0. 0. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 0. 56,620. 0. 56,620. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) SASBO MEMBERSHIP DUES 0. 0. 0. 0. а b _____ С _____ d All other expenses е 25 Total functional expenses. Add lines 1 through 24e 118,812. 85,477. 33,335. Ο. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [] if

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Form 990 (2022)

	n 990 (2	,			Page 11
Ρ	art X				
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		
	1	Cash-non-interest-bearing	70,778.	1	320,851.
	2	Savings and temporary cash investments	45,399.	2	45,411.
	3	Pledges and grants receivable, net	10,000.	3	10,111.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ÿ	9	Prepaid expenses and deferred charges		9	
	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		11	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	116,177.	16	366,262.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18 19	
	19 20	Deferred revenue		20	
	20	Escrow or custodial account liability. Complete Part IV of Schedule D.		20	
s	22	Loans and other payables to any current or former officer, director,		21	
tie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Lia	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		25	
	26	Total liabilities. Add lines 17 through 25		26	
sa		Organizations that follow FASB ASC 958, check here 🛛 🔀			
ũ		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	116,177.	27	366,262.
Б	28	Net assets with donor restrictions		28	
Ĩ.		Organizations that do not follow FASB ASC 958, check here			
r F		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
sei	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds .		31	
Net	32	Total net assets or fund balances	116,177.	32	366,262.
	33	Total liabilities and net assets/fund balances	116,177.	33	366,262.

REV 05/17/23 PRO

Form **990** (2022)

1 Total r 2 Total e 3 Reven 4 Net as 5 Net un 6 Donate 7 Investr 8 Prior p 9 Other of 10 Net as 32, col Part XII F C 1 Accou If the Sched 2a Were t	Reconciliation of Net Assets Scheck if Schedule O contains a response or note to any line in this Part XI evenue (must equal Part VIII, column (A), line 12) evenue (must equal Part IX, column (A), line 25) use less expenses. Subtract line 2 from line 1 evenue (must equal Part IX, column (A), line 25) use less expenses. Subtract line 2 from line 1 sets or fund balances at beginning of year (must equal Part X, line 32, column (A)) realized gains (losses) on investments ed services and use of facilities eriod adjustments eriod adjustments expenses in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7		368,8 118,8 250,0 116,1	897. 812. 085.
 Total r Total r Total e Reven Net as Net as Donate Donate Investr Prior p Other of Net as 32, col Part XII F C Accou If the Sched Were t 	evenue (must equal Part VIII, column (A), line 12)	1 2 3 4 5 6		368,8 118,8 250,0	897. 812. 085.
 2 Total e 3 Reven 4 Net as 5 Net un 6 Donate 7 Investr 8 Prior p 9 Other of 10 Net as 32, col Part XII F C 1 Account of the Sched 2a Were to 	expenses (must equal Part IX, column (A), line 25)	2 3 4 5 6		118,8 250,0	812. 085.
 3 Reven 4 Net as 5 Net un 6 Donate 7 Investri 8 Prior p 9 Other of 10 Net as 32, coldinate Part XII F C 1 Accound for the Sched 2a Were to 	ue less expenses. Subtract line 2 from line 1 . <td< td=""><td>3 4 5 6</td><td></td><td>250,0</td><td>085.</td></td<>	3 4 5 6		250,0	085.
 4 Net as 5 Net un 6 Donate 7 Investri 8 Prior p 9 Other of 10 Net as 32, coldinate Part XII F C 1 Account of the Sched 2a Were to 	sets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . realized gains (losses) on investments . . . ed services and use of facilities nent expenses eriod adjustments 	4 5 6			
 5 Net un 6 Donate 7 Investr 8 Prior p 9 Other of 10 Net as 32, coldinate Part XII F C 1 Account of the Sched 2a Were to 	realized gains (losses) on investments	5 6		116,	1
 6 Donate 7 Investri 8 Prior p 9 Other of 10 Net as 32, col Part XII F C 1 Accound if the Sched 2a Were to 	ed services and use of facilities	6			<u>177.</u>
 7 Investr 8 Prior p 9 Other of 10 Net as 32, col Part XII F C 1 Accound If the Sched 2a Were to 	nent expenses	-			
 8 Prior p 9 Other of the state of the s	eriod adjustments	7			
 9 Other of 10 Net as 32, col Part XII F 1 Account of the Sched 2a Were to 10 Net as 32, col 					
10 Net as 32, col Part XII F C 1 Accou If the Sched 2a Were t	changes in net assets or fund balances (explain on Schedule O)	8			
32, col Part XII F C 1 Accou If the Sched 2a Were t		9			
Part XII F C 1 Accou If the Sched 2a Were t	sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Part XII F C 1 Accou If the Sched 2a Were t	umn (B))	10		366,2	262.
 Accould f the Sched Were t 	inancial Statements and Reporting				
If the Sched 2a Were t	heck if Schedule O contains a response or note to any line in this Part XII				
If the Sched 2a Were t				Yes	No
Sched 2a Were t	nting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other				
2a Were t	organization changed its method of accounting from a prior year or checked "Other," ex	xplain	on		
	ule O.				
	he organization's financial statements compiled or reviewed by an independent accountant?		. 2a	1	×
lf "Yes	s," check a box below to indicate whether the financial statements for the year were cor				
review	ed on a separate basis, consolidated basis, or both:				
	arate basis 🗌 Consolidated basis 🗌 Both consolidated and separate basis				
b Were t	he organization's financial statements audited by an independent accountant?		21	>	×
	," check a box below to indicate whether the financial statements for the year were aud	ited or	n a 👘		
	te basis, consolidated basis, or both:				
	arate basis 🗌 Consolidated basis 🗌 Both consolidated and separate basis				
	" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiaht	of		
	dit, review, or compilation of its financial statements and selection of an independent accounts				
	organization changed either its oversight process or selection process during the tax year, e			-	
Sched		I			
3a Asare	esult of a federal award, was the organization required to undergo an audit or audits as set fo	orth in t	he		
	n Guidance, 2 C.F.R. Part 200, Subpart F?				×
	•		00	•	+
	" did the organization undergo the required audit or audits? If the organization did not uno				
	," did the organization undergo the required audit or audits? If the organization did not under a did audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			-	1

Additional Information From Form 990: Return of Organization Exempt from Income Tax

Part VI, Line 9 (continued)	Continuation Statemer					
Name	Address	City	St	ZIP			
ADRIENNE TAYLOR	249 BLACKSHEAR HWY	BAXLEY	GA	31513			
MENDY GOBLE	205 WARRIOR PATH	CALHOUN	GA	30701			
DAWN LLOYD	1120 DAHLONEGA HWY	CUMMING	GA	30040			
KEISHA WILLIAMS	PO BOX 280	NEWNAN	GA	30264			
CHAD HICKS	484 MULBERRY ST	MACON	GA	31201			
COLE CROWDER	3236 ATLANTA HWY	DALLAS	GA	30132			
KEN OVERMAN	1592 NORMAN DR	VALDOSTA	GA	31601			
JACKIE SPARKS	1109 N PARRISH AVE	ADEL	GA	31620			
CHRIS LATIMER	PO BOX 280	NEWNAN	GA	30264			
MARY ANN CHANEY	1301 BAILEY ST	WAYCROSS	GA	31501			
CARETTA HARRIS	158 OLD GLENWOOD SPGS RD	EATONTON	GA	31024			
PAULA NASH	PO BOX 1850	PERRY	GA	31069			
BYRON JONES	216 S 6TH ST	GRIFFIN	GA	30224			

Form 990: Return of Organization Exempt from Income Tax Part VI, Line 9 (continued)

SCHE	DULE	ŀ
(Form	990)	

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization	n
--------------------------	---

	Open to Public
on.	Inspection
Employer identificat	ion number

GEOR	GIA ASSOCIATION OF SCHOOL BUSINESS OFFICIALS	58-1255151
Par	Reason for Public Charity Status. (All organizations must complete this	part.) See instructions.
The o	rganization is not a private foundation because it is: (For lines 1 through 12, check only o	ne box.)
1	A church, convention of churches, or association of churches described in section 17	′0(b)(1)(A)(i).
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)	
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 hospital's name, city, and state:	section 170(b)(1)(A)(iii). Enter the
5	An organization operated for the benefit of a college or university owned or operate section 170(b)(1)(A)(iv). (Complete Part II.)	ed by a governmental unit described in
-		

- 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 section 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:
- An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% 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.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a,
 - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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.
 - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d 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.
 - Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.
 - Enter the number of supported organizations f
 - Provide the following information about the supported organization(s)

g i toride the following informatic	g i Tovide 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
			Yes	No						
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support	-		1		1	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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					12	
13	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he						
-	on C. Computation of Public Suppor			44 1 (0)			
14 15	Public support percentage for 2022 (line					14 15	<u>%</u> %
15 16a	Public support percentage from 2021 Scl 33 ¹ / ₃ % support test-2022. If the organ			 x on line 13 a		-	
Tou							
b	 box and stop here. The organization qualifies as a publicly supported organization						
17a	a 10%-facts-and-circumstances test—2022. 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 — 2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa	acts-and-circu	mstances test	, check this bo	ox and stop he	re . Explain
18	Private foundation. If the organization instructions			e 13, 16a, 16b 		, check this bo	ox and see

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.)

Secti	on A. Public Support			,		,	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	(.,	(-,	(0) = 0 = 0	(0) = 0 = 0	(-)	(-)
	received. (Do not include any "unusual grants.")	275,195.	286,160.	157,850.	304,056.	368.835.	1,392,096.
2	Gross receipts from admissions, merchandise	2/0/2/01	20072001				
	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	275,195.	286,160.	157,850.	304,056.	368,835,	1,392,096.
7a	Amounts included on lines 1, 2, and 3	2/0/2/01	20072001				
	received from disqualified persons						
b	Amounts included on lines 2 and 3						+
D D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	63,000.	63,000.	57,000.	68,100.	64,550.	315,650.
с	Add lines 7a and 7b	63,000.	63,000.	57,000.	68,100.	64,550.	315,650.
8	Public support. (Subtract line 7c from	05,000.	03,000.	57,000.	00,100.	01,550.	515,050.
•	line 6.)						1,076,446.
Secti	on B. Total Support						1,0,0,110.
-	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	275,195.	286,160.	157,850.	304,056.	368,835.	
10a							
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	87.	87.	23.	16.	62.	275.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b	87.	87.	23.	16.	62.	275.
11	Net income from unrelated business						
	activities not included on 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.)	275,282.	286,247.	157,873.	304,072.	368,897.	1,392,371.
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he	re	<u></u> .		<u></u> .	<u></u>	· · · <u>·</u>
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8					15	77.31 %
16	Public support percentage from 2021 Sch					16	76.76 %
	on D. Computation of Investment In						
17	Investment income percentage for 2022 (()	•	())		0.02 %
18	Investment income percentage from 2021						0.02 %
19a	331/3% support tests-2022. If the organ						
	17 is not more than $33^{1/3}$ %, check this box	-	-	-		-	
b							
	line 18 is not more than 331/3%, check this l	_	-	-			
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, c	heck this box	and see instru	ictions .
	REV 05/17/23 PRO Schedule A (Form 990) 2022						

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on 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.*
- **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.
 - **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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part **VI** how providing such benefit carried out the purposes of the supported organization(s) that operated. supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

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 on line 2, above, 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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, 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.
- Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3b

Yes No

Yes No

1

2

1

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		
-		<u> </u>		

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

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Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022			*
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	Current Year purposes 1 rposes of supported 2 supported organizations 3 4 4 e details in Part VI) 5 6 7 ganization is responsive 8 9 10 (i) (ii) (ii) Underdistributions	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish of	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations 3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	-	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		1(D
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable
_1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

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Schedule A (Form 990) 2022

Daut V/I	
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.)

REV 05/17/23 PRO

Sched	ule	В
(Form	990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization		Employer identification number
GEORGIA ASSOCIATIO	N OF SCHOOL BUSINESS OFFICIALS	58-1255151
Organization type (check on	ie):	
Filers of:	Section:	
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	ation
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 X or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form	990) (2022)
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Name of organization

GEORGIA ASSOCIATION OF SCHOOL BUSINESS OFFICIALS

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

	Contributors (see instructions). Use duplicate copies of		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AIG RETIREMENT SERVICES/COREBRIDGE FINANCIAL 2300 WINDY RIDGE PKWY STE 2405	\$7,850.	PersonImage: Complete Part II forComplete Part II for
	ATLANTA GA 30339		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ALEXANDER AND COMPANY		Person X
	291 HERITAGE WALK	\$8,000.	Payroll Noncash
	WOODSTOCK GA 30188		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AMERICAN FIDELITY		Person X
	900 CIRCLE 75 PKWY, STE 1340	\$8,250.	Payroll Noncash
	ATLANTA GA 30339		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ARISTA CONSULTING GROUP		Person X
	4550 NORTH POINT PKWY	\$7,450	Payroll 🗌 Noncash
	ALPHARETTA GA 30022		(Complete Part II for noncash contributions.)
(a)			
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Type of contribution Person
No.	Name, address, and ZIP + 4		Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll
No.	Name, address, and ZIP + 4 ENERGIA 811 WEST JERICHO TURNPIKE, STE 202W	Total contributions	Type of contribution Person X Payroll Image: Complete Part II for
No. 5 (a)	Name, address, and ZIP + 4 ENERGIA 811 WEST JERICHO TURNPIKE, STE 202W SMITHTOWN NY 11787 (b)	Total contributions	Type of contribution Person X Payroll Image: Colspan="2">Image: Colspan="2" Image: Colspan="2" Image
No. 5 (a) No.	Name, address, and ZIP + 4 ENERGIA 811 WEST JERICHO TURNPIKE, STE 202W SMITHTOWN NY 11787 (b) Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll I Noncash I (Complete Part II for noncash contributions.) (d) Type of contribution

Employer identification number 58-1255151

Page 2

	\$	Payroll Image: Complete Part II for noncash contributions.)
(b) me, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
REV 05/17/23 PRO		Schedule B (Form 990) (2022)

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ARTHUR J GALLAGHER AND COMPANY 1150 CROWN POINT PARWAY, STE 600 ATLANTA GA 30338	\$7,000.	Person×PayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SES PO BOX 799 WHITE SPRINGS FL 32096	\$6,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	GEORGIA ADMINISTRATIVE SERVICES 1775 SPECTRUM DRIVE, STE 100 LAWRENCEVILLE GA 30043	\$6,000.	Person×PayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollDoncashNoncash(Complete Part II for noncash contributions.)

GEORGIA ASSOCIATION OF SCHOOL BUSINESS OFFICIALS

Employer identification number 58-1255151

Page **2**

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
	REV 05/17/23 PRO		Schedule B (Form 990)	

Employer identification number

58-1255151

Schedule B (Form 990) (2022)

Name of organization

GEORGIA ASSOCIATION OF SCHOOL BUSINESS OFFICIALS

Part II Nanageh Property (see instructions) Lise duplicate copies of Part II if additional space is needed

	Form 990) (2022)			Page 4						
Name of org	ganization			Employer identification number						
	ASSOCIATION OF SCHOOL BUSI			58-1255151						
Part III	(10) that total more than \$1,000 fo	r the year from any ations completing Pa he year. (Enter this ir	one contributor. rt III, enter the tota nformation once. S	escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and al of <i>exclusively</i> religious, charitable, etc., see instructions.) \$						
(a) No.										
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
	Transferee's name, address, a	nship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
	Transferee's name, address, a		fer of gift Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
		·								
_	(e) Transfer of gift									
_	Transferee's name, address, a	nship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
	(e) Transfer of gift									
	Transferee's name, address, and ZIP + 4			nship of transferor to transferee						

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions o									
	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.	2022								
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Open to Public Inspection								
Name of the organization GEORGIA ASSOCIA	Name of the organization Employer identification number GEORGIA ASSOCIATION OF SCHOOL BUSINESS OFFICIALS 58-1255151									
Pt VI, Line 6:	THE ORGANIZATION HAD MEMBERS DURING THE YEAR									
Pt VI, Line 7a	THE ORGANIZATION HAD MEMBERS WHO ELECT ITS GOVERNIN	G BODY ANNUALLY								
Pt VI, Line 11	o: THE BOARD AND OFFICERS REVIEW AND APPROVE FORM 990	PRIOR TO								
FILING										
Pt VI, Section	A, Line 9:									
Name: ADRIEN	NE TAYLOR									
Address: 249	BLACKSHEAR HWY BAXLEY GA 31513									
Name: MENDY (GOBLE									
Address: 205	WARRIOR PATH CALHOUN GA 30701									
Name: DAWN LI	LOYD									
Address: 1120) DAHLONEGA HWY CUMMING GA 30040									
Name: KEISHA	WILLIAMS									
Address: PO I	BOX 280 NEWNAN GA 30264									
Name: CHAD H	ICKS									
Address: 484	MULBERRY ST MACON GA 31201									
Name: COLE CI	ROWDER									
Address: 323	5 ATLANTA HWY DALLAS GA 30132									
Name: KEN OVI	ERMAN									
Address: 1592	2 NORMAN DR VALDOSTA GA 31601									
Name: JACKIE	SPARKS									
Address: 1109	9 N PARRISH AVE ADEL GA 31620									
Name: CHRIS 1	LATIMER									
Address: PO I	BOX 280 NEWNAN GA 30264									
Name: MARY AN	NN CHANEY									
Address: 1303	Address: 1301 BAILEY ST WAYCROSS GA 31501									

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
GEORGIA ASSOCIATION OF SCHOOL BUSINESS OFFICIALS	58-1255151
Name: CARETTA HARRIS	
Address: 158 OLD GLENWOOD SPGS RD EATONTON GA 31024	
Name: PAULA NASH	
Address: PO BOX 1850 PERRY GA 31069	
Name: BYRON JONES	
Address: 216 S 6TH ST GRIFFIN GA 30224	

Form 8879-TE	
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IRS e-file Signature Authorization

OMB No. 1545-0047

tor a	lax	Exem	ρτ	Εητιτ
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For calendar year 2022, or fiscal year beginning , 2022, and ending

> Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Department of the Treasury Internal Revenue Service

Name of filer

GEORGIA ASSOCIATION OF SCHOOL BUSINESS OFFICIALS

EIN or SSN 58-1255151

Name and title of officer or person subject to tax

DAWN LLOYD, TREASURER

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) .	. 1b	
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	. 2b	
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	. 3b	
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)	. 4b	
5a	Form 8868 check here X	b	Balance due (Form 8868, line 3c)	. 5b	0.
6a	Form 990-T check here 🗌	b	Total tax (Form 990-T, Part III, line 4)	. 6b	
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	. 7b	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	. 8b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	. 9b	
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22	2) 10 b)
Part	Declaration and Signature	ire	Authorization of Officer or Person Subject to Tax		

i ai i ii	Beelal allell alla elgila		
Under per	nalties of perjury, I declare that	X I am an officer of the above entity or	I am a person subject to tax with respect to (name
of entity)		, (EIN)	and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one b	oox only			
🔀 I authorize	Underhill		to enter my PIN	3 0 0 2 8 as my signature
		ERO firm name		Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax			Date 05/15/2023							2023	
Part III Certification and Authentication											
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.				Do r	not e	enter	all z	zero	s]
I certify that the above numeric entry is my PIN, which is my signature on th am submitting this return in accordance with the requirements of Pub. 416 Providers for Business Returns.											

ERO's signature

ERO Must Retain This Form – See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

REV 05/17/23 PRO

Date