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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public ► Information about Form 990 and its instructions is at www irs.gov/form990 OMB No 1545 0047

Open to Public Inspection

For the 2015 calendar year, or tax year beginning , 2015, and ending D Employer identification number Check if applicable Address change ATLANTA INTERNATIONAL FORWARDERS AND 58-1466324 BROKERS ASSOCIATION, INC. Telephone number Name change P.O. BOX 45284 Initial return (770) 688-1206 ATLANTA, GA 30320 Final return/terminated G Gross receipts \$ Amended return 49,305. H(a) Is this a group return for subordinates Yes XINO Application pending F Name and address of principal officer H(b) Are all subordinates included?

If No attach a list (see instructions) SAME AS C ABOVE Tax exempt status X 501(c) (6 4947(a)(1) or 527 501(c)(3) (insert no ' Website: ► H(c) Group exemption number ▶ Form of organization X Corporation Trust Association Other P L Year of formation 1981 M State of legal domicile Part I Briefly describe the organization's mission or most significant activities THE MISSION OF AIFBA IS TO PROMOTE SCANNED NOV 2 1 2016 THE COMMON BUSINESS INTERESTS OF CUSTOMS BROKERS & INTERNATIONAL FREIGHT WITHIN OUR INDUSTRY; TO MAINTAIN A FORWARDERS; TO ENCOURAGE THE PROFESSIONALISM STANDARD OF INTEGRITY & EFFICIENCY THAT WILL PROTEST THE TRADE AND THE GOVERNMENT osed opmore than 25% of its net assets if the organization discontinued its operations or di Check this box ► Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Par 4 Total number of individuals employed in calendar year 2015 (Par 5 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (6 7a 7b b Net unrelated business taxable income from Form 990-7 **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) 16,209. 15,597 Program service revenue (Part VIII, line 2g) 25.173 33.708 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11%) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 49,305 41,382 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 Benefits paid to or for members (Part IX, column (A), fine 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 47,993 43.528 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 43,528 47,993. Revenue less expenses Subtract line 18 from line 12 -2,146 1,312 **End of Year** Beginning of Current Year Total assets (Part X, line 16) 20 12.471. 13,783. Total liabilities (Part X, line 26) 21 0 0. 22 Net assets or fund balances Subtract line 21 from line 20 12,471 13,783. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accomplete. Declaration of preparer (other than officer) is based on all information ying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and nich pregarer has any knowledge Signature of office Date Sign Here Type or print name and ti Print/Type preparer's name SHEILA M. KOZAK, P00687026 self employed Paid Preparer FULTON & KOZA Firm's name Use Only 7187 JONESBORO RD STE Firm's EIN > 20-1403280 100A 770-961-4200 MORROW, GA 30260-2944 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

TEEA0113L 10/12/15

Form **990** (2015)

	m 990 (2015) ATLANTA INTERNATIONAL FORWARDERS AND	58-1466324	Page 2
Pai	rt III Statement of Program Service Accomplishments		(
	Check if Schedule O contains a response or note to any line in this Part III		[X]
1	Briefly describe the organization's mission		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the	ne prior	
	Form 990 or 990-EZ?		res X No
	If 'Yes,' describe these new services on Schedule O		
3		es?	Yes X No
•	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to and revenue, if any, for each program service reported	s, as measured of others, the total	by expenses I expenses,
Δ:	a (Code) (Expenses \$ 42,800. including grants of \$) (Re	venue \$	33,708.)
76		THE ORGANIZ	
	HOSTS MONTHLY LUNCH SEMINARS AND ATTENDS THE GOVERNMENT AFFAIRS AN		
	CUSTOMS BROKERS FORWARDERS ASSOCIATION OF AMERICA, INC CONFERENCES	2 IN MYSHII	NGTON D.C.
	YOU I WE WANTED THE STATE OF S	venue \$	```
4 6	b (Code) (Expenses \$ including grants of \$) (Re	venue \$	······································
4 0	c (Code) (Expenses \$ including grants of \$) (Re	venue \$)
			
			
		···	···
4 c	d Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses ► 42,800.		

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d		Х
-	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gloss income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
	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 17 If 'Yes,' complete Schedule I, Parts I and II	21		Х
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		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
,	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 199 Note. All Form 990 filers are required to complete Schedule O	38	X	0015
BAA		Form	990 (2015)

<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			Γ
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 0			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0			ļ
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2	tganioning) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	1 c		
•	ments, filed for the calendar year ending with or within the year covered by this return 2a 0			1
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2 b	-	
2	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	-	X
_	b If 'Yes' has it filed a Form 990 T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	3 b		 "
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
	b If 'Yes,' enter the name of the foreign country	- 4 a		 ^`
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	-	X
Ī	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a 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?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	- 00		
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	 7 a		
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			-
	Form 8282?	7 c		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d		,	,
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		,	
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	-1		
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь		
	Section 501(c)(7) organizations. Enter			٠.
	a Initiation fees and capital contributions included on Part VIII, line 12			3
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10 b]			
11				
	· · · · · · · · · · · · · · · · · · ·			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the graphization must report an Schodula O	13 a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b	l		,
	c Enter the amount of reserves on hand	1		
4.	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Form 990 (2015) ATLANTA INTERNATIONAL FORWARDERS AND 58-1466324 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Χ of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? SEE SCHEDULE O Х 6 7 a 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? SEE SCHEDULE O Х 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X a The governing body? X b Each committee with authority to act on behalf of the governing body? 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O q X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes X 10 a 10 a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b X 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O X 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b Х to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X Schedule O how this was done 12 c 13 Χ 13 Did the organization have a written whistleblower policy? X 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? a The organization's CEO, Executive Director, or top management official X 15 a X b Other officers or key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a 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? 16 b Section C. Disclosure 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records 20

ATLANTA GA 30354 (404) 608-0060

SHANNON WHITT 4380 INTERNATIONAL PKWY

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

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

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

The Check this box in heither the organization flor any fo	Taked org	1		(C)			uu	I	director, or trustee	
(A) Name and Title	(B) Average hours	than Is	one both dire	(do n box an c	ot che		on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W 2/1099 MISC)	from the organization and related organizations
(1) PAM BROWN COB	$-\frac{10}{0}$			Х				0.	0.	0.
(2) LAURIE ARNOLD PRESIDENT	_ <u>10</u> 0			Х				0.	0.	0.
(3) MARY KING TREASURER	<u>10</u> 0			Х				. 0.	0.	0.
(4) RYAN TANNER VICE PRESIDENT	<u>10</u> 0			X				0.	0.	0.
(5) RENEE BLIZZARD SECRETARY	_ <u>10</u> _			Х				0.	0.	0.
(6)										
(7)										
(8)										
(9)										<i>y.</i> .
(10)										
(11)										_
(12)										
(13)										
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Fart vii Section A. Officers, Directors, Tr	usiees,	ney		uhi	Oye	ees,	ai	iu nignesi coi	ilperisateu Emp	loyee	5 (cor	шпиеа,
	(B)	, ,										
(A)	Average	(do	not c	Po:	sition more	e than	опе	(D)	(E)		(F)	
Name and title	hours per	box	, unle	inless person is both an r and a director/trustee)		th an	Reportable	Reportable		stimated		
	باممين	1	YI					compensation from the organization	compensation from related organizations	con	unt of ot opensati	ion
	(list any hours	Individual trustee or director	nstitutional trustee	Officer	Key employee	E E	Former	(W 2/1099 MISC)	(W-2/1099-MISC)		rom the Janizatio	
	for related	Leg of	盲	약	뺽	oyer c	ব্			an	d relate anization	d
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(25)												
		L_										
1 b Sub-total								0.	0.			0.
c Total from continuation sheets to Part VII, Section	1 A							0.	0.		_	0.
d Total (add lines 1b and 1c)								0.	0.			0.
2 Total number of individuals (including but not limit	ed to thos	se lis	ted a	abo [,]	ve)	who	rece	eived more than \$	100,000 of reportable	e comp	ensat	lon
from the organization • 0												
											Yes	No
3 Did the organization list any former officer, director	or, or trus	tee, I	key e	emp	loye	e, o	r hiç	ghest compensate	d employee		-	۱
on line 1a3 If 'Yes,' compléte Schedule J for such	individua	1								3		X
4 For any individual listed on line 1a, is the sum of i	eportable	com	pen	satı	on a	and o	the	r compensation fro	om			
the organization and related organizations greater such individual	than \$15	0,000)? <i>If</i>	'Ye	es' c	omp	lete	Schedule J for		4		X
•												 ^
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compens	ation	tror	m ai	ny u I for	nrela	ated	organization of in	ndividual	5		X
Section B. Independent Contractors	complete	. 00,	icut.	<i>ne</i> 5	701	Juci	, pc	13077				
1 Complete this table for your five highest compens	ated inde	pende	ent c	cont	ract	ors t	hat	received more that	in \$100,000 of			
compensation from the organization. Report comp	ensation	for th	ie ca	alen	dar	year	end	ling with or within	the organization's ta	ax year		
(A)								(B)	£ 22 muses))		
Name and business address				ļ	Description o	Services	Compe	risatio	<u></u>			
NONE ,			_									
												
2 Total number of independent contractors (including	-	limite	ed to	tho	se I	isted	lab	ove) who received	more than			
\$100,000 of compensation from the organization	0											

Form 990 (2015) ATLANTA INTERNATIONAL FORWARDERS AND 58-1466324 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) (C) (D) Related or Unrelated Revenue business excluded from tax exempt function revenue under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1 a **b** Membership dues 1 b 15,162 c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 435 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 15,597 Program Service Revenue Business Code 2a LUNCHEON INCOME 33,708 33,708 f All other program service revenue g Total. Add lines 2a-2f 33,708 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 Other b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory

d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 33,708 0 12 49,305

Business Code

n

11 a

Miscellaneous Revenue

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete

360	Check if Schedule O contains a r			iust complete column (A)	,
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees)				
	Management		1		
	b Legal				
	: Accounting	1,450.	725.	725.	·
	Lobbyrig	1,450.	123.	143.	
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 110 amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule (1)				
12	Advertising and promotion	825.		825.	
13	Office expenses	1,533.		1,533.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	876.	438.	438.	·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,852.	17,852.		
20	Interest				
21	· ·				
22	Depreciation, depletion, and amortization				
	Insurance	915.	458.	457.	· · · · · · · · · · · · · · · · · · ·
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	LUNCHEON EXPENSE	20,154.	20,154.		
	WEBSITE	2,000.	1,000.	1,000.	
	FLOWERS & GIFTS	958.	958.		
	DUES & SUBSCRIPTIONS	500.	500.		
	All other expenses	930.	715.	215.	· · · · · · · · · · · · · · · · · · ·
	Total functional expenses Add lines 1 through 24e	47,993.	42,800.	5,193.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here [In the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here [In the organization contains the organization reported in column (B) joint costs from a combined educational campaign and fundraism as the organization column (B) joint costs from a combined educational campaign and fundraism as the organization column (B) joint costs from a combined educational campaign and fundraism solicitation column (B) joint costs from a combined educational campaign and fundraism solicitation column (B) joint costs from a combined educational campaign and fundraism solicitation column (B) joint costs from a combined educational campaign and fundraism solicitation column (B) joint costs from a combined educational campaign and fundraism solicitation column (B) joint costs from a combined education (B) joint costs fro	, 555			

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	12,471.	1	13,783.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	٠.	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
<u>ω</u>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a	,		
	b	Less accumulated depreciation 10b		10 c	• •
	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 34)	12,471.	16	13,783.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	<u></u>	19	
	20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
ies	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
7	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	0.	26	0.
ces	27	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	12,471.	<u>-</u> 27	13,783.
<u>la</u>	27	Temporarily restricted net assets	12,4/1.	28	13,703.
m	28 29	Permanently restricted net assets		29	
립	29	Organizations that do not follow SFAS 117 (ASC 958), check here ►			
Net Assets or Fund Balances		and complete lines 30 through 34.	1		£ (
<u>ا ي</u>	30	Capital stock or trust principal, or current funds		30	
88	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds		32	4.0 500
Ş	33	Total net assets or fund balances	12,471.	33	13,783.
	34	Total liabilities and net assets/fund balances	12,471.	34	13,783.

BAA

Form **990** (2015)

Forr	n 990 (2015) ATLANTA INTERNATIONAL FORWARDERS AND	58-1466324		Pa	age 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		49,	<u>305.</u>			
2 Total expenses (must equal Part IX, column (A), line 25)								
3 Revenue less expenses Subtract line 2 from line 1								
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))							
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other							
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O								
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х				
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both X Separate basis								
ŀ	Were the organization's financial statements audited by an independent accountant?		2 b		Х			
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis								
(Elf 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign	t of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2 c		X			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					Х			
ł	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3 b					
BAA			Form	990	(2015)			

TEEA0112L 10/20/15

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

at www.irs.gov/form990

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

2015

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ATLANTA INTERNATIONAL FORWARDERS AND BROKERS ASSOCIATION, INC.

Employer identification number 58-1466324

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE MISSION OF AIFBA IS TO PROMOTE THE COMMON BUSINESS INTERESTS OF CUSTOMS BROKERS & INTERNATIONAL FREIGHT FORWARDERS; TO ENCOURAGE THE PROFESSIONALISM WITHIN OUR INDUSTRY; TO MAINTAIN A STANDARD OF INTEGRITY & EFFICIENCY THAT WILL PROTECT THE TRADE AND THE GOVERNMENT IN THE FAIR, REASONABLE, AND EQUITABLE ADMINISTRATION OF IMPORT AND EXPORT LAWS & REGULATIONS; AND, TO DEVELOP GOOD FELLOWSHIP AMONG THE MEMBERS.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER
THE ORGANIZATION HAS MEMBERS THAT GOVERN SOME OF ITS ACTIONS.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY MEMBERS ELECT THE GOVERNING BODY.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS
MEMBERS HAVE VOTING ABILITY ON ALL NEW MEMBERS AS WELL AS ANY CHANGES TO THE BYLAWS
OF THE ASSOCIATION.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE ORGANIZATION'S ACCOUNTANT PROVIDES A COPY OF FORM 990 TO THE BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S ACCOUNTANT PROVIDES A COPY OF FORM 990 SPECIFICALLY FOR PUBLIC INSPECTION. THIS FORM IS AVAILABLE UPON REQUEST.