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990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

2009

Open to Public Inspection

			ne Treasury			The area	assets	s less than	\$1,250,00	0 at the er	nd of the year ma	ay use th	nis form	n n	oote			Inspection		
-	_	al Revenue		<u> </u>					io use a Ci		return to satisfy					<u> </u>				
			2009 calend							1 July		2009,	and e	riaing		0 Jun		, 20 10		
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ļ	=	lame char nitial retur	-	print or type.	Nun	nber an	d street ((or PO bo	x, if mail is	not delive	red to street ad	dress)	Roon	n/surte	E Telep	hone n	umb	er		
Ì		erminated		See	600	Hume	s Ave									931-433-6233				
Ì	╡▴	Amended i	return	Specific Instruc-	Crty	or tow	n, state o	or country,	and ZIP +	4					F Grou	ір Ехе	mpt	don		
Ī	∄≉	pplication	pending	tions.	Hur	ntsville	, AL 35	801							Nurr	nber I	▶ _			
•		• Secti	ion 501(c)(3)	organiz	atio	ns and	i 4947(a	a)(1) none	exempt c	haritable	trusts must	attach	\Box	G Accou	nting Me	ethod:	7	Cash		
			, , , ,	a con	nple	ted Sc	hedule	A (Form	990 or 9	90- <i>EZ)</i> .				Other ((specify)	afy) ▶				
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			··							t no.)	4947(a)(1) or	☐ 52	27		Z, or 990			,		
-		heck >											recei	ints are n	omally	not m	ore 1	than \$25 000 A		
																nally not more than \$25,000. A				
7		Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a companion of the form 990 return is not required, but if the organization chooses to file a return, be sure to file a companion of the form 990 return is not required, but if the organization chooses to file a return, be sure to file a companion of the form 990 return is not required, but if the organization chooses to file a return, be sure to file a companion of the form 990 return is not required, but if the organization chooses to file a return, be sure to file a companion of the form 990 return is not required, but if the organization chooses to file a return, be sure to file a companion of the form 990 return is not required.													·					
i	_	art I									or Fund B						s fo	r Part I)		
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		5a	Gross amo							•		5a			0					
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201		С	Gain or (le	iss)-from	rsai	e of a	ssets c	other than	n invent	ory (Sub	tract line 5b	from li	ine 5a	a)	٠ ــ: ا	5c		. 0		
**	Revenue	6	Special even	is and aci	INTRES	Z (Collib	ieteappi	licable part	s of Sched	dule G). If a	any amount is fro	om gam	ing, ct	neck here	▶ 📙					
90	9	а	Gross rev	on) ទប់ជីម	ot∮ind	ćlůdíň	g \$ ഗ∆↓			of co	ontributions									
_	R		reported o	n line 1) <u> </u>		-48					6a			0					
JAN		b	Less: direc	ct exper	ises	other	than t	undraisir	ng exper	nses .		6b	İ		0					
_	i	С	Netuncom	e or (les	3S) in	oms	oecial e	events ar	nd activi	ties (Sul	otract line 6b	from	line 6	ia)		6c		0		
0	i	7a	Gross sale	s of inv	ento	ry, les	ss retu	rns and a	allowand	es		7a		10	08,020.					
TII)		b	Less: cost	of goo	ds s	old						7b			71592					
\mathbb{Z}	;	c	Gross pro	fit or (lo	ss) fi	rom sa	ales of	inventor	y (Subtr	act line	7b from line	7a) .				7c		36428		
4	:	8	Other reve				0		•			•)	8				
SCANNED		9		otal revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8								. ▶	9		36535					
(f)		10														10		10000		
		11	Benefits p													11		0		
	Ś	12														12		0		
	nses	13			-						tractors					13		0		
	De l	14							•							14		5056		
	Ехре	15		y, rent, utilities, and maintenance									15		1075					
		16	Other expenses (describe ► Lic=\$305, Txs=\$7669, Ins=\$751, Crd Crd Fees=\$2915, Loan=\$330)							30 ì	16		11970							
		17	-	-											_	17		28101		
•		18)					18		8434		
	Net Assets	19									ine 27, colur									
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	it A		-	•			•	•	-		anation)					20	H	4.00.		
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,	D.	21 art II									18 through 2						ad c	of Form 990-EZ.		
ļ		ai t 11	Dalaito	e onec				ections fo			<u>αιε ψ1,230,0</u>	700 01	more		inning of			(B) End of year		
	~~		ah as-2		•					-				VV 1009		30965	20	,		
	22																23			
	23		nd and buil	_									•							
	24		her assets	•									_)	<u></u>		17232	_			
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	26		tal liabilitie						(D)		an milde the c	141)			1130	_			
	27	' Ne	t assets o	r Tuna k	balai	nces (iine 27	ot colun	ทก (ช) เก	ι υς τ agr	ee with line 2	:1) .		1		17067	<u> </u> 27	55501		



Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses				
Wha	t is the organization's primary exempt purpose?	Sell items assist needy pers		<u> </u>	(Required for section					
	cribe what was achieved in carrying out the org				501(c)(3) and 501(c)(4)				
	ner, describe the services provided, the number of			izations and section						
	program title.	percent beneather, and	The state of the s		for ot	a)(1) trusts, optional				
	· · · · · · · · · · · · · · · · · · ·				101 00	1615.)				
28	***************************************									
	purchased from wholesalers who adhere to the tenets of Fair Trade. This was accomplished by purchases frm the following Non-Profit Trade fair distributors that are qualified 501c3 entities:Ten Thousand Villages									
	the following Non-Profit Trade fair distributors that a	es								
	(Grants \$) If this amount	includes foreign grants, chi	eck here	. ▶ 🗓	28a					
29	Womens Bean Project, Bead for Life, and Serry Inter	are								
	carried out by volunteer labor and no salaries, comm	chases								
	made by individuals and no sales or product distribu									
	(Grants \$ 10000) If this amount		29a	81592						
30	the operation of the Trade-Fair Marketplace. Grants	<u>. , </u>								
50	education, disaster relief, and hunger relief (see atta									
	education, disaster rener, and number rener (see alle									
		includes foreign grants, che	eck nere	. ▶ ⊔	30a					
31	, ,									
		includes foreign grants, che		. ▶ 📙	31a	·				
32	Total program service expenses (add lines 28a t	hrough 31a)	<u></u>	<u> Þ</u>	32	81592				
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	ven if not compensa	ted. (See the	instruc	tions for Part IV.)				
	(a) Name and address	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense				
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	pians & nsation	account and other allowances				
Lind	a Worley, 600 Humes Ave, Huntsville, AL 35801			•						
		President - 20 hours/wk	o		0	0				
Shir	ley McCormick 102 Homewood Drive, Huntsville,									
	pama 35801	Treasurer - 10 hours/wk			0	0				
	him in the later was a second of the second		0			<u></u>				
	bara Searcy, 1302 Woodside Drive, Athens,	Secretary - 5 hours/wk				_				
	ama 35613	<u> </u>	0		0	0				
Alice	Lawler 105 Steele Street, Huntsville, AL 35901	Bd of Directors - 5 hrs/wk								
		Bu of Directors - 5 martin	0		0	0				
Robi	in Sells 907 Forrest Heights Drive, Huntsville,	Del es Discussión - E bumbado								
Alab	ama 35802	Bd of Directors - 5 hrs/wk	0		0	0				
Dian	e Robey 1903 Crepe Myrtle Green, Huntsville,									
	ama 35803	Bd of Directors-5 hrs/wk	o		0	0				
	Williams 1111 Chesterfield Road, Huntsville,									
	ama 35803	Bd of Directors- 5 hrs/wk	o		0	^				
Alab	ana 55005									
		•								
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		√
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	_ :	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			-
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9]		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		- ✓
41	List the states with which a copy of this return is filed. ▶ none			
42a	The organization of books are in our of the state of the	256-88	1-235	3
	Located at ► 102 Homewood Dr. Huntsville, Alabama ZIP + 4 ►	358	301	
b	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		Yes	
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts			
_	and Financial Accounts.	400		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		√
c 43	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	. 1	✓
43	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	42c	Yes	
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		Yes	√ No
43	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	44	Yes	

Part VI

	and complete the tables for lines 50 ar	47(a)(1) nonexempt cha nd 51.	aritable trusts mus	t answer questic	ns 4t	-4 90)			
46	Did the organization engage in direct or indirect		ities on behalf of or	in opposition to		Yes	No			
4=	candidates for public office? If "Yes," complete	· · · · · · · · · · · · · · · · · · ·			46 47		1			
47 49	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II									
48 49a	Did the organization make any transfers to an ex				48 49a		-			
49a b	If "Yes," was the related organization a section !	-	ted organization?		49a		<u>,</u>			
50	Complete this table for the organization's five hi					es and	d kev			
	employees) who each received more than \$100,									
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensount a allowa	nd			
None					0	<u></u>				
		1								
		<u> </u>								
		····								
·				į						
f	Total number of other employees paid over \$100	0.000								
	Total names of other completion paid over \$100			-						
51	Complete this table for the organization's five \$100,000 of compensation from the organizatio (a) Name and address of each independent contractor	n. If there is none, enter "	None."	pe of service	(c) Cor					
None					-					
			· · · · · · · · · · · · · · · · · ·							
		 								
	· · · · · · · · · · · · · · · · · · ·	·		· · · · · · · · · · · · · · · · · · ·						
d	Total number of other independent contractors	each receiving over \$100,	000▶	<u> </u>						
	· ·									
	Under penalties of penjury, I declare that I have examin and belief, it is true, correct, and complete Declaration	ed this return, including accompa of preparer (other than officer) is	anying schedules and sta s based on all information	tements, and to the best of which preparer has	at of my any kno	knowle wledge	edge			
Sign	J. A. War						. –			
Here	anda worly			12/14/10)					
	Signature of officer			Date '						
	Linda Worley, President Trade-Fair Mark	etplace								
	Type or print name and title		Charled	Preparer's identifying nun	nhar (Sa		tone)			
Paid	Preparer's signature	Date	Check if self- employed ▶ □	reperer s realitying hun	ci (36)	. moduc	uuria)			
Prepar	Firm's name (or	l	employed Ei	<u>l</u>						
Use Or	yours if self-employed), address, and ZIP + 4			·						
			I Ph	one no. ▶						
May th	e IRS discuss this return with the preparer show	n above? See instructions		one no ▶	Yes		10			

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section

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. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 20 5171572 Trade-Fair Marketplace Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Ω An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/9 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d Type III-Other a 🗌 Type I **b** Type II e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? . . . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of organization (vi) Is the (vii) Amount of (i) Name of supported (iv) is the organization (v) Did you notify (ii) EIN organization in col in col. (i) listed in your support organization (described on lines 1-9) the organization in (i) organized in the governing document? col (i) of your above or IRC section (see instructions)) support? Yes No Yes Yes Total

	Support Schedule for Org (Complete only if you chec	ked the box	on line 5, 7,	or 8 of Part I	'0(b)(1)(A)(iv) .)	and	170(b)(1	I)(A)(vi)
	tion A. Public Support		1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(-) 0000		1		
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3					.		
5 6	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) Public support. Subtract line 5 from line 4.							
<u>Sec</u>	tion B. Total Support				_			,
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
7	Amounts from line 4					<u> </u>		
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 carned on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10 .		1	L	<u> ,</u>	ļ.,		
12	Gross receipts from related activities, etc					12		
13	First five years. If the Form 990 is for organization, check this box and stop he	re						
	tion C. Computation of Public Su			4 1 (6)		44		0/
14	Public support percentage for 2009 (line					14 15		<u>%</u>
15 10-	Public support percentage from 2008 Sch							
	33% % support test—2009. If the organization qualifies	as a publicly	supported orga	nization				▶
ь	33% % support test—2008. If the organization qua							
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Expla	ın in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did organizati	acts-and-circun inces" test. The	nstances" test, o organization qua	check this box	and stop here . cly supported or	Explai ganiza	n in Part tion	IV how the▶

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

	(Complete only if you checke	ed the box of	n line 9 of Pai	π ι.)							
	tion A. Public Support										
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		o	7821	none	107	7928				
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	_	0	91748	108887	108020	308655				
3	Gross receipts from activities that are not an unrelated trade or business under section 513		none	none	none	none	none				
4	Tax revenues levied for the erganization's										
•	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		none	none	none	none	none				
5	The value of services or facilities furnished by a governmental unit to the										
	organization without charge		none	none	none	none	none				
6	Total. Add lines 1 through 5		0	99569	108887	108127	316583				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		none	none	none	none	none				
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		none	none	none	none	none				
c	Add lines 7a and 7b		none	none	none	none	none				
8	Public support (Subtract line 7c from line 6.)				-						
Section B. Total Support											
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
9	Amounts from line 6		0	99569	108887	108127	316583				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		none	none	none	none	none				
b	Unrelated business taxable income (less section 511 taxes) from businesses										
	acquired after June 30, 1975		none			none	none				
	Add lines 10a and 10b		none	none	none	none	none				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		none	none	none	none	none				
12	Other income. Do not include gain or loss from the sale of capital assets		nono	2000	nono	nono	nono				
	(Explain in Part IV)		none	none	none	none	none				
13	Total support. (Add lines 9, 10c, 11, and 12.)		0	99569	108887	108127	316583				
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>				. 171				
	tion C. Computation of Public Su			- 40	0)	45					
15	Public support percentage for 2009 (Im					15	<u> </u>				
16 Sec	Public support percentage from 2008 Stion D. Computation of Investmen			· · · · · ·		16	<u>%</u>				
				l bu line 10 ee	dump (f)	17	%				
17	Investment income percentage for 2009 Investment income percentage from 2009			-		18	// //////////////////////////////////				
18 19a											
: 3d	17 is not more than 33% %, check this b	ox and stop h	ere. The organiz	zation qualifies	as a publicly s	supported orga	nization ▶ □				
b	33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this	ization did not	check a box on	line 14 or line 1	19a, and line 16	6 is more than 3	33/₃ %, and _				
20	Private foundation. If the organization						_				

Schedule A (Fo	orm 990 or 990-E	Z) 2009								ĺ	Page 4
Part IV	Suppleme Part II, line	ntal Inf 17a or	ormation 17b; and	. Complete Part III, lit	e this pa ne 12. Pr	rt to provide any	de the other	explanational	ons required information.	by Part II, line See instruction	10; ns.
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