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Form

Department of the Treasury

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)

OMB No 1545-0047
2010
Open to Public

inte	mai Revenue Ser	vice The organization may h	have to use a copy of this return to satisfy	state reporting requ	irements.	Inspection					
<u>A</u> _	A For the 2010 calendar year, or tax year beginning , and ending										
В	Check if applicable	C Name of organization			D Empl	oyer Identification number					
\sqcup	Address change	TRACE INT	TERNATIONAL, INC.								
	Name change	Doing Business As		<u>-</u>		-1162716					
	Initial return	Number and street (or P.O. box if mail is not	t delivered to street address)	Room/suite		hone number					
\Box	Terminated	151 WEST STREET		300	410	0-990-0076					
$\overline{\Box}$	Amended return	City or town, state or country, and ZIP + 4 ANNAPOLIS	MD 21401		C C	eipts \$ 4,571,649					
H	Application pending	F Name and address of principal officer:			G Gross rec	eipus 7,371,043					
L	Application perioning	ALEXANDRA WRAGE, P	RESIDENT	H(a) is this a g	roup return for	affiliates? Yes X No					
		151 WEST STREET SU		H(b) Are all a	affiliates inclu	uded? Yes No					
		ANNAPOLIS	MD 21401	If "N	o," attach a l	list (see Instructions)					
1	Tax-exempt statu		(insert no.) 4947(a)(1) or 527								
J	Website: > V	WWW.TRACEINTERNATIONA	AL.ORG	H(c) Group e		mber >					
******	Form of organization		Other ▶	L Year of formation 2	002	M State of legal domicile DC					
		ummary									
		escribe the organization's mission or mos	- ••••••••••••••••••••••••••••••••••••	·	_ :	•••					
93		PROMOTE TRANSPARENCY AND				*****					
Activities & Governance		INESS TRANSACTIONS. (SEE CRIPTION.)	SCHEDULE O FOR CONTINUAT	TION OF MISS	ION						
Λec						•					
ဗိ	1	his box lifthe organization discontinuous body		an 25% of its net as:	1 _ 1	3					
•ර් ගූ	1	of voting members of the governing body of independent voting members of the go			. 3	2					
/itie	1	mber of individuals employed in calendar		•••••	5	34					
Ę	1	mber of volunteers (estimate if necessary)	•	••	6	1					
•	1	related business revenue from Part VIII, c	• • • • •	•	7a						
_	b Net unre	elated business taxable income from Form	990-T, line 34	· · · · · ·	. 7b	0					
	_			Prior Yea	ar	Current Year					
9	8 Contribu	ntons and grants (Part VIII, line 1h)		2 62	6 701	4 FEO 150					
Revenue		service revenue (Part-VIII, line 2g)		6,781 5,779	4,558,152 7,175						
æ	10 Investme	ent income (Part VIII, column (A), lines 3, venive (Pat VIII) bolumn (A), lines 5, 6d, 8		4,583	6,322						
	12 Total rev	venue – add lines 8 through 11 (must equa	Part VIII. column (A) line 12)		7,143	4,571,649					
		முத்தார் (mast equal paid (Part IX, column			3,110	4/5/2/015					
		paid to or for members (Part IX, column (
ø		, other compensation, employee benefits	2,56	0,842	2,357,240						
Expenses	16a Professi	onal fundraising fees (Part IX, column (A),									
ă.	b Total fur	ndraising expenses (Part IX, column (D), ii	ne 25) ▶								
ш		penses (Part IX, column (A), lines 11a-11		3,654	1,004,060						
	18 Total exp	penses. Add lines 13–17 (must equal Part	• •		7,606	3,361,300					
₹ 	19 Revenue	e less expenses. Subtract line 18 from line	<u> </u>	Beginning of Cur	9,537	1,210,349 End of Year					
et Assets or UI	20 Total as:	sets (Part X, line 16)			1,059	2,909,408					
– \$8	21 Total liat	bilities (Part X, line 26)			2,000	0					
يُّ	22 Net asse	ets or fund balances Subtract line 21 from	line 20	1,69	9,059	2,909,408					
<u></u> P	art II Si	ignature Block									
ט ב	nder penalties of i	perjury, I declare that I have examined this return	n, including accompanying schedules and statem	ents, and to the best of	f my knowled	lge and belief, it is					
<u>"</u>	ue, correct, and co	omplete Declaration of preparer tother than effic	er) is pased on all information of which preparer	nas any knowledge.	,						
Ē.,	•	- MAMO	/								
ζSiς ,He		Signature of officer	A 10 20	_ 2	Date	05.04.11					
מים ה		Type or print name and title	MCEXANDRA NICAG	E, ALLESIY) ENT	05-06.11					
		/pe preparer's name	Preparer's signature	Date	Check	If PTIN					
Pai		EUS N. TOAL, CPA		5/4/	/	nployed P00780668					
	reparer Firm's name > TOAL, GRIFFITH, AYERS & KULLMAN, LLC Firm's EIN > 20-0274631										
Use	Only		RUMAN PKWY STE 300								
	Firm's a	address > ANNAPOLIS, MD	21401-7479	F	Phone no.	410-224-0343					
_		ss this return with the preparer shown abo		·		Yes No					
For	For Paperwork Reduction Act Notice, see the separate instructions.										

DAA

orm 990 (201	0) TRACE	<u> INTERNA</u>	TIONAL, INC.	•	65-11627	16	Page 2
Part III			Service Accomple ontains a response		on in this Part III		X
1 Briefly de	escribe the or	ganization's missi		s to any questic	m m ms r arc m	·	
SEE SO	CHEDULE	0					
•	٠				• •	••	•
•		•				•	•
	_		ificant program services	s during the year wi	nich were not listed or	the	
•	m 990 or 990	-EZ? se new services or			•	•	Yes X No
			or make significant cha	nges in how it cond	ucts, any program		
services'	-			•			Yes X No
		e changes on Sch					
501(c)(3)) and 501(c)(4	4) organizations ar	_	usts are required to		s by expenses Section grants and allocations to	•
PRACTI	RATE ME	xpenses \$ MBERSHIP:	TRACE SER	•) (Revenue \$ COMPANIES, I	•
THEIR RESOUR INTERN	COMMER RCE CEN NATIONA	CIAL INTE TER WHICH L BUSINES	RIT-BRIBERI RMEDIARIES. I IS USEFUL IS TRANSACTI NATIONALLY.	EACH ME	MBER HAS AC		
			•				
INTERN GOVERN	NMENT A	L ANTI-BE ND FOREIG	RIBERY ENFOR	CEMENT AC' T ANTI-BR	TIONS, INCI IBERY PROSE	S INFORMATIO LUDING BOTH U CUTIONS AND DATABASE.	
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COVERE	IOPS AN ED INCL	UDED THE	IG:TRACE WOR RUSSIAN OUT	LOOK ON A	SCOW 2010: NTI-BRIBERY) (Revenue \$ 80 ATTENDEES AND OVERALI WERE REVIEWE	.
FOR IN BRIBER IN WHI COMPAN	TERNAT RY ACTI CH IT RY IN I	IONAL BRI ON BROUGH IS AN ISS TS HOST C	BERY AROUND IT AGAINST A UER) AND DO	THE WORLI COMPANY : MESTIC BR	O, CAPTURIN IN ITS HOME IBERY ACTIO	S CORPORATE G BOTH: FORE COUNTRY (OF DIS BROUGHT A TOREIGN OFFIC	EIGN R A COUNTRY AGAINST A
(Expense	es \$	es (Describe in Sc	hedule O) including grants of \$) (Revenue	\$	
	ogram servic	e expenses 🕨	· · · · · · · · · · · · · · · · · · ·				Form 990 (2010
AA							rom 330 (2010

			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			х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	1		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
	candidates for public office? If "Yes," complete Schedule C, Part I	,		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		A
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	_	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	5	<u> </u>	
٠				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			x
7	complete Schedule D, Part I	6		^
′	Did the organization receive or hold a conservation easement, including easements to preserve open space,	\ _		v
	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	ľ		
	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
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	,		
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
8	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u> </u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	X	
5	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, Parts II and IV	15		<u> </u>
6	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, Parts III and IV	16		<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	[l	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
9	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> </u>
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	لبيا	
			~~~	

_ P	art W Checklist of Required Schedules (continued)			age 4
		γ		
			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 17 If "Yes," complete Schedule I, Parts I and II	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	l
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	1		
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		274		
<b>2</b> 3a		25a		
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		
	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			₩
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		х

Is any related organization a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,

related organization? If "Yes," complete Schedule R, Part V, line 2

19? Note. All Form 990 filers are required to complete Schedule O

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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

Form **990** (2010)

X

36

37

Yes X No

35

37

Part V, line 2

Part VI

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

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

14a

14b

X

14a

Forn	1 990 (2010) TRACE INTERNATIONAL, INC. 65-1162716		Р	age 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be	low, an	d for	<u>а</u>
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2	7		İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		į
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
-	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1		
•	the year by the following:			ł
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	اها		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Cod	<u>-</u> \	
	tion 2.1 enoted (11110 cooken 2 requeste information about policios not required by the internal recent	<u>10 000</u>	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such	1.50		
_	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		ı
11a		1.00		
	form?	11a	x	ı
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1		
12a		12a	$\mathbf{x}$	ı
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	·		
	rise to conflicts?	12b	$\mathbf{x}$	ı
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		
	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 approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			:
а	The organization's CEO, Executive Director, or top management official	15a	x	
ь		15b		X
•	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions )	1		<del></del>
16a				:
	with a taxable entity during the year?	16a	ı	X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	1		<del></del>
-	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16ь	Ī	
Sec	tion C. Disclosure			_
<del></del> 17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			
	for public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
	and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► ALEXANDRA WRAGE 151 WEST STREET SUITE 300			
A	· · · · · · · · · · · · · · · · · · ·	0-99	0-0	076

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Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See 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.

Check this box if neither the orga (A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule	ନି Individual trustee ଦ or director		Officer	Key employee	Highest compensated employee	Pormer	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) ALEXANDRA WRAGE										
PRESIDENT	<u>55.00</u>	X	<u> </u>	X				475,247	0	27,154
(2) JEFFREY D. CLARE TREASURER	1.00	x		x				o	0	
(3) ANNE P. MCADAMS										
BOARD MEMBER	1.00	X				Ш		0	0	0
(4) CAROLYN LINDSEY										
DIR.MEMBER SERVICES	55.00	<u> </u>			_	X		157,010	0	15,228
(5) ANNE M. TAKHER DIR. MEMBER SERVICES	55.00					x		145,820	0	14,316
(6)										
(7)							_			
(8)										
(9)										
(10)									<del></del>	
(11)		Н								·
(12)							$\dashv$			<del> </del>
(13)	<del>-</del> · · · · · · · · · · · · · · · · · · ·									
(14)		$\vdash$								
(15)							$\dashv$			<del></del>
(16)		Н				$\vdash$	$\dashv$			

Pa		1	stee:	s, Ke			yees	s, ar	nd Highest Compensated	<del></del>	Ţ			
	.(A) Name and Title	(B) Average	Pos	ition (	(chec	C) k all	that a	pply)		(E) Reportable		(F) stima moun	ted	
	•	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	employee Key employee Officer Instruttonal trustee Individual trustee		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations				
(17)							<u>-</u>					-		
(18)			ļ —			<u> </u>					-			
(19)						_								
(20)		ļ					<u> </u>							
(21)		<u> </u>	-				<u> </u>							
(22)						-		<u> </u>				_		
(23)						<u> </u>								
(24)							-	-						
(25)			-	-				-						
(26)						_	<del>                                     </del>							
(27)	· · · · · · · · · · · · · · · · · · ·													·
(28)														
1b	Sub-total	<u> </u>	<u>.</u>				<u> </u>	<b>&gt;</b>	778,077			<u>_</u>	6,	698
c d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ectic	on A				<b>&gt;</b>	778,077			Ę	66,	698
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 in				
3	Did the organization list any fo	ormer officer, dire	ector	or t	ruste	e, k	ey er	mplo	yee, or highest compensal	ted	٦		Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line	e 1a, is the sum	of re	porta	able	com	pens	atio				3		X
5	organization and related organization and related organization and related organization line 1										_	4	x	_
	for services rendered to the or tion B. Independent Contract	ganization? If "Y										5		X
1	Complete this table for your fix compensation from the organi	ve highest comp	ensa	ted i	ndep	end	ent c	ontr	actors that received more	than \$100,000 of	<u>-</u>			
		(A) business address							Descrip	(B) tion of services		Cor	(C) npensat	tion
														_
	·							_						
									· · · · · · · · · · · · · · · · · · ·			·		
												<del></del>	<del></del>	·············
2	Total number of independent of received more than \$100,000	•	_						se listed above) who	0			000	
DAA											1	Form	990	(2010

P	ert V	'III State	ment of Reve	nue						
		•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Program Service Revenue Contributions, gifts, grants	1a b c d	Federated can Membership of Fundraising e Related organ Government grants	dues vents nizations	1a 1b 1c 1d					,	
Contributions and other si	f g h	All other contribution and similar amounts	ns, gifts, grants, s not included above ons included in lines 1a-	1f	\$					
ne			<u> </u>			Busn. Code			······································	
Ven	2a	MEMBERS	HIP DUES				2,720,481	2,720,481		
æ	Ь		IGENCE REPOR	TS .	•		1,829,636			
ice	c	PROJECT					8,035			
ě	d	<i>,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					7			
E		•	•				-			
ga	,	All other progr	ram service reve	nua		<u> </u>				·
Pro		Total. Add line		ilue .			4,558,152			
_	3		come (including	dividos	de inter		4,330,132			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	٦	and other sim	_	uividei	us, intere	551,	7,175			7,175
			•				7,175			7,175
	4		nvestment of tax	-exem	pt bond p	oroceeds -	<u> </u>	<del></del>		
	5	Royalties .	<del></del>		<u> </u>					
			(ı) Real		(iı) F	Personal				
	6a	Gross Rents								
	ь	Less rental exps							-	
	C	Rental inc or (loss)						`		
	_d	Net rental inco				, <b>)</b>				
	7a	Gross amount from sales of assets	(i) Secunties	3	(11)	Other	,,			:
		other than inventory							•	
	ь	Less cost or other							•	
		basis & sales exps								
	c	Gain or (loss)	<del></del>					`		
- 1	ď	Net gain or (lo			L			Ì		
			om fundraising ever	[						
venue	ъa	(not including \$	reported on line 1c)						•	
&		See Part IV, line		ا ا						
Other Rev	L		•						,	
8		Less: direct ex		Ja .			:	·		
			(loss) from fund		events	. •	0.0.0		·····	······································
	9a		om gaming activitie	S.						
		See Part IV, line	•	. a					:	
İ		Less direct ex		b[						
	C	Net income or	(loss) from gam	ing act	ivities					
	10a	Gross sales of	finventory, less	ĺ			_			
Į		returns and all	owances	a			, ,		′ 1	, ,
i	b	Less. cost of g	oods sold	P			,			,
	C	Net income or	(loss) from sale:	s of inv	entory	<b>•</b>				
ſ			ellaneous Revenue			Busn. Code		· ,	7-1-111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	.,
	11a	MISCELLAN	EOUS REVENUE		•		6,322	6,322	i	
I	b	<del></del>		• •	• • • •		-,			
	c		•							<del></del>
	d	All other reven		-		<del>                                     </del>				<del></del>
	-	Total. Add line					6,322		· · · · · · · · · · · · · · · · · · ·	
J	12						4,571,649		0	7 176
	14_	LORGI LAAGUUG	. See instruction	<u> </u>			7,3/1,049	4,504,4/4		7,175

# Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B). (C), and (D)

Do	not include emounts senseted as the self-	/A\	(5)	(0)	
	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		CAPOLIDOS	garrarar arbanana	ολροιίσσο
•	organizations in the U.S. See Part IV, line 21			į.	
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		<del></del>		***************************************
5	Compensation of current officers, directors,				
•	trustees, and key employees	502,401			
6	Compensation not included above, to disqualified			·-	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			ı	
7	Other salaries and wages	1,510,786			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	103,600			
9	Other employee benefits	105,132			
10	Payroll taxes	135,321			
11	Fees for services (non-employees)	,			
а	Management				
b	Legal	12,355			
С	Accounting	13,081			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	136,053			
12	Advertising and promotion	21,141			
13	Office expenses	99,594			
14	Information technology	149,688			
15	Royalties				
16	Occupancy	249,142	· · · · · · · · · · · · · · · · · · ·		
17	Travel	59,732			
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	137,972			
20	Interest			-	
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	50,912			
23	Insurance	14,128			
24	Other expenses Itemize expenses not covered	Į		,	<u></u>
	above (List miscellaneous expenses in line 24f, If	1	, ,		
	line 24f amount exceeds 10% of line 25, column		`	_	
	(A) amount, list line 24f expenses on Schedule O)			<u> </u>	
а	REFERENCE DATABASES	31,907			
b	DUES & SUBSCRIPTIONS	14,384		<del>-</del>	ļ
C	SPONSORSHIPS	13,971			
d					<del></del>
е					ļ
_ f	All other expenses	2 261 222			
25	Total functional expenses. Add lines 1 through 24f	3,361,300	0	0	0
26	Joint costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column		1		•
	(B) joint costs from a combined educational				
DAA	campaign and fundraising solicitation				Form <b>990</b> (2010

Part :	Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest bearing	938,707	1	791,22
2	Savings and temporary cash investments	626,932	2	1,984,10
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of	·		
-	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 210, 857	,		
b	Less: accumulated depreciation 10b 118,347	76,656	10c	92,510
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets	43,459	14	26,264
15	Other assets. See Part IV, line 11	15,305	15	15,305
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,701,059	16	2,909,408
17	Accounts payable and accrued expenses		17	<del></del>
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
3 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key			
21 22	employees, highest compensated employees, and disqualified persons			
i	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	-	23	<del> </del>
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	2,000	25	
26	Total liabilities, Add lines 17 through 25	2,000	26	
3	Organizations that follow SFAS 117, check here ▶ 🗶 and complete			
27 28 29 30 31 32 33 34	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,699,059	27	2,909,408
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	<del>_</del>
	Organizations that do not follow SFAS 117, check here ▶ ☐ and			
;	complete lines 30 through 34.	` l		
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,699,059	33	2,909,408
34	Total liabilities and net assets/fund balances .	1,701,059	34	2,909,408

Form **990** (2010)

	1990 (2010) TRACE INTERNATIONAL, INC. 65-1162716	<del></del>		Ра	ge 12
# <b>©</b>					$\Box$
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	11	4,5	71,	649
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,3	61,	300
3	Revenue less expenses. Subtract line 2 from line 1	3	1,2	10,	349
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,6	99,	059
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	.   6	2,9	09,	408
Pa	त 🛪। Financial Statements and Reporting		-		
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		1
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			,,	
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
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		. 3b		L
			Form	990	(2010)

## SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. 
➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

### If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

Name of organization		<del></del>	Empleyer ide = 416	instina number
Name of organization TRACE INTERNATION	ONAL, INC.		Employer identif	
Part I-A Complete if the organization		c) or is a sectio		
Provide a description of the organization's direct			ozr organizati	J
2 Political expenditures	and manost pointed sampaign detrait		<b>▶</b> \$	
3 Volunteer hours		• •		
	,		· –	
Part I-B Complete if the organization	is exempt under section 501(	c)(3).		
1 Enter the amount of any excise tax incurred by the	ne organization under section 4955		▶\$	
2 Enter the amount of any excise tax incurred by o	rganization managers under section 49	955	<b>▶</b> \$_	
3 If the organization incurred a section 4955 tax, di	d it file Form 4720 for this year?			Yes No
4a Was a correction made?		•		Yes No
b If "Yes," describe in Part IV			····	
Part I-C Complete if the organization	is exempt under section 501	c), except secti	on 501(c)(3).	
1 Enter the amount directly expended by the filing	organization for section 527 exempt fu	nction		
activities	••		. <b>&gt;</b> \$ _	
2 Enter the amount of the filing organization's fund	s contributed to other organizations for	section		
527 exempt function activities			▶ \$ _	
3 Total exempt function expenditures. Add lines 1	and 2 Enter here and on Form 1120-P	OL,		
line 17b			▶ \$ _	
4 Did the filing organization file Form 1120-POL fo	• • •	· · · · · · · · · · · · · · · · · · ·	and the subsection that Chair	. Yes No
5 Enter the names, addresses and employer identi			_	
organization made payments. For each organization		-		
the amount of political contributions received that as a separate segregated fund or a political actio	, , , ,	•	-	
(a) Name				(a) Amount of polyhool
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds if none, enter -0-	promptly and directly
				delivered to a separate
				political organization If none, enter -0-
(1)				
(1)				
(2)		<del></del>	<del>-</del>	
(-7				
(3)				
• •				
(4)				
(5)				
(6)				

Schedule C (F	om 990 or 990-EZ) 2010 TR	ACE INTERNA	ATIONAL, IN	c.	65-1162	716 Page 2
Part II-A	. Complete if the organ	ization is exemp	t under section (	01(c)(3) and f	iled Form 5768 (el	
	section 501(h)).					
A Check						
B Check	if the filing organiza	tion checked box	A and "limited c	ontrol" provisio	ons apply.	
	Limits on Lo	bbying Expendit	ures		(a) Filing	(b) Affiliated
	(The term "expenditures"				organization's totals	group totals
1a Total lob	bying expenditures to influence p	public opinion (grass re	oots lobbying)	_		
<b>b</b> Total lob	bying expenditures to influence a	legislative body (dire	ct lobbying)	<u> </u>		
c Total lob	bying expenditures (add lines 1a	and 1b)				
d Other ex	empt purpose expenditures					
e Total ex	empt purpose expenditures (add	lines 1c and 1d)				
f Lobbying	nontaxable amount. Enter the a	mount from the follow	ing table in both			
columns	·	*****				
If the amo	unt on line 1e, column (a) or (b) is:	The lobbying nonta	xable amount is:		1	
Not over	500,000	20% of the amount or	n line 1e		1	•
Over \$500	0,000 but not over \$1,000,000	\$100,000 plus 15% o	f the excess over \$500,00	00	,	
Over \$1,0	00,000 but not over \$1,500,000	\$175,000 plus 10% o	f the excess over \$1,000,	000	1	
Over \$1,5	00,000 but not over \$17,000,000	\$225,000 plus 5% of	the excess over \$1,500,0	00	1	
Over \$17,	000,000	\$1,000,000				
g Grassro	ots nontaxable amount (enter 259	% of line 1f)				
h Subtract	line 1g from line 1a If zero or les	ss, enter -0-				
i Subtract	line 1f from line 1c If zero or les	s, enter -0-		∟		<del></del>
J If there i	s an amount other than zero on e	ither line 1h or line 1i,	did the organization t	ile Form 4720		
reporting	section 4911 tax for this year?					Yes No
		4-Year Averagin	ng Period Under	Section 501(h	)	
	(Some organizations the					the five
		low. See the inst				
	· <del></del> ·					
	LOB	bying Expenditu	res During 4-Tea	ir Averaging F	reriod	· · · · · · · · · · · · · · · · · · ·
Caler	idar year (or fiscal year	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) Total
	beginning in)	(a) 2007	(b) 2008	(0) 2009	(4) 2010	(e) iotai
		·				
2a Lobbying	nontaxable amount					
b Lobbying	ceiling amount			`		
(150% o	f line 2a, column(e))					
c Total lob	bying expenditures					
d Grassro	ots nontaxable amount					
	ots ceiling amount	,				
(150% o	f line 2d, column (e))					
f Grassro	ots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Page 3

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	m 5768		
	(c.ookon under Section of (ii)).	(	a)	(b	)	
		Yes	No	Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of.					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	L	<u> </u>	]		
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?	Ĺ				
1	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	L	<u> </u>			
i	Other activities? If "Yes," describe in Part IV					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		L			, ,
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(	c)(5),	or s	ection		
	501(c)(6).				г	Τ
					Yes	
1	Were substantially all (90% or more) dues received nondeductible by members?			1 1	<b>.</b>	X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•		2	X	x
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	-\/\		3	<u> </u>	<u> </u>
ra	Tt III-B Complete if the organization is exempt under section 501(c)(4), section 501(					
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."	iiie 3	is a	iiswered		
_				T		
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		ŀ			
_	expenses for which the section 527(f) tax was paid).		2-			
a			2a 2b	<del>                                     </del>		
b		-		<del> </del>		
C	Total		2c 3	<del> </del>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		<u> </u>	<del> </del>		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		ا ا	1		
-	and political expenditure next year?	-	5	<del> </del>		
	Taxable amount of lobbying and political expenditures (see instructions)  ## IV Supplemental Information	<del> </del>	_ 3	L		
				<del></del>		
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B	line 11	. AISQ	•		
com	plete this part for any additional information.					

Schedule C (Form 990 or 990-EZ) 2010 TRACE INTERNATIONAL, INC

65-1162716

Page 4

Part IV Supplemental Information (continued)

## 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.

OMB No 1545-0047

Inspection

Name of the organization Employer identification number TRACE INTERNATIONAL, INC. 65-1162716 Part 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 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 structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		RNATIONAL, I	NC.		65-116	52716	Page <b>2</b>
₽₽	rt 相 Organizations Maintaining (	Collections of Art, F	listorical Treas	sures,	or Other S	Similar As	sets (continued)
3	Using the organization's acquisition, accession collection items (check all that apply):	, and other records, check	any of the following	ng that a	re a significar	nt use of its	
а	Public exhibition	d Loan or	exchange program	ns			
b	Scholarly research	e Other	onenange program				
C	Preservation for future generations	. المناف المناف المناف المناف المناف المناف المناف المناف المناف المناف المناف المناف المناف المناف المناف المناف	•	•			
4	Provide a description of the organization's colle	ections and explain how th	ev further the orga	inization'	s exempt pur	pose in Part	
-	XIV		,		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5	During the year, did the organization solicit or r	eceive donations of art hi	istorical treasures	or other	simılar		
•	assets to be sold to raise funds rather than to be						Yes No
Pa	rt IV Escrow and Custodial Arrar					Yes" to Fo	
	line 9, or reported an amoun	•	_				
1a	Is the organization an agent, trustee, custodian			her asset	ts not		· · · · · · · · · · · · · · · · · · ·
	included on Form 990, Part X?	i or other intermodulary for					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XIV ar	ad complete the following	table		•	•	
~	roo, oxplain the arrangement in range year	ia complete the renorming	tubio				Amount
c	Beginning balance					1c	
	Additions during the year	••		-		1d	
					••	1e	
	Distributions during the year		•	•		1f	
20	Ending balance	- 000 Dark V (ma 212					
	Did the organization include an amount on For	m 990, Part A, line 217					Yes No
	If "Yes," explain the arrangement in Part XIV.  Endowment Funds. Comple	to if organization on	ewored "Vee"	to Forn	2 000 Par	t IV/ line 1	n
<i>F</i> 9	at 4 Endowment Funds. Comple				********	(d) Three yea	
		(a) Current year	(b) Prior year	(c) IW	o years back	(d) Tillee yea	is back (e) rour years back
	Beginning of year balance			<del> </del>		<del> </del>	
	Contributions					<del> </del>	
С	Net investment earnings, gains, and						- 1
	losses					<b></b>	
	Grants or scholarships					<del> </del>	
е	Other expenditures for facilities and						Į.
	programs			ļ			
f	Administrative expenses			ļ		ļ	
g	End of year balance	LL				<u> </u>	<u></u>
2	Provide the estimated percentage of the year e	nd balance held as					
	Board designated or quasi-endowment ▶	%					
	Permanent endowment ▶ %						
C	Term endowment ▶ %						
За	Are there endowment funds not in the possess	ion of the organization tha	it are held and adm	nınistered	d for the		
	organization by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(ii), are the related organizations li	sted as required on Sche	dule R?				3b
4	Describe in Part XIV the intended uses of the o	rganization's endowment	funds.				
Pa	式切 Land, Buildings, and Equip	ment. See Form 990	<u>), Part X, line 1</u>	10.			
	Description of investment	(a) Cost or other basis	(b) Cost or other	basis	(c) Accur	mulated	(d) Book value
		(investment)	(other)		depred	notek	
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment		210	,857	1	18,347	92,510
	Other						
	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X, colu	mn (B), line 10(c)			<b>&gt;</b>	92,510

	INC.	65-1162716	Page 3
Part VII Investments—Other Securities. See Form 990	), Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	) 
(1) Financial derivatives			
(2) Closely-held equity interests (3) Other		· · · · · · · · · · · · · · · · · · ·	
•	· · · · · · · · · · · · · · · · · · ·		
(A) (B)	ļ		
(C)			
(D)			
(E)	· · · · · · · · · · · · · · · · · · ·		
(F)			
( <b>G</b> )			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 99	0, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	•
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(b) Boo	k value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	<u> </u>		
(8)			
(9)		·	
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15 )  Part X Other Liabilities. See Form 990, Part X, line 25	·		
1. (a) Description of liability	(b) Amount		
(1) Federal income taxes	(b) Amount		,
(2)		1	
(3)			
(4)	<del></del>		
(5)	- 1		
(6)			
(7)		1	
(8)			
(9)		3	
10)		<i></i>	
11)			,
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			······
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to	the organization's financia	al statements that reports the	

	dule D (Form 990) 2010 TRACE INTERNATIONAL, INC.		65-116271		Page <b>4</b>
	Reconciliation of Change in Net Assets from Form 990 to	<u> Audi</u>	<u>ted Financial Stater</u>	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	·
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		•	3	<u></u>
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 5 rt XII Reconciliation of Revenue per Audited Financial Statements.		lith Davience non De	10	
		ents vv	ith Revenue per 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	امدا			
a	Net unrealized gains on investments  Donated services and use of facilities	2a		{	
b	• • • • • • • • • • • • • • • • • • • •	2b		-{	
C	Recoveries of prior year grants	2c 2d	· · · · · · · · · · · · · · · · · · ·	<b>∤</b>	
ď	Other (Describe in Part XIV.)	_20		<del> </del>	
9	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	[ ]	• • • • • •	3	<del></del>
7	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4- 1			
a b	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)	4a 4b		1 1	
C	Add lines 4a and 4b	40 1		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		•	5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents V	Nith Fynenses ner l		n
1	Total expenses and losses per audited financial statements	101110	Titil Expellede per l	1	····
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	•	• •	<b> </b>	
a	Donated services and use of facilities	2a		1 1	
b	Prior year adjustments	2b		1 1	
c	Other losses	2c		1 1	
d	Other (Describe in Part XIV )	2d		1 1	
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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		]	
b	Other (Describe in Part XIV )	4b		1	
	Add lines 4a and 4b	•		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	t XIV Supplemental Information				
Com	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 4, a	nes 1a a	and 4. Part IV. lines 1b an	d 2b.	···
	, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a				1
	dditional information				
•					
			• •		
	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s				
	•				•
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	• • • • • • • • • • • • • • • • • • • •	•			•
	• • • • • • • • • • • • • • • • • • • •			•	

65-1162716 Schedule D (Form 990) 2010 TRACE INTERNATIONAL, INC. Part XIV Supplemental Information (continued)

## SCHEDULE F (Form 990)

Part I

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.

General Information on Activities Outside the United States. Complete if the organization answered "Yes"

OMB No 1545-0047

Open to Public inspection

Department of the Treasury Internal Revenue Service

Name of the organization

TRACE INTERNATIONAL, INC.

to Form 990, Part IV, line 14b.

Employer identification number 65-1162716

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the Yes X No grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total employees, agents, and independent region (by type) (e.g., fundraising, program a program service, describe specific type of expenditures for offices in the and investments region contractors services, investments, service(s) in region in region in region grants to recipients located in the region) RUSSIA & NEWLY INDEPENDENT STATES PS: WORKSHOP SEE SCH F IV DETAIL 20,519 (1) EAST ASIA & THE PACIFIC PS: WORKSHOP SEE SCH F IV DETAIL 16,003 (2) EUROPE PS: WORKSHOP SEE SCH F IV DETAIL 29,662 (3) MIDDLE EAST & NORTH AFRICA SEE SCH F IV DETAIL PS: WORKSHOP 15,192 (4) (5) (6) (7) (8) (9) (10) (11)(12)(13)(14)(15)(16)(17)81,376 3a Sub-total **b** Total from continuation sheets to Part I c Totals (add 81,376 lines 3a and 3b)

Sche	dule F (Form 99	0) 2010	TRACE	INTERNATIONAL,	INC.	65-1162716		Page 4
Pa	rt IV Fore	eign Fo	rms					
1		n may be	required to	file Form 926, Return by		uring the tax year? If "Yes," or of Property to a Foreign	Yes	X No
2	Did the organiza	ation have	an interes	t in a foreign trust during	the tax year? If	"Yes," the organization		
	may be required	d to file Fo	orm 3520, A	Annual Return to Report T	ransactions wit	h Foreign Trusts and		
		_	=	•	Information Re	eturn of Foreign Trust With a		
	U.S. Owner (se	e Instruct	ons for For	ms 3520 and 3520-A)		•	∐ Yes	X No
3	the organization	n may be	required to	chip interest in a foreign c file Form 5471, Information Instructions for Form 5471	on Return of U.S	ng the tax year? If "Yes," S. Persons with respect to	Yes	X No
4	Was the organia	zation a d	irect or ındı	rect shareholder of a pas	sive foreign inve	estment company or a		
	-	areholder	of a Passiv	year? If "Yes," the organi e Foreign Investment Cor	•	required to file Form 8621, fied Electing Fund. (see	Yes	X No
5	the organization	may be	required to	hip interest in a foreign p file Form 8865, Return of ns for Form 8865)		· ·	Yes	X No
6	•		• •	•		ntries during the tax year? If cott Report (see Instructions	 Yes	X No

## Part V Supplemental Information

Complete this part to provide the information required in Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

### PART V - ADDITIONAL INFORMATION

REGION: RUSSIA AND NEWLY INDEPENDENT STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRACE WORKSHOP HELD IN MOSCOW,
COVERING ANTI-BRIBERY LAWS IN RUSSIA AND US. TRACE INTERNATIONAL STAFF
ATTENDED THE ANNUAL RUSSIA & CIS SUMMIT ON ANTI-CORRUPTION, WHICH HOSTS A
FACULTY OF SENIOR CORPORATE ETHICS AND COMPLIANCE EXECUTIVES, ATTORNEYS,
ACCOUNTANTS, AND GOVERNMENT OFFICIALS. THERE WAS NO CHARGE FOR
PARTICIPATION IN THIS WORKSHOP.

REGION: EAST ASIA & THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRACE INTERNATIONAL HOSTED THE TRACE WORKSHOP -SOUTHEAST ASIA REGION, WHICH FOCUSED ON LAWS OF THE US AND SINGAPORE, INDONESIA, THAILAND AND THE PHILIPPINES. THERE WAS NO CHARGE FOR PARTICIPATION IN THIS WORKSHOP.

REGION: EUROPE

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRACE INTERNATIONAL HOSTED THE TRACE SYMPOSIUM IN LONDON, TO DISCUSS THE NEW UK BRIBERY ACT AND RELATED COMPLIANCE ISSUES. THERE WAS NO CHARGE FOR PARTICIPATION IN THIS EVENT.

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRACE INTERNATIONAL HOSTED A TRACE WORKSHOP IN DUBAI. THERE WAS NO CHARGE FOR PARTICIPATION IN THIS WORKSHOP.

**SCHEDULE J** (Form 990) .

Compensation Information

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

▶ Complete if the organization are exercised "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

Part I

TRACE INTERNATIONAL, INC.

**Questions Regarding Compensation** 

Employer identification number 65-1162716

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form		<u>'</u>	1
	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)			
b	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		
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 organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			l
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:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	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		
b	Any related organization?	5b		
	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		1	
	compensation contingent on the net earnings of		1	
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	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		L
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations 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			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

Part III

Page 2

TRACE INTERNATIONAL, INC.

65-1162716

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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.

	Н	(B) Breakdown o	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(i) Base (ii) Bonus & incentive (iii) Other compensation compensation compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
ALEXANDRA WRAGE	E	370,247	105,000	0.0	26,250	904	502,401	450,103
CAROLIN LINDSEY	€ €	143,865	13,14		10,22	5,00	172,23	178,174
ANNE M. TAKHER	   € €	134,868	10,95		85'6	4,73	160,13	144,150
	E						0	9
	€ €		:				•	
	≘ ≘			. :				
0)	E E			,			•	
1)	:			,		:	•	
	€ €							
01	(E)	:		•		,		
	E (E)							
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) (1 (1)	(ii)	•						
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TRACE INTERNATIONAL, INC.

Schedule J (Form 990) 2010

20880 04/27/2011 9 13 AM

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

65-1162716

DAA

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# **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

 TRACE	INTERNATIONAL,	INC

Employer identification number

	TWOCE THIEVHALLO	nau,		NC.		_ T T 4	3 <i>4 1</i>	Τ0			
Part I	Excess Benefit Transactions (sect	tion 501	(c)(3)	and section 501(c)(4) org	anizations only).		•			_	
	Complete if the organization answered "Yes	on Fo	m 99	0, Part IV, line 25a or 25b	or Form 990-EZ, Part V	line 40	0b				
4	(a) Name of disqualified person				(b) Description of tenescotion	_			(c) (	Correc	ted?
	(a) Name of disqualified person				(b) Description of transactio	л 			Yes	1	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
	ne amount of tax imposed on the organization in	nanage	rs or	disqualified persons during	the year						
under s	ection 4958					▶ ३	<i>'</i> ——				
3 Enter th	ne amount of tax, if any, on line 2, above, reimb	oursed b	y the	organization		▶ \$	·				
Part II	Loans to and/or From Interested	Perso	ns.								
	Complete if the organization answered "Yes	on Fo	m 99	0, Part IV, line 26, or Form	n 990-EZ, Part V, line 38a	<b>)</b> .					
(	a) Name of interested person and purpose	or fro	oan to on the zation?	(c) Onginal principal amount	(d) Balance due	(e) In	default?	by bo	proved ard or nittee?		Vritten ment?
	<u>-</u> -	To	From			Yes	No	Yes	No	Yes	No
	-		1								

(a) Name of interested person and purpose	or fro	oan to m the zation?	principal amount	(d) Balance due			by board or agreemer committee?		ntten nent?	
	To	From			Yes	No	Yes		Yes	No
_(1)					L.					
(2)	ļ			******						
(3)	-									<del></del>
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(6)	<u> </u>							_		<u> </u>
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(9)	-				_					<del></del>
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Total			<u> </u>	<u> </u>	L				·	

### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			
(10)			

Part IV	om 990 or 990-EZ) 2010 Page 2  Business Transactions Involving Interested Persons.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.					
•	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) S of reve	Sharing org nues?
(1) TRACE,	INC.	100% OWNED BY	163,539	EXPENSE REIMBURSEME		X
(2)		BOD MEMBER			<del>T</del>	X
(3)					1	<del>                                     </del>
(4)						
(5)					Ī	
(6)						
7)					ļ	ــــــ
(8)					1	<u> </u>
(9)					1	├—
Part V	Cumplemental Information					<u> </u>
Late A	Supplemental Information Complete this part to provide additional	al information for reasonable to questi	ana an Cabadula I. (a.	on anothrations)		
	Complete this part to provide additional	al illiointation for responses to questi	Olis Oli Schedule E (Se	ee instructions).		
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## SCHEDULĘ O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010

Open to Public Inspection

Name of the organization

TRACE INTERNATIONAL, INC.

Employer identification number 65-1162716

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

TO PROMOTE TRANSPARENCY AND ANTI-BRIBERY COMPLIANCE IN INTERNATIONAL

BUSINESS TRANSACTIONS.

TRACE PROVIDES ITS MEMBERS IN THE INTERNATIONAL BUSINESS COMMUNITY
WITH AN OPPORTUNITY TO COMMIT TO AND PROMOTE ANTI-BRIBERY COMPLIANCE
POLICIES

THROUGH MODEL COMPLIANCE POLICIES AND VENDOR CONTRACT

PROVISIONS; AN ONLINE RESOURCE CENTER WITH FOREIGN LOCAL LAW

SUMMARIES, INCLUDING GUIDELINES ON GIFTS AND HOSPITALITY;

IN-PERSON AND ONLINE ANTI-BRIBERY TRAINING; AND BENCHMARKING RESEARCH ON

CORPORATE BEST PRACTICES, ANTI-BRIBERY DUE DILIGENCE REPORTS ON BUSINESS

INTERMEDIARIES, ESTABLISHING (WITH LAW FIRMS WITH

ANTI-CORRUPTION EXPERTISE IN OTHER COUNTRIES AND BENCHMARKING) ANTI-BRIBERY

COMPLIANCE BEST PRACTICES AMONG MEMBER COMPANIES.

TRACE UK ANTI-BRIBERY SYMPOSIUM: 61 ATTENDEES; REVIEW OF THE NEW
U.K. BRIBERY ACT, DISCUSSION OF ANTI-BRIBERY
ENFORCEMENT TRENDS, AND COMPLIANCE CHALLENGES AND STRATEGIES. OVERVIEW OF
TRACE TOOLS AND SERVICES WERE OUTLINED, FOLLOWED BY PANEL DISCUSSIONS
REGARDING ANTI-BRIBERY ENFORCEMENT AND INVESTIGATIONS. TRACE
ALSO BENCHMARKED COMPLIANCE ISSUES AMONG ATTENDEES.

TRACE SOUTHEAST ASIA REGIONAL WORKSHOP: 128 ATTENDEES; REVIEW AND

FORM 990, PART III, LINE 4C - THIRD ACHIEVEMENT

Name of the organization

TRACE INTERNATIONAL, INC.

Employer identification number 65-1162716

DISCUSSION OF ANTI-BRIBERY LAWS IN SINGAPORE, INDONESIA, THAILAND, AND THE PHILIPPINES.

CURRENT CASE STUDIES WERE PRESENTED.

7TH ANNUAL TRACE FORUM: HELD FOR IN-HOUSE COUNSEL AND COMPLIANCE OFFICERS AT THE HOTEL MONACO IN WASHINGTON, D.C. EACH MEMBER COMPANY IS GENERALLY LIMITED TO ONE REPRESENTATIVE IN ORDER TO MAINTAIN AN INTIMATE, INTERACTIVE THIS YEAR TRACE HAD 73 ATTENDEES. EXPERT SPEAKERS FROM GOVERNMENT AND PRIVATE PRACTICE ADDRESSED CURRENT ANTI-BRIBERY ENFORCEMENT TRENDS AND COMPLIANCE "BEST PRACTICES." MEMBERS HAD AN OPPORTUNITY TO DISCUSS THEIR OWN PROGRAMS AND CHALLENGES. THERE IS NO CHARGE FOR PARTICIPATION IN THE FORUM.

TRACE MIDDLE EAST REGIONAL WORKSHOP: 80 ATTENDEES;

DISCUSSION ABOUT INTERNATIONAL ANTI-BRIBERY

CONVENTIONS AND ENFORCEMENT. SPECIFIC PERSPECTIVES FROM THE UAE AND SAUDI ARABIA WERE

HIGHLIGHTED, IN ADDITION TO COMPLIANCE ISSUES IN QATAR AND IRAQ.RECENT CASE STUDIES ON ANTI-BRIBERY ENFORCEMENT AROUND THE WORLD WERE ALSO DISCUSSED. THERE WAS NO CHARGE FOR PARTICIPATION IN THIS WORKSHOP.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

BRIBELINE: TRACE'S MEMBERS, THEIR INTERMEDIARIES AND THE PUBLIC-AT-LARGE HAVE ACCESS TO THIS WEB-BASED, ANONYMOUS BRIBERY REPORTING TOOL. 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 INDENTIFYING BRIBERY PATTERNS IN PARTICULAR Name of the organization

TRACE INTERNATIONAL, INC.

Employer identification number 65-1162716

COUNTRIES. THERE WAS NO CHARGE FOR PARTICIPATION IN THIS SERVICE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS REVIEWED BY TRACE'S BOOKKEEPER, DIRECTOR OF OPERATIONS, AND
THE

PRESIDENT. THE FORM 990 IS THEN PRESENTED TO THE BOARD FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
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 2010 AND VIEWS HER CURRENT COMPENSATION AS CONSISTENT WITH
THE REPORT'S RECOMMENDATIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THIS INFORMATION IS AVAILABLE TO THE PUBLIC UPON REQUEST AT THE OFFICE OF
TRACE INTERNATIONAL, INC. THE 990 IS ALSO AVAILABLE AT GUIDESTAR.COM.