** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

<u>A I</u>	For th	e 2014 calendar year, or tax year beginning and	ending					
В	Check if applicab	C Name of organization		D Employer identific	cation number			
	Addre chan							
╘	chan	Doing business as FAIRTRADE AMERICA		45-5	481499			
Ļ	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	*			
L	Final		3RD FI	(202)391-0525				
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,911,469.			
\perp	Amer returr	WASHINGTON, DC 20005		H(a) Is this a group re				
	Appli	F Name and address of principal officer: HANS P. THEYER		for subordinates	? Yes X No			
_	pend	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
<u></u>	Tax∙ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 527		list. (see instructions)			
ا ل	Websi	te: ► WWW.FAIRTRADEAMERICA.ORG		H(c) Group exemption				
<u>K </u>	Form o	forganization: X Corporation Trust Association Other	L Year		State of legal domicile: DE			
P	art I	Summary						
- du	1	Briefly describe the organization's mission or most significant activities: SEE	PART :	III. LINE 1.				
Governance								
L	2	Check this box if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as	sets.			
ove	3	Number of voting members of the governing body (Part VI, line 1a)			6			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	6			
S.	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	***************************************	5	8			
Activities &	6	Total number of volunteers (estimate if necessary)		6	6			
뜮	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
4	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
		The second secon		Prior Year	Current Year			
41	8	Contributions and grants (Part VIII, line 1h)		0.	O.			
Revenue	9	Decree de servicio (De AMINI C C.)	- Park Carrier C	1,046,939.	1,910,512.			
s.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	-454.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	957.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,046,939.	1,911,015.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,432.				
	14			0,432.	0.			
20		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)		125,098.	415 022			
Expenses	150				415,922.			
Sen	IUa	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
X	17	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	00E C30	770 770			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		805,639.	779,772.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		937,169.	1,195,694.			
	19	Revenue less expenses. Subtract line 18 from line 12		109,770.	715,321.			
Net Assets or Fund Balances	-00	Total counts (Dest V. Box 4C)	B	eginning of Current Year	End of Year			
SSE	20	Total assets (Part X, line 16)		905,000.	1,545,102.			
朝	21	Total liabilities (Part X, fine 26)		579,184.	503,965.			
	22 art li	Net assets or fund balances. Subtract line 21 from line 20	- Carrier	325,816.	1,041,137.			
$\overline{}$								
		alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is			
106	, cone	ct, and complete Declaration of preparer (other than officer) is based on all information of w	nich prepare	r nas any knowledge.				
Sigr		Signature of officer		Date				
Her		111100 /		1 1	11.15			
1011	۱ ۱	HANS P. THEYER WEXECUTIVE DIRECTOR Type or print name and title			11 12			
			г	Date Check	II DTIN			
Jaio	d	Printrype preparer's name UAVID F. GRALING CPA Prestrer's signature Prestrer's signatur	SPA	11 11 10 1	- DINAZIJASE			
			-11)	// self-employ				
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008			
use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N			041 084 0000			
	41 4	BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090			
Ma	y tne l	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Form 990 (2014) FAIRTRADE IN 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	X	77
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		<u>X</u>
4				х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	J		
•	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	Ť		
	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, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a	X	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
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 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
L .	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	406		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14a	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,	140		-22
~	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	x	
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	140		
	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		X
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	17		X
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2014)

Part IV | Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 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 Х 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 X 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 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 X 25b 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 X 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 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 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 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I \mathbf{X}_{-} 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 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 X 33 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37

Form 990 (2014)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note, All Form 990 filers are required to complete Schedule O

FAIRTRADE INTERNATIONAL USA, 45-5481499 Form 990 (2014) Page 5 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 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7**g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 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. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations, Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule Q. 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

Form 990 (2014)

14a

X

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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
<u>Sec</u>	tion A. Governing Body and Management	34007		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		X	
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
14		7.		х
_	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			7.7
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		32	
a	The governing body?	8a	<u>X</u>	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	_12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent		XX	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶DE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	wailah	le .	
	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)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	Hoor	niat	
19		mian	Jidi	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	KRISTINA A. BALLARD - (202)391-0525			
	1101 15TH STREET NW , NO. 3RD FL, WASHINGTON, DC 20005	122		V. 10 (10 (10 (10 (10 (10 (10 (10 (10 (10

Form 990 (2014)

INC 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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

(A)	(B)		ganization compensat (C)					(D)	(E)	(F)
Name and Title	Average			Posi	ition	tion		Reportable	Reportable compensation	Estimated
	hours per	box	, unte	ss pe	more than one erson is both an		h an	compensation		amount of
	week	-	ficer and a director/truste			x/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	흉	2			ated		organization	(W-2/1099-MISC)	from the
	related	nstee	Irust		홣	npens		(W-2/1099-MISC)		organization and related
	organizations below	= =	tional Incident		aploy	et con				organizations
	line)	Individual frustee or director	Institutional bustee	Officer	Key employee	Highest compensated employee	i ii			organizations
(1) WERNER KIENE	8.00	<u> </u>	_	Ť	_					
CHAIR		x	1	х				0.	0.	0
(2) ANTHONY HALL	8.00									
TREASURER		\mathbf{x}		x				0.	0.	0
(3) NICHOLAS ORTON	4.00									
SECRETARY		x		X				0.	0.	0
(4) GILBERTO AMAYA	4.00							:		,
BOARD MEMBER		X						0.	0.	0
(5) TIMOTHY BEATY	4.00									
BOARD MEMBER		X						0.	0.	0
(6) MERLING PREZA	4.00									
BOARD MEMBER		X						0.	0.	0
(7) HANS THEYER	40.00									
EXECUTIVE DIRECTOR		_	L	X				138,170.	0.	3,627
(8) KRISTINA BALLARD	40.00									
DIR. OF FINANCE (BEGAN AUG. 2014)		_		X				24,695.	0.	1,998
		<u> </u>				_	_			
									==	
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Form 990 (2014)

	990 (2014) FAIRTRAD	E THIEVE	NA.	LTC) IN 2	71	Uč	A	, INC.	40-04	<u>0 T</u>	<u> </u>	Pa	ige o
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	an	<u>d Hi</u>	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)	n (c)						(D)	(E)			(F)	
	Name and title	Average	(do				than :	one	Reportable	Reportable		Est	timate	d
		hours per	box	unie:	ss pe	rson	is bot	h an	compensation	compensation	1		ount o	of
		week	-	Jer au	0 2 0	In ecit	17005	1663	from	from related			other	
		(list any hours for	iect						the	organizations		•	oensa	
		related	0.0	2			safed		organization	(W·2/1099·MIS	⁽⁾		om the	
		organizations	uste	is i		, e	aben		(W-2/1099-MISC)			_	anizati I relate	
		below	ual le	ional		흏	t con	_					nizatio	
		line)	Individual Irustee or director	Institutional Irustee	Officer	, em	Highest compensated employee	iği i				orya	11122111	JIIS
		200.00	5	트	-	프	7.5	-			-			
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			-											
		<u>l</u>							1.60 0.65			—		2.5
	Sub-total								162,865.		0.	:	5,6	
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								162,865.		0.		5,6	<u> 25.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	bove	e) wh	io r	eceived more than \$100	,000 of reportable	3			
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on 🕒				
	line 1a? If "Yes," complete Schedule J for s	uch individual	4111									3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0.000? <i>If "Yes.</i>	" co	mple	ete S	Sche	edule	J f	for such individual	_		4		X
5	Did any person listed on line 1a receive or a										8855			
_	rendered to the organization? If "Yes," com	-				-						5	1	Х
Sec	tion B. Independent Contractors	,p/200 00/100 U	<u> </u>	0. 0.		<i>p</i> 4. c	,,,,,							
1	Complete this table for your five highest co	moensated inc	dene	nde	nt c	ontr	acto	rs t	that received more than	\$100 000 of com	nens	ation fr	OM	
•	the organization. Report compensation for										30113	2001111	0,,,	
_		trie Caleridat y	DQI I	<u> </u>	n <u>g v</u>	AILLI	OI W	ILA COL		year.		(C	٠	
	(A) Name and business	address							(B) Description of s	ervices	C	ompen	<i>)</i> Isatio	n
E A	IRTRADE CANADA, 1145 CA		N T 7 T	7 4	171	500	n	\dashv				2		
			7 A 1	<u> </u>	г/.	J U (U ,	I,	CEDUTOR ACDR	EMENIO		200	2	0.0
<u>01".</u>	<u>rawa, ontario, canada i</u>	XI4 /K4						-	SERVICE AGRE	EWENT.		<u> </u>	9,3	99.
								-						
								4						
								4						
2	Total number of independent contractors (i	ncluding but n	ot lii	mite	d to	tho	se lis	sted	dabove) who received n	nore than				

Form 990 (2014)

\$100,000 of compensation from the organization

		Check if Schedule O conta	a response	or note to arry III	(A)	(B)	(C)	_ (D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
3 tā [1 a	Federated campaigns	1a		S H			
		Membership dues						
ξĚ		Fundraising events	377317311	.=.				
a		Related organizations						
έĒ		Government grants (contribution						
<u> </u>		All other contributions, gifts, grant						
		similar amounts not included abov				100		
	q	Noncash contributions included in lines	1.50%					
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f						
				Business Code				
မ္	2 a	LICENSE FEES			1,860,169.	1,860,169.		
اھ		PROJECT FEES		900099	38,025.			
Program Service Revenue		ADMINISTRATIVE	FEES	900099	10,518.			
E a	d	APPLICATION FEE	S	900099	1,800.	1,800.		
96	е							
፭	f	All other program service rever	nue					
		Total. Add lines 2a-2f			1,910,512.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)						
	4	Income from investment of tax	exempt bond p	roceeds				
	5	Royalties	112 113 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
			(i) Real	(ii) Personal				10
	6 a	Gross rents				Z -		
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)	100					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	þ	Less: cost or other basis						
		and sales expenses		454.				
		Gain or (loss)		-454.				454
		Net gain or (loss)			-454.			-454.
Other Revenue	8 a	Gross income from fundraising including \$						
<u>ا</u> ۾		contributions reported on line						
P		Part IV, line 18	a		2			
됩		Less: direct expenses						
Ĭ		Net income or (loss) from fund		mmmmac:				
	9 a	Gross income from gaming act						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from game	_					
	10 a	Gross sales of inventory, less a		[
		and allowances						
		Less: cost of goods sold						
}	C	Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				700
	11 a	FOREIGN EXCHANG	E GAIN	900099	788.			788.
	b	MISCELLANEOUS		900099	169.			169.
	C	All alban variance			 			
	d	All other revenue		-	957.			
	e 12	Total. Add lines 11a-11d Total revenue. See instructions.				1,910,512.	0	. 503.
		TOTAL TEVENUE SEE HISTORICHOUS.						-1 7117-

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		-	mplete column (A).	X
	not include amounts reported on lines 6b, 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		CAPCHISCS	general expenses	САРСИВСО
•	and domestic governments. See Part IV, line 21	İ			
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	ii)			
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	168,491.	160,066.	8,425.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	204,884.	176,253.	28,631.	
8	Pension plan accruals and contributions (include		·		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	12,563.	11,025.	1,538.	
10	Payroll taxes	29,984.	26,986.	2,998.	
11	Fees for services (non-employees):	<u> </u>			
а	Management				
b	Legal	15,112.		15,112.	
С	Accounting	7,000.		7,000.	
d	Lobbying	· 1			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	504,933.	504,933.		
12	Advertising and promotion	26,338.		26,338.	
13	Office expenses	19,726.	8,137.	11,589.	
14	Information technology	20,509.	15,792.	4,717.	
15	Royalties				
16	Occupancy	29,139.		29,139.	
17	Travel	96,790.	96,790.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,579.		1,579.	
23	Insurance	9,971.		9,971.	
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 0.)	× 1 -1			
а	RECOVERY OF BAD DEBT	-13,437.		-13,437.	
b	AWARENESS COSTS	47,881.	47,881.		·
c	DUES & SUBSCRIPTIONS	6,392.	27,0011	6,392.	
d	MISCELLANEOUS	4,790.		4,790.	
	All other expenses	3,049.	2,744.	305.	
25	Total functional expenses. Add lines 1 through 24e	1,195,694.	1,050,607.	145,087.	0.
26	Joint costs. Complete this line only if the organization		,		<u></u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					F 000 (00±4)

		Check if Schedule O contains a response or note to any line in this Part X		(A)		(B)
				Beginning of year		End of year
	1	Cash · non-interest-bearing	cumpue:	175,037.	1	901,331
	2	Savings and temporary cash investments			_2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		712,653.	4	614,594
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees. Complete	•			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined u				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib	outing			
		employers and sponsoring organizations of section 501(c)(9) voluntary				
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
Assets	7	Notes and loans receivable, net			7	
ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		15,207.	9	23,283
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 5 , 8	392.			
	b		73.	2,103.	10c	4,319
	11	Investments - publicly traded securities	NEXTS-20 9	·	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		0.	15	1,575
	16	Total assets. Add lines 1 through 15 (must equal line 34)		905,000.	16	1,545,102
i	17	Accounts payable and accrued expenses		543,980.	17	461,732
	18	Grants payable		18		
	19	Deferred revenue		2,166.	19	42,233
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
S	22	Loans and other payables to current and former officers, directors, trusted				
≝		key employees, highest compensated employees, and disqualified person			88 10	
Liabilities		Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X (of			
		Schedule D		33,038.	25	0
	26	Total liabilities. Add lines 17 through 25		579,184.	26	503,965
		Organizations that follow SFAS 117 (ASC 958), check here	and			
S		complete lines 27 through 29, and lines 33 and 34.				
ĕ	27	Unrestricted net assets		325,816.	27	1,041,137
<u>e</u>	28	Temporarily restricted net assets			28	
9	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here				
- 5		and complete lines 30 through 34.			late .	
S	30	Capital stock or trust principal, or current funds			30	
ا يَدَ	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds			32	
Ż	33	Total net assets or fund balances		325,816.	33	1,041,137
	34	Total liabilities and net assets/fund balances		905,000.	34	1,545,102

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				, roll-2.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,91	1,0	15.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,19	5,6	94.
3	Revenue less expenses. Subtract line 2 from line 1	3	71	5,3	21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32	5,8	16.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			- 2
7	Investment expenses	7			4 9
8	Prior period adjustments	8	23	11	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,04	1,1	37.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	\$2 <u></u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	32		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2014)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

		FAIR	TRADE INTE	RNATIONAL US	A, IN	C	. 4	<u>5-5481499 </u>
Par	tl	Reason for Public	Charity Status (All organizations must c	omplete th	is part.) Se	e instructions.	
he o	rgani	zation is not a private found	lation because it is: ((For lines 1 through 11,	check only	one box.)	·	
1 [A church, convention of ch		·	-		KAKi).	
2 [A school described in sect				• • •		
3		A hospital or a cooperative			ection 170	жыстуаж	i).	
4	\equiv	A medical research organiz					=	the hospital's name.
		city, and state:		.,				, , , , , , , , , , , , , , , , , , , ,
5 [\neg	An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a de	overnmental unit describ	ed in
• .	_	section 170(b)(1)(A)(iv). (C			- о, орола	, . g.		
6 [A federal, state, or local go		nontal unit described in	costion 1	70/61/41/41	hA.	
7	=	An organization that norma	•				• •	nublic described in
′ '				intial part of its support	iroili a gov	ellillelitai	unit of from the general	public described in
ا م	\neg	section 170(b)(1)(A)(vi). (C		(4)(a)(.:) (Complete De	ain s			
8 [7	A community trust describe						
9 l	لمـ	An organization that norma						= :
		activities related to its exer		•				-
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co	•					
10 [=	An organization organized						
I1 [An organization organized					•	* *
		more publicly supported or						Check the box in
		lines 11a through 11d that	describes the type o	of supporting organization	n and con	plete lines	11e, 11f, and 11g.	
а	_	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the direc	ctors or trustees of the s	upporting
	_	organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s supporte	ed organization(s), by ha	ving
		control or management of	f the supporting org	anization vested in the s	same perso	ons that co	ntrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
¢		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	y integrated. A supp	orting organization ope	rated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	mplete Part IV, Section	s A and D	and Part	V.	
е		Check this box if the orga		•				
		functionally integrated, o						
f	Ente	r the number of supported	* -					
		ide the following information						
) Name of supported	(ii) EIN				(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9	governing	n your document?	support (see	other support (see
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)
				(wenterman)	1			
					1			
_			_		+			
			Y, -, X		Ea II			
otal								i e

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						500
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-			i		1	-
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					1	1
٠	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3					<u> </u>	
4	*						<u> </u>
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)						4
	Public support. Subtract line 5 from line 4.						D 4
_	ction B. Total Support	- 2					
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			-			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						10000
12	Gross receipts from related activities.	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization'				on 501(c)(3)	
	organization, check this box and stop	here					>
	ction C. Computation of Publi	c Support Pe	ercentage				
	Public support percentage for 2014 (li					14	96
15	Public support percentage from 2013	Schedule A, Par	t II, line 14			15	%
16a	33 1/3% support test - 2014. If the o	•				*	
	stop here. The organization qualifies a	as a publicly supp	ported organization	1			
Ŀ	33 1/3% support test - 2013. If the o	rganization did n	ot check a box on	line 13 or 16a, and	i line 15 is 33 1/39	6 or more, check t	his box
	and stop here. The organization quali	fies as a publicly	supported organiz	ation			▶□
178	10% -facts-and-circumstances test	- 2014. If the org	ganization did not (check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fact	ts-and-circumstar	nces" test, check t	his box and stop I	nere. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"						
t	10% -facts-and-circumstances test						
	more, and if the organization meets th	e "facts-and-circi	umstances" test, c	heck this box and	stop here. Explai	n in Part VI how th	e
	organization meets the "facts-and-circ	umstances" test	The organization	qualifies as a publi	icly supported org	anization	
18	Private foundation, If the organization						
	11					edule A (Form 99	Merchanist Communication Commu

432022

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part I). If the organization fails to

qualify under the tests listed bet	ow, please comp	olete Part II.)				
Section A. Public Support			;		1	
Calendar year (or fiscal year beginning in) ▶ ∟	(a) 2010	(ь) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Gifts, grants, contributions, and	İ					
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			224,822.	1046939.	1910512.	3182273.
3 Gross receipts from activities that			224,022.	1040222	17103120	31022131
are not an unrelated trade or bus- iness under section 513					≅	
4 Tax revenues levied for the organ- ization'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			224,822.	1046939.	1910512.	3182273.
7a Amounts included on lines 1, 2, and			ZZZ, GZZ,	1010333.	1910312.	<u> </u>
3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year			191,028.		1414775.	
c Add lines 7a and 7b			191,028.	837,277.	1414775.	2443080.
8 Public support (Subtract line 7c from line 6.)						<u>739,193.</u>
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨 🕍	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6			224,822.	1046939.	1910512.	3182273.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)					957.	957.
13 Total support. (Add lines 9, 10c, 11, and 12.)			224,822.	1046939.	1911469.	3183230.
14 First five years. If the Form 990 is for t	he organization's	first, second, th				
check this box and stop here	_					▶ X
Section C. Computation of Public	Support Per	rcentage				
15 Public support percentage for 2014 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2013 S					16	%
Section D. Computation of Invest)			100
17 Investment income percentage for 201	4 (line 10c, colun	nn (f) divided by l	ine 13, column (f))		17	.00 %
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2014. If the o						7 is not
more than 33 1/3%, check this box and b 33 1/3% support tests - 2013. If the o line 18 is not more than 33 1/3%, chec	d stop here. The organization did n	organization qua ot check a box o	alifies as a publicly s in line 14 or line 19a	supported organiza , and line 16 is mo	ation ore than 33 1/3%, a	and -
20 Private foundation, If the organization					-	
432023 09-17-14					edule A (Form 99	0 or 990-EZ) 2014

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35 percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part 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 in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
	,	
3c		
4a	80	
4b		
40		
40		
4c		
5a		1
	100	- 1
5b 5c		
30		
11.11		
6		
7		
8		
9a		
9b		
30		WI
9c		
10a		
10b 990 or 99	∩_F 7 \	2014

Schedule A (Form 990 or 990 EZ) 2014 FAIRTRADE INTERNATION Part V Type III Non-Functionally Integrated 509(a)(3) Support			45-5481499 Page 6
Typo in itom i anothering integrated cootanto cuppe			<u>_</u>
1 Check here if the organization satisfied the Integral Part Test as a qua		,	structions. All
other Type III non-functionally integrated supporting organizations mu	ist complete Se	ections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	<u> </u>	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		35	
instructions for short tax year or assets held for part of year):	1 2 3		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	·	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	nt,	· · · · · · · · · · · · · · · · · · ·	
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	•	
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			ī
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-funct	ionally-integrate	ed Type III supporting o	organization (see

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990 EZ) 2014 FAIRTRADE INTERNATIONAL USA, INC. 45-5481499 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 1 Distributable amount for 2014 from Section C, line 6 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014: а b C ď e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2014 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2015. Add lines 3j and 4c. Breakdown of line 7: 8 h C

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013
e Excess from 2014

Schedule A (Form 990 or 990-8	EZ) 2014 FAIRTE	RADE IN	TERNA'	CIONAL U	USA	, IN		4	5-54814 <u>9</u> 9 Pa	ige 8
Part VI Supplementa	l Information. Pr	ovide the exp	lanations r	equired by Pa	ırt II, lir	ne 10; P	art II, line	17a or 17b	; and Part III, line 12.	
Also complete thi	s part for any addition	nai intormatio	n. (See Ins	tructions).						
PART II:										
THE INFORMATION	REFLECTED	IN THE	2012	COLUMN	IS	FOR	THE	SHORT	PERIOD	
<u>JUNE 4, 2012 - :</u>	DECEMBER 31	L, 2012	•							
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<u></u>	10.00					1000				
								u322 =	<u> </u>	
2.07										
(1 3)(2) (1 - 3)		2.5								
72.4	***									
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							- 20			
	-									
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31									2.5	
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										_

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Nam	e of the organization	TONAT TICA THO	Employer identification number 45-5481499			
Pa	FAIRTRADE INTERNAT: t I Organizations Maintaining Donor Advise					
rai	organizations Maintaining Donor Advise organization answered "Yes" to Form 990, Part IV, line		Accounts. Complete if the			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)		****			
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	funds			
-	are the organization's property, subject to the organization's	40,900				
6	Did the organization inform all grantees, donors, and donor as					
_	for charitable purposes and not for the benefit of the donor o		5/1			
	impermissible private benefit?					
Pa						
1	Purpose(s) of conservation easements held by the organization					
_	Preservation of land for public use (e.g., recreation or e		ally important land area			
	Protection of natural habitat	Preservation of a certified				
	Preservation of open space	50 Octob				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a	a conservation easement on the last			
	day of the tax year.					
	- 102		Held at the End of the Tax Year			
а	Total number of conservation easements	AND THE STATE OF T	2a			
b	Total acreage restricted by conservation easements					
С	Number of conservation easements on a certified historic stru					
	Number of conservation easements included in (c) acquired a					
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rel					
	year ▶					
4	Number of states where property subject to conservation eas	sement is located >				
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	ng the year 🕨			
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during the	e year ▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(-	4)(B)(i)			
	and section 170(h)(4)(B)(ii)? Yes No					
9	In Part XIII, describe how the organization reports conservation	• • • • • • • • • • • • • • • • • • • •				
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	organization's accounting for			
	conservation easements.	(A. (1): 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	0::			
Pa	t III Organizations Maintaining Collections of		er Similar Assets.			
	Complete if the organization answered "Yes" to Form					
1a	If the organization elected, as permitted under SFAS 116 (AS					
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri					
b	If the organization elected, as permitted under SFAS 116 (AS					
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts			
	relating to these items:					
	(i) Revenue included in Form 990, Part VIII, line 1					
2	If the organization received or held works of art, historical treating the first state of the control of the co		ain, provide			
	the following amounts required to be reported under SFAS 1					
a	Revenue included in Form 990, Part VIII, line 1		> \$			
1-						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

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

Investments -	

Complete if the organization answered "Yes" t			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)	_		
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" t	o Form 990, Part IV, li		
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" t	o Form 990, Part IV, lii	ne 11d. See Form 990, Part X, li	ne 15.
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
. (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes" t	o Form 990, Part IV, li	ne 11e or 11f. See Form 990, Pa	art X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)		PL I	
(6)			
(7)			
(8)			
(9)		1 -	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		

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

Schedule D (Form 990) 2014

432053 10-01-14

	odule D (Form 990) 2014 FAIRTRADE INTERNATIONAL				<u> 481499</u>	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta		venue per R	eturn	•	
	Complete if the organization answered "Yes" to Form 990, Part IV, line			F . T	1 010	CO1
1				1	1,910	' PRT .
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	2a				
a b	Donated services and use of facilities	122,127,139				
C	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
e	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,910	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)		334.			
С				4c		334.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,911	,015.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With E	xpenses per	Retu	rn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	<u> </u>				
1	Total expenses and losses per audited financial statements			1	<u>1,195</u>	<u>,360.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities			-		
b	Prior year adjustments					
C	Other losses		224			
d	Other (Describe in Part XIII.)		-334.	-		224
e	Add lines 2a through 2d			2e	1,195	<u>-334.</u>
3	Subtract line 2e from line 1			3	1,195	,694.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4-				
a b	Other (Describe in Part XIII.)		· · · · · · · · · · · · · · · · · · ·			
	Add lines 4a and 4b			4c		0.
5				5	1,195	
Pa	rt XIII Supplemental Information.	,				7
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and	2b; Part V, line	4; Part	X, line 2; Part	XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional information	on.			
PA	RT_X, LINE 2:					
FO:	R THE YEAR ENDED DECEMBER 31, 2014, FAI	RTRADE AMER	ICA HAS	DOC	<u> MENTED</u>	ITS
<u>CO.</u>	NSIDERATION OF FASB ASC 740-10, INCOME	TAXES, THAT	PROVIDE	S G	JIDANCE	FOR
				m		
RE.	PORTING UNCERTAINTY IN INCOME TAXES AND	HAS DETERM	ITNED THA	T. M) MATER	TAL
TTRT	TERMAIN MAY DOCUMENCY OUR LEW MOR WINDER	D DECOGNITHI	ON OR DI	· COT /	OUDD T	A.T
UM	CERTAIN TAX POSITIONS QUALIFY FOR EITHE	R RECOGNITI	ON OR DI	SCL(JSURE I.	IN .
тH.	E_FINANCIAL STATEMENTS.					
111.	ERIMANCIAL SIAILMENIS.					_
TH	E FEDERAL FORM 990, RETURN OF ORGANIZAT	ION EXEMPT	FROM INC	OME.	TAX. I	S
	777, 1200111 01 01101212		2 21022 2210			
SU	BJECT TO EXAMINATION BY THE INTERNAL RE	VENUE SERVI	CE, GENE	RAL	LY FOR	
TH:	REE YEARS AFTER IT IS FILED.					
	167-23					
PA 43205	RT XI, LINE 4B - OTHER ADJUSTMENTS:					
10.01	** **			Sched	lule D (Form !	990) 2014

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

Employer identification number

			£			
FAIRTRADE INTER	NATIONAL	USA, IN	IC.		45-548149	99
Part I General Info	rmation on A	Ctivities Ou	tside the United States. Compl	ete if the organ	ization answered "	Yes" on
Form 990, Part I	V, line 14b.					
1 For grantmakers, Does	s the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility f	or the grants or	assistance, and	the selection criteria used to award the	grants or assi	stance?	Yes No
2 For grantmakers. Described United States.	cribe in Part V the	organization's	procedures for monitoring the use of it	s grants and ot	her assistance out	side the
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, specific type re(s) in region	(f) Total expenditures for and investments in region
	***			IN SEPTEMBE FAIRTRADE A ENTERED INT	•	
NORTH AMERICA	1	8	PROGRAM SERVICES	SERVICE AGR		299 399.
	700					
3 a Sub-total	1	8_				299,399,
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	1 1	. 8		ÇI MI		299 399,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2014

432071 09-24-14 SEE PART V FOR COLUMN (E) DESCRIPTIONS

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

FAIRTRADE INTERNATIONAL USA, INC.

Schedule F (Form 990) 2014

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the HS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

45-5481499

Page 3

FAIRTRADE INTERNATIONAL USA,

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2014

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Foreign Partnerships (see Instructions for Form 8865)

for Form 5713, do not file with Form 990)

Schedule F (Form 990) 2014

5

6

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

2014

Open to Public Inspection

FAIRTRADE INTERNATIONAL USA, INC.	45-5481499
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION	N MISSION:
SUPPORT IN THE USA FOR PRODUCTS PRODUCED FAIRLY. FAIRTI	RADE IS AN
ASSOCIATE MEMBER OF THE GLOBAL ORGANIZATION, FAIRTRADE	INTERNATIONAL
("FTI").	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLIS	HMENTS:
RAISING AWARENESS OF THE NEEDS OF SMALL-SCALE FARMERS A	AND WORKERS IN
DEVELOPING COUNTRIES AND SUPPORTING EFFORTS TO MAKE TRA	ADE FAIR.
BASED ON TRANSPARENCY, RESPECT AND DIALOGUE, FAIRTRADE	IS A TRADING
PARTNERSHIP THAT WORKS TO MAKE INTERNATIONAL TRADE FAIL	R. FAIRTRADE
SECURES THE RIGHTS OF AND OFFERS BETTER TRADING CONDIT	IONS TO
MARGINALIZED FARMERS AND WORKS IN THE GLOBAL SOUTH, TH	US CONTRIBUTING
TO SUSTAINABLE DEVELOPMENT.	<u></u>
FORM 990, PART VI, SECTION B, LINE 11:	
THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS A	ND REVIEWED BY THE
EXECUTIVE DIRECTOR, THE DIRECTOR OF FINANCE AND ADMINIS	STRATION, AND THE
TREASURER. A COPY OF THE 990 WAS PROVIDED TO THE BOARD	PRIOR TO FILING WITH
THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS MUST TAKE APPROPRIATE MEASURES TO AVOID	PUTTING THEMSELVES IN
A POSITION OF REAL OR PERCEIVED CONFLICT BETWEEN THEIR	PERSONAL INTEREST
AND THOSE ARISING FROM THEIR OBLIGATIONS AS BOARD MEMB	ER. BOARD MEMBERS WHO

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization Employer identification number FAIRTRADE INTERNATIONAL USA, INC. 45-5481499 BELIEVE THEY HAVE A CONFLICT OF INTEREST MUST INFORM THE BOARD AND ABSTAIN FROM INFLUENCING OR VOTING ON THE MATTER. FURTHERMORE, IN SUCH A CASE, THE BOARD MEMBER MUST WITHDRAW FROM THE MEETING UNTIL THE VOTE IS TAKEN. EMPLOYEES OF FAIRTRADE AMERICA ARE ALSO REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY STATEMENT UPON HIRE, WITH THE OBLIGATION TO UPDATE IF ANY CONFLICTS ARISE. FORM 990, PART VI, SECTION B, LINE 14: FAIRTRADE AMERICA PLANS TO IMPLEMENT A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY IN THE NEAR FUTURE. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS REVIEWED THE EXECUTIVE DIRECTOR'S COMPENSATION USING COMPARABLE SALARY DATA FROM SIMILAR NON-PROFIT ORGANIZATIONS. THE RESULT OF THIS REVIEW WAS DOCUMENTED IN THE EXECUTIVE DIRECTOR'S EMPLOYMENT CONTRACT. THIS PROCESS LAST TOOK PLACE UPON HIRE OF THE EXECUTIVE DIRECTOR, IN 2012. FORM 990, PART VI, SECTION C. LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: FEES FOR SERVICES: PROGRAM SERVICE EXPENSES 299.399. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. TOTAL EXPENSES 299,399.