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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

A	For the	e 2009 calendar year, or tax year beginning	and en	ding						
В	Check if applicable	Please use IRS C Name of organization			D Employer ide	ntificatio	n number			
	Addres									
	Name change	type			65	-1162	716			
	Initial return		,	om/suite	E Telephone nui					
	Termin	Instruc- 131 West Street	30	0	41	<u>0-990</u>	0-0076			
L	Amend return Applica	City or town, state or country, and ZIP + 4		G Gross receipts \$		4657495.				
<u> </u>	tion pendin	Alliapolis, ND 21401			H(a) Is this a grou					
	•	F Name and address of principal officer:Alexandra Wrage same as C above	3		for affiliates		Yes X No			
_	T		507		H(b) Are all affiliate					
		empt status: $X = 501(c) (6) = 100$ (insert no.) $100 = 100$ 4947(a)(1) or $100 = 100$ te: $100 = 100$ www.traceinternational.org	527		1	•	see instructions)			
		forganization X Corporation Trust Association Other ▶	<u> </u>	I Vear	H(c) Group exem		e of legal domicile DC			
	art I	Summary		J E I Call	orioimation 200	Z W State	e or legal dorniche BC			
		Briefly describe the organization's mission or most significant activities:	promot	e co	mmercial	trans	parency			
Activities & Governance		through anti-bribery compliance					<u>F</u> <u>7</u>			
Ľ		Check this box If the organization discontinued its operations of	r disposed	of more	than 25% of its no	et assets.				
ove		Number of voting members of the governing body (Part VI, line 1a)	•			3	3			
Ğ	4	Number of independent voting members of the governing body (Part VI, III	ne 1b)			4	3 2			
es	5	Total number of employees (Part V, line 2a)				5	42			
<u> </u>	6	Total number of volunteers (estimate if necessary)				6	1			
Act		Total gross unrelated business revenue from Part VIII, column (C), line 12				7a	0.			
	b	Net unrelated business taxable income from Form 990-T, line 34				7b	0.			
					Prior Year		Current Year			
e		Contributions and grants (Part VIII, line 1h)		\vdash	287935	0	3636781.			
Revenue	9	Program service revenue (Part VIII, line 2g)		\vdash	1647		5779.			
æ	10	Investment income (Part VIII, column (AR Inde 37 and Inde			10542		1014583.			
		Other revenue (Part VIII, column (A) hees 5, 6d, 8c, 9c; 10c, and 11e)	10\		300125		4657143.			
		Total revenue · add lines 8 through 1 (must equal Part VIII, column (A), lines 1-3) (A)	1e 12)		345		3110.			
		Grants and similar amounts paid ### IX! 65 humb (A), firles 4.3) 65 Benefits paid to or for members (Patt.IX, column.(A), line.4) 4			313		0110.			
s	1	Salaries other compensation, employee liberatits Part IX bollum (A) lines	s 5·10)		187917	4.	2560842.			
Expenses	16a	Salaries, other compensation, employed the lift of the lift (A), lines Professional fundraising fees (Part IX, column (A), line 11e)	,							
ber	Ь.	Total fundraising expenses (Part IX, column (D), line 25)					·····			
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			109450	1.	1113654.			
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			297712	5.	3677606.			
	19	Revenue less expenses. Subtract line 18 from line 12			2412	6.	979537.			
Ses Ses				Be	ginning of Current Yo	ear	End of Year			
sets	20	Total assets (Part X, line 16)			81438		1701059.			
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		<u> </u>	9486		2000.			
		Net assets or fund balances. Subtract line 21 from line 20		. <u> </u>	71952	0.	1699059.			
P	art II	Signature Block								
2	}	Under penalties of penuty, I decide that I have examined this return, including accompanying sch and complete Declaration of preparer (other than officer) is based on all information of which prep	parer has any l	atements, a knowledge	ind to the best of my kno	wiedge and i	beller, it is true, correct,			
.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			1 1					
Sig	1	Signature of officer			Date	مم (:	3, 2010			
He	re	Alexandra Wrage, President			5010					
5		Type or print name and title								
<u>~</u>			Date	Che	ck if P	reparer's ider	ntifying number			
Pai	d		5-5-/	() self	oloyed > (s	ee instruction	ns)			
	parer's	Firm's name (or Hull Company Accountants Inc		<u> </u>	EIN >	_				
Use <	Only									
) (*)		address, and ZIP+4 Westminster, MD 21157			Phone no	→ 410-	876-3694			
<u>М</u> а	y the IF	RS discuss this return with the preparer shown above? (see instructions)					X Yes No			
	001 02-0		the sepa	rate inst	ructions.		Form 990 (2009)			

	m 990 (2009) TRACE International, Inc.	65-1162716	Page 2
Pa	art III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: See Schedule O for Continuation		
•	To promote transparency and anti-bribery compliance in	internationa	1
	business transactions. TRACE provides the international		
	community with an opportunity to commit to and promote		
	anti-corruption policies through distributions of publi		
		icacions,	
2	Did the organization undertake any significant program services during the year which were not listed on	TT .	<u></u>
	the prior Form 990 or 990-EZ?	XYes	L No
	If "Yes," describe these new services on Schedule O.		[- -]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	LX_I No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	See Schedule O for Continuation	(s)	
4a	(Code:) (Expenses \$ including grants of \$)(F	Revenue \$)
	Corporate Membership: TRACE served over 150 members, p	providing	
	practical and cost-effective anti-bribery solutions for	multination	al
	companies and their commercial intermediaries. Each me	ember has acc	ess
	to TRACE's online resource center which is useful prior		
	engaging in international business transactions or work		
	commercial intermediaries internationally.		
		 	· - · · · ·
		· · · · · · · · · · · · · · · · · · ·	
			
4b	(Code:) (Expenses \$ including grants of \$) (f	Davierus ®	
4b	(Code:) (Expenses \$ Including grants of \$) (Fig. 12 TRACE Compendium: TRACE synthesizes and disseminates in the compensation of the compensati	Revenue\$) haut
	international anti-bribery enforcement actions, includi		DOUL
			· - · · · · · · · · · · · · · · · · · ·
	government prosecutions and foreign government prosecut		D 3 C T
	investigations, through an online, fully searchable dat Compendium.	abase, the T	RACE
	compendium.		
		 	
4c		Revenue \$)
	Workshops & Training: In 2009, TRACE held workshops for		
	companies and intermediaries in Rio de Janeiro, Sao Pau	llo and Paris	•
	These workshops averaged approximately 91 attendees. E	Each workshop	
	covers local and/or regional anti-bribery laws and inte	rnational	
	anti-bribery coventions and provides practical and cost	-effective	
	anti-bribery compliance solutions. The Rio/Sao Paulo w		
	provided information and best practices related to Braz		
	anti-bribery laws and international anti-bribery conven		
	Paris workshop provided information and best practices		
	French anti-bribery laws and international anti-bribery		
	TRACE hosts an annual Forum in Washington, DC for member		•
	representatives. Over 80 people, including representat	TAGE ILOW OAG	er
	Other program services. (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e_	Total program service expenses ► \$		

4

	•		Yes	No
` 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X_{-}
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	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			
•	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		Х
124	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
127	Was the organization included in consolidated, independent addited infancial statements for the tax year. If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	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		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 c	2009)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			İ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		١.,	
	Schedule J	23	Х	
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 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l <u>.</u> .		
	any tax-exempt bonds?	24c		
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	056		
26	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1,7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		Х
34	Was the organization related to any tax-exempt or taxable entity?			v
~ -	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	0.5		Х
26	If "Yes," complete Schedule R, Part V, line 2	35		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	, ,		
	Note. All Form 990 filers are required to complete Schedule O.	38	х	

Form **990** (2009)

Form	990 (2009) TRACE International, Inc. 65-1162	716	Р	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
¹1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	ļ
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 42	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Зь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			.,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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.	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			
8-		5c		\vdash
Va	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?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		<u> </u>
U	were not tax deductible?	6ь		[
7	Organizations that may receive deductible contributions under section 170(c).			\vdash
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	i		
-	provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		
	benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 1		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u></u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			ĺ
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			1
	at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		<u>.</u>
10	Section 501(c)(7) organizations. Enter:			İ
а	Initiation fees and capital contributions included on Part VIII, line 12			į
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			Į
	amounts due or received from them)			İ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1	

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

Sec	tion A. Governing Body and Management	· · · · · · · · · · · · · · · · · · ·				
			•		Yes	No
1a	Enter the number of voting members of the governing body	1a	3			
b	Enter the number of voting members that are independent	1b	2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other	r ,			
	officer, director, trustee, or key employee?			_ 2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervi	sion			
	of officers, directors or trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo		d?	4_		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?		5		<u>X</u>
6	Does the organization have members or stockholders?			_6_		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers of the		_		.,
	governing body?	_		7a		<u>X</u>
_	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year				
	by the following:			•	х	
a	The governing body?			8a	X	
_	Each committee with authority to act on behalf of the governing body?			8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	cned at the		9		X
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal R	lovonyo Codo l		9		
360	tion B. Foncies (This Section B requests information about policies not required by the internal h	evenue Code.)			Yes	No
102	Does the organization have local chapters, branches, or affiliates?		1	10a	162	X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chanters affilia	tee	100		 -
	and branches to ensure their operations are consistent with those of the organization?	criapters, arma	.03,	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	iling the form?		11		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Does the organization have a written conflict of interest policy? If "No," go to line 13		İ	12a	x	
	Are officers, directors or trustees, and key employees required to disclose annually interests that col	uld give rise	Ì			
	to conflicts?	J		12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe				
	in Schedule O how this is done			12c		_X_
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independe	nt			
	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 arrange	ment with a			- 1	v
	taxable entity during the year?		}	16a		<u>X</u>
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva		ation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anization's			1	
<u> </u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None					
17 ₁0		[(501/a)/3\a a=b	n avadabla	or		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(501(c)(3)\$ Only	/) avaliable	Ol		
	public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request					
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflict of interes	et policy co	d fice	ncial	
19	statements available to the public.	omict of meres	st policy, an	u iiiid	icial	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of th	e Organizat	on: Þ		
-0	Alexandra Wrage - 410-990-0076	1000103 01 111	o organizat	J. 1.		
	151 West Street Suite 300, Annapolis, MD 21401					
						_

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. 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) Name and Title	(B)	y current officer, direct (C) Position						(D) Reportable	(E) Reportable	(F) Estimated
name and title	Average hours	(cl	(check all tha				ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Jeffrey D. Clark								_	_	_
Secretary		X	_			ļ		0.	0.	0.
Anne P. McAdams										
Board Member		Х	<u> </u>		<u> </u>	<u> </u>		0.	0.	0.
Alexandra Wrage	EE 00			v	v	v		419853.	ο.	20250
President Carolyn Lindsey	55.00			X	Х	X		419653.	0.	30250.
Director, Member Service	55.00					х		161115.	0.	17059.
Anne M. Richardson Director, Member Service	55.00					x		131572.	0.	12578.
				_					-	

	990 (2009) TRACE In	ternatio	ona	al,	<u>, :</u>	Ind	<u>.</u>			65-1	<u> 162</u>	716	Р	age 8
Par	t VII Section A. Officers, Directors, Tru (A)	ıstees, Key E (B)	mplo	yee		<u>nd l</u> C)	ligh	est	Compensated Employ (D)	rees (continued) (E)			(F)	
•	Name and title	Average hours	(cl		Pos	ition	app	ly)	Reportable compensation	Reportable compensation	on .	ап	timate nount other	of
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	compen from organiz and re organiz		ation ie tion ted
														
						_								
				_										
			ļ Ļ	_										
				_										
							_							
							Ļ		712540		0.		<u> </u>	87.
<u>1b</u> 2	Total Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wh	no re	712540 . ecceived more than \$100	l 1,000 in reportabl		•	390	
_	compensation from the organization				-	-							Yes	No No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3	•	х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched				rom	any	unr	elat	ed organization for serv	ices rendered to		5		Х
1 1	ction B. Independent Contractors Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	acto	rs t	that received more than	\$100,000 of com	npens:	ation f	rom	
	the organization. NONE (A) Name and business	addraga							(B) Description of s	eon//oos		(C omper		·n
	Name and business	address						1	Description of s	el vices		Omper	154110	
		<u> </u>						-						
								\dashv						
								\dashv			_		_	
2	Total number of independent contractors (i	•	ot li	mite	d to		_	sted	d above) who received m	nore than				
	\$100,000 in compensation from the organic	zation 🚩					<u>) </u>					Form !	90 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

1	All other organizations must compl		not required to comp	ete columns (B), (C), and	
	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 governments and organizations in the U.S. See Part IV, line 21	3110.			
2	Grants and other assistance to individuals in	3110.			······································
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	425000.			
6	Compensation not included above, to disqualified	425000.			
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1728205.	· -		· · · · · · · · · · · · · · · · · · ·
8	Pension plan contributions (include section 401(k)		· · · · · · · · · · · · · · · · · · ·		
-	and section 403(b) employer contributions)	177639.			
9	Other employee benefits	73900.			
10	Payroll taxes	156098.			
11	Fees for services (non-employees).				
а	Management				
b	Legal	12773.			
С	Accounting	15331.			<u> </u>
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	investment management fees	59515.			
	Other	14352.			
12	Advertising and promotion	118577.			
13 14	Office expenses Information technology	63814.			
15	Royalties	000111			
16	Occupancy	230775.			
17	Travel	96010.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	92769.		-	· · · · · · · · · · · · · · · · · · ·
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32524.	· · · · · · · · · · · · · · · · · · ·		
23	Insurance	15020.			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Projects - Training Vid	140783.			
b	Publications (Newlsette	117690.			
c	Surveys & Research	23767.			
d	Professional Developmen	12492.			
е	Projects - BRIBELINE Ex	12480.			
f	All other expenses	54982.			
25	Total functional expenses. Add lines 1 through 24f	3677606.			
26	Joint costs. Check here If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				5 000 (000)

rai	rt X	Balance Sheet			//	- 	
	•				(A) Beginning of year		(B) End of year
_	1	Cash · non-interest-bearing			281730.	1	938707
	2	Savings and temporary cash investments			420801.	2	626932
	3	Pledges and grants receivable, net		Ī		3	<u></u>
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, d	rectors	s, trustees, kev			
		employees, and highest compensated employe		i			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section	TACINI DITT		
		4958(f)(1)) and persons described in section 49		1			
		Part II of Schedule L	00(0)(0)	(D). Complete		6	
n	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
R	9	Prepaid expenses and deferred charges		·	9		
	l .	Land, buildings, and equipment: cost or other	1	ı			
	100	basis. Complete Part VI of Schedule D	10a	161286.			
		Less: accumulated depreciation	10b	84630.	70082.	10c	76656
	1	·	[100	040301	70002.	11	70030
	11	Investments - publicly traded securities		12			
	12	Investments - other securities. See Part IV, line		13			
	13	Investments - program-related. See Part IV, line	·	14			
	14	Intangible assets	41774.	15	58764		
	15	Other assets. See Part IV, line 11	814387.	16	1701059		
	16	Total assets. Add lines 1 through 15 (must equ	iai line ,	34)	014307.	17	1701033
	17	Accounts payable and accrued expenses					
	18	Grants payable			18		
	19	Deferred revenue		-		19	•
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete		ין יין	10771	21	***
	22	Payables to current and former officers, directo		1			
Liabilities	1	highest compensated employees, and disqualif	led per	sons Complete Part II			
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrel		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate		parties	04967	24	2000
	25	Other liabilities. Complete Part X of Schedule D		-	94867. 94867.	25	2000
	26	Total liabilities. Add lines 17 through 25		[V]	94007.	26	2000
		Organizations that follow SFAS 117, check h	ere P	A and complete			
ës		lines 27 through 29, and lines 33 and 34.			710520		1,000,000
Ĕ	27	Unrestricted net assets			719520.	27	1699059
<u> </u>	28	Temporarily restricted net assets		-		28	
2	29	Permanently restricted net assets				29	
?		Organizations that do not follow SFAS 117, or	heck h	ere 🕨 📖 and			
5		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds	i	ļ		30	·
222	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	<u>. </u>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	icome,	or other funds		32	· · · · · · · · · · · · · · · · · · ·
2	33	Total net assets or fund balances			719520.	33	1699059
	34	Total liabilities and net assets/fund balances			814387.	34	1701059

Form **990** (2009)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

3a

3ь

X

Act and OMB Circular A-133?

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

TRACE International, Inc.

 $\begin{array}{c} \textbf{Employer identification number} \\ 65-1162716 \end{array}$

Par			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(2) 251107 4211050 121105	(5), (3)
2	Aggregate contributions to (during year)		
_	Aggregate commonions to (during year) Aggregate grants from (during year)		
3			
4	Aggregate value at end of year	version at the at the appears held to depart activities	and funds
5	Did the organization inform all donors and donor advisors in	*	Yes No
	are the organization's property, subject to the organization's	*	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	
Do	Impermissible private benefit?	versities assured !Ves! to Ferm 000 [Yes No
Par			Fart IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	_	storically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic st	·	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the pe	• ,	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	_	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIV, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
B-	conservation easements.	of Art. Historical Transcures, or O	the Cimilar Acesta
Pai	Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form		ther Similar Assets.
	Complete ii the organization answered Tes to Form	1 950, Fait IV, III e 0.	
	If the construction of sets of the construction des CEAC 44C as		alana abankunaka afank biakamaal
та	If the organization elected, as permitted under SFAS 116, no	•	
	treasures, or other similar assets held for public exhibition, e		blic service, provide, in Part Aiv, the text of
	the footnote to its financial statements that describes these		
Ь	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS	116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
þ	Assets included in Form 990, Part X		▶ \$

		<u>nternation</u>	<u>al,</u>	Inc.				65–11	<u>6271</u>	<u>5 P</u>	age 2
Par	t III Organizations Maintaining C	Collections of A	<u>rt, His</u>	torical Tr	easures,	or Othe	<u>er Simila</u>	ar Asse	ts (conti	nued)	<u>) </u>
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following the	at are a si	ignificant i	use of its	collection	ı item	s
•	(check all that apply):		_								
а	Public exhibition	d	,	Loan or exc	hange progr	ams					
b	Scholarly research	е	• 🔲	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	hey further ti	he organizat	ıon's exe	mpt purpo	se in Par	t XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, h	storical trea	sures, or oth	rer sımılar	assets	_	_		_
	to be sold to raise funds rather than to be m								Yes		<u>No</u>
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if org	ganization ar	nswered "Ye	s" to For	m 990, Pa	rt IV, line	9, or		
1a	is the organization an agent, trustee, custod		diary for	contribution	s or other a	ssets not	ıncluded		_		
	on Form 990, Part X?								Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table [.]							
_		and complete and to							Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	212						Yes		No
	b If "Yes," explain the arrangement in Part XIV.										_
Par			swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.		·		
	·	(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance			•			*************************************	-			
ь	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses						***************************************	***************************************			
g	End of year balance						,	,			
2	Provide the estimated percentage of the year	r end balance held a	as:	•	***************************************						
а	Board designated or quasi-endowment		%								
b	Permanent endowment ►	%	_								
С	Term endowment ▶	%									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	nd administe	ered for th	ne organiz	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?					3b		
4	Describe in Part XIV the intended uses of the	e organization's endo	wment	funds.							
Par	t VI Investments - Land, Building	gs, and Equipme	ent. Se	e Form 990.	, Part X, line	10.					
	Description of investment	(a) Cost or o basis (investing			or other (other)	, , ,	ccumulate preciation	d	(d) Book	value	Э
	Lond	Dasis (investi	none)	Da315	(Other)	Get	, colation				
	Land	_									
	Buildings	-						-			
	Leasehold improvements										
	Equipment	-		1	61286.		8463	20		166	56.
	Other		V ==1:				040.	D			56.
rotal	I. Add lines 1a through 1e (Column (d) must e	<u>quai rorm 990, Part</u>	A, COIUT	rırı (७), IINE 1	U(C).)					<u> </u>	, , , , , , , , , , , , , , , , , , ,

Schedule D (Form 990) 2009

1. (a) Description of liability (b) Amount

Federal Income taxes

Member Overpayment 2000.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. FIN 48 Footnote. In Part XIV, 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.

932053 02-01-10

Sche	dule D (Form 990) 2009 TRACE International, Inc.							16 Page
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finan	cial S	Stater	nent	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			4 6	557143
٠ 2	Total expenses (Form 990, Part IX, column (A), line 25)			2			36	577606
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			Ġ	79537
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8				
9	Total adjustments (net). Add lines 4 through 8			9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9		10			9	79537
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Rever	nue p	er Re	turn		
1	Total revenue, gains, and other support per audited financial statements					1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments	2a				1		
b	Donated services and use of facilities	2b						
c	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV.)	2d						
e	Add lines 2a through 2d				L	2e		
3	Subtract line 2e from line 1				Ĺ	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				İ		
b	Other (Describe in Part XIV)	4b						
c	Add lines 4a and 4b				L	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expe	nses	per F	<u> </u>	<u>n</u>	
1	Total expenses and losses per audited financial statements				_	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	, ,						
а	Donated services and use of facilities	2a						
þ	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIV.)	2d						
е	Add lines 2a through 2d				-	2e	-	
3	Subtract line 2e from line 1				-	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			ł			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
	Other (Describe in Part XIV.)	4b						
_C	Add lines 4a and 4b				-	4c		
Bo	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					5		
	rt XIV Supplemental Information	h		4.07.				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,							
X, lin	e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	ete this	s part to pro	vide ai	ny addi	lionali	informatio	n.
			_					

Schedule F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047
2000
2009
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

rr <i>i</i>	ACE Internati	onal, In	C •		65-116271	6
Pa				side the United States. Comp		
	to Form 990, Par	rt IV, line 14b.				
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of the g	rants or assistance, the	_
	grantees' eligibility for the	ne grants or assi	stance, and the	selection criteria used to award the gr	ants or assistance?	Yes No
2	For grantmakers. Desc	cribe in Part IV th	e organization's	procedures for monitoring the use of	grant funds outside the United Stat	tes.
3		T	T —	lditional space is needed)	T	1
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
		offices in the region	employees or agents in	(by type) (i.e., fundraising,	is a program service, describe specific type	expenditures
		in the region	region	program services, grants to recipients located in the region)	of service(s) in region	for region
			109.011	- Toolpichts located in the region)	or service(s) in region	
				Program Service - Partner	See Schedule F, Part IV,	
rac	nue	0	0	Firm Symposium	Supplemental Information	37280.
				L		i
				Program Service - Brazil		
				Workshops in Rio & Sao	See Schedule F, Part IV,	,
Braz	211		0_	Paulo	Supplemental Information	16961.
					1	
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]			
					<u> </u>	·_
]			
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Tota	ıls	.] (0			54241.

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

Schedule F (Form 990) 2009

Schedule F (Form 990) 2009 TRACE International, Inc.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of the IRS, or for which t	frecipient organization the grantee or counse	ns listed above that are i el has provided a sectior	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-e)	cempt by		
3 Enter total number of other organizations or entities	other organizations c	or entities				•		

Schedule F (Form 990) 2009

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65-1162716

Page 3

TRACE International, Inc.

Schedule F (Form 990) 2009

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

(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 Use Schedule F-1 (Form 990) if additional space is needed. (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2009

Schedule F (Form 990) 2009 TRACE International, Inc. 65-1162/16 Page 4
Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.
•
Part I, line 3, Column (e):
Region: Prague
(e) Specific Types of Services in Region: Biannual event for law firms
throughout the world with the objective of gaining a better understanding
and best practices of international and local laws related to
anti-bribery and corruption. Lawyers from 21 countries attended the
two-day Symposium.
Region: Brazil
(e) Specific Types of Services in Region: Provided information and best
practices related to Brazilian anti-bribery laws and international
anti-bribery conventions.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TRACE International, Inc.

Employer identification number

Schedule J (Form 990) 2009

65-1162716

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which if any of the following the graphization upon to establish the componentian of the graphization's			
	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Tomi our organization of the sound of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			ĺ
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u> </u>
b	Any related organization?	5b		<u> </u>
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		
Ь	Any related organization?	6b		
_	If "Yes" to line 6a or 6b, describe in Part III.			
1	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
0	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			!

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

Schedule J (Form 990) 2009 TRA

Part if Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on-row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	herifement and other deferred compensation	Nontaxable benefits	(B)(I)-(D)	compensation reported in prior Form 990 or Form 990-EZ
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Alexandra Wrage	▣				:			
	 E	137880.	23235.			17059.	178174.	
Carolyn Lindsey	8	0				0		
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Anne M. Richardson	▣							
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SCHEDULE L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Employer identification number

			onal, Inc.					99-11	02/1	. 0	
المستحمد			on 501(c)(3) and section		_	• .					
Complete if the org	anization ansv	vered "Yes"	on Form 990, Part IV,	line 25a or	25b, or Fo	rm 990-E	Z, Part	V, line 40)b.		
1 (a) Name of di	equalified per	200		(h) C	Description	of transa	otion			(c) Cor	rected?
(a) Name of di						UI HAIISA				Yes	No
		•									
									•		
2 Enter the amount of tax imposection 4958	posed on the c	organization	managers or disqualifi	ed persons	s during the	year un	der	▶ s	_	<u> </u>	
3 Enter the amount of tax, if a	anv. on line 2.	above, reim	bursed by the organiza	ation				▶ \$			
,			-								
Part II Loans to and/o	or From Int	erested	Persons.		-						
······································	anization ansv	vered "Yes"	on Form 990, Part IV,	line 26 or l	Form 990-F	7 Part \	/ line 38	Ra			
(a) Name of interested		to or from	(c) Original principal		ance due		In	(f) Ap	oroved	(a) W	ritten
person and purpose the organizati			amount	(u) Dala	ance due	defa			ard or	agree	
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		_									
(a) Name of interested		vered res	on Form 990, Part IV,		tod somes		Т	(a) A ==			
(a) Name of Interested	person	}	(b) Relationship between the or	een interes ganization	tea person	ano			iount an assistan	d type of	J
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Part IV Business Tran	eactione In	volvina I	nterested Person		<u> </u>						
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			on Form 990, Part IV,							(e) Sha	ring of
(a) Name of interested	person	1 ' '	Relationship between in person and the organiz		(c) Amo transa			Descript transact		organiz	ation's
			person and the organiz	ation	transa	CHOH		liansact	1011	reven	
TO ACE		n 1 -		2 D-25	1.0	6270	mr. =	O.F.	Tn-	Yes	No
TRACE, Inc.		ATE	xandra Wrag	e, Pre	16	6379	• IT KA	CE,	Inc.		Х
											
											<u>-</u>
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HA For Privacy Act and Pane	nwork Reduc	tion Act No	tice see the			9	chedul	e L (For	m 990 a	r 990-F	7) 2009

See Schedule O for Schedule L Continuations

Instructions for Form 990 or 990-EZ.

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

TRACE International, Inc. 65-1162/16
Form 990, Part III, Line 1, Description of Organization Mission:
providing screening services of business intermediary members,
establishing relationships with law firms with anti-corruption
expertise in other countries and benchmarking anti-bribery compliance
best practices among member companies.
Form 990, Part III, Line 2, New Program Services:
TRACE synthesizes and disseminates information about international
anti-bribery enforcement actions, including both U.S. government
prosecutions and foreign government prosecutions and investigations,
through an online, fully searchable database, the TRACE Compendium.
Form 990, Part III, Line 4c, Program Service Accomplishments
60 member companies, attended the 2009 TRACE Forum. At each TRACE
Forum, anti-bribery best practices are shared and leading
anti-corruption experts in business, law and government provide insight
into enforcement trends.
Form 990, Part III, Line 4d, Other Program Services:
BRIBELine: TRACE's members, their intermediaries and the
public-at-large have access to this web-based, anonymous bribery
reporting tool. The objective is to learn where, how, when and why
bribes are demanded throughout the world. BRIBELine is currently
available in 21 languages. TRACE issues BRIBEline reports identifying
bribery patterns in particular countries. In 2009, TRACE issued
PDIPEline reports for India Puggia and Hkraine

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

SCHEDULE O

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

65-1162716 TRACE International, Inc. Form 990, Part VI, Section B, line 11: The 990 is not reviewed by the complete board prior to filing but is reviewed by the Bookkeeper, Director of Operations and President prior to filing. Form 990, Part VI, Section B, Line 15: The President's compensation is determined by the compensation committee with the agreement of the full board based on performance. The compensation committee completed an external benchmarking of TRACE compensation in 2008 and views her current compensation as consistent with the report's recommendations. Form 990, Part VI, Section C, Line 19: This information is available to the public upon request at the office of TRACE International, Inc. is also available at Guidestar.com. Sch L, Part IV, Business Transactions Involving Interested Persons: (a) Name of Person: TRACE, Inc. (b) Relationship Between Interested Person and Organization: Alexandra Wrage, President-TRACE International, Inc. owns 100% of TRACE, Inc. (d) Description of Transaction: TRACE, Inc. reimburses TRACE International, Inc. for appropriately documented shared expenses.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

Business or activity to which this form relates

990

OMB No 1545-0172

ldentifying number

TRACE International, Inc. Form 990 Page 10 65-1162716 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 3 800000. 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marned filing separately, see instructions (a) Description of property (c) Elected cost (b) Cost (business use only) 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year 15 Property subject to section 168(f)(1) election 15 2284 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 22969. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (a) Classification of property ousiness/investment use only - see instructions) (e) Convention (f) Method (g) Depreciation deduction year placed in service 19a 3-year property Yrs. 200DB 3506. 17532. HY b 5-year property 1519. Yrs. HY 200DB 217. C 7-year property d 10-year property 15-year property е 20-year property f 25-year property 25 yrs. S/L 9 MM 27.5 yrs. S/L h Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/I Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L h 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Summary (See instructions) 21 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 28976. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 45	62 (2009)	TRA	CE Inte	rnat	iona	1, I	nc.					65-	-1162	716	Page 2
Part V	Listed Proper	ty (Include a	utomobiles, ce					phone	s, certain	compute	ers, and				
	recreation, or a Note: For any	•		sina the	standar	d milead	ne rate o	r dedu	ctina leasi	e expens	e. comr	leteoni	v 24a 24	h colur	nns (a)
·	through (c) of S	Section A, all	of Section B,	and Sec	ction C if	applica	ble _					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	y		
			on and Other			aution:	See the	_	1					- -	
24a Doy	you have evidence to s			ent use cl	aimed?	<u> </u>	es L	_ No	24b If "Y	<u>'es," ıs tl</u>	<u>ne evide</u>	nce writ	tten?	」Yes	No
	(a)	(b) Date	(c) Business/		(d)	Bas	(e) sis for depr	aciation	_ (f)	l .	(g)		(h)		(i) cted
	pe of property vehicles first)	placed in	investment		Cost or ther basis	(bu	siness/inve	stment	Recovery period		thod/ ention		eciation luction		on 179
		service	use percentag	ge O			use only	/)	Politica					c	ost
	cial depreciation allo		•	property	y placed	ın servi	ce durin	g the ta	ax year ar	d					
	more than 50% in										25			<u> </u>	
26 Prop	erty used more tha	n 50% in a c	1											1	
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				%						L		l			
27_ Prop	erty used 50% or le	ess in a quaii	1			1				0.0					
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00 4 4 4		/b) lines 05		% 		01				S/L·					
	amounts in column		•				, page i				28	1	29		
29 Add	amounts in column	(I), line 20. E					on Use	of Voh	violoc				1 29		
Camplet	e this section for ve	biolog upod	_		_			-		or rolato	1 2222	_			
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those ve	•		,					,							
					(a)	T	b)	-	(c)	1 1	d)		(e)	1	n)
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•	commuting miles		the vear												
	other personal (no	_								İ					
drive	•		,,			1									
33 Tota	l miles driven during	the year.			••	1				<u> </u>					
	lines 30 through 32														
34 Was	the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
durı	ng off-duty hours?														
35 Was	the vehicle used p	rimarily by a	more												
than	5% owner or relate	ed person?										L			
36 Is an	other vehicle availa	ble for perso	onal			1	i			į					
use?	•									<u> </u>			l		<u> </u>
		Section C	- Questions f	or Emp	loyers V	Vho Pro	vide Vel	nicles '	for Use b	y Their I	Employe	es			
Answer 1	these questions to	determine if	you meet an e	xception	n to com	pleting	Section	B for v	ehicles us	ed by er	nployee	s who a	re not m	ore than	1 5%
owners o	or related persons.														
•	ou maintain a writte	en policy stat	tement that pr	ohibits a	all perso	nal use (of vehicle	es, Inc	luding coi	nmuting	, by you	r		Yes	No
emp	loyees?		-												ļ
•	ou maintain a writte		•	•							our				-
•	loyees? See the ins					fficers, c	directors	or 1%	or more	owners				ļ	<u> </u>
	ou treat all use of v	•													<u> </u>
	ou provide more th					informat	tion from	your e	employee	s about				-	
	use of the vehicles,							_							 - -
•	ou meet the require														
	: If your answer to	37, 38, 39 <u>,</u> 4	<u>0, or 41 is "Ye</u>	s," do n	ot comp	lete Sec	tion B fo	r the c	overed ve	hicles.					<u> I</u>
Part \	Amortization (a)		· · · · · · · · · · · · · · · · · · ·	/h\		1-1			/ _c n		(4)			/A	
	(a) Description o	f costs	Date	(b) amortization		(C) Amortizal			(d) Code		(e) Amortiza			(f) nortization	
				begins	<u> </u>	amoun			section		period or per	centage	fo	r this year	
42 Amo	rtization of costs th	iat begins du	inng your 2009	tax ye	ar:			1		— т					
				•	 		_	+			_				
			,	 	<u> </u>			_1	_ _			42			
43 Amo	rtization of costs th	iat began be	tore your 2009	tax yea	ar							43			

44 Total. Add amounts in column (f). See the instructions for where to report