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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)

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 11/10, 2010, and ending 09/30, 2011

Part I Summary: C Name of organization THE CORPORATION FOR TRAVEL PROMOTION; D Employer identification number 36-4681868; E Telephone number (202) 536-2079; G Gross receipts \$ 3,143,890; H(a) Is this a group return for affiliates? Yes [X] No [ ]; H(b) Are all affiliates included? Yes [ ] No [ ]; I Tax-exempt status 501(c)(3) [X] 501(c)(6) [ ]; J Website: HTTP://WWW.THEBRANDUSA.COM/; K Form of organization: X Corporation; L Year of formation: 2010; M State of legal domicile: DC

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Mission statement; 2-7 Governance and Activities; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets and Fund Balances.

Part II Signature Block: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Caroline T. Miller, Date: 8/6/12, Title: INTERIM CEO

Preparer information: Preparer's name Jocelyne C. Miller, Date 8/10/12, Firm's name KPMG LLP, Firm's address 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)

SEP 17 2012 Net Assets Fund Balances

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III  Yes  No

1 Briefly describe the organization's mission.

BRAND USA'S MISSION IS TO ENCOURAGE MILLIONS OF NEW INTERNATIONAL VISITORS WHO SPEND BILLIONS OF DOLLARS TO VISIT THE UNITED STATES, CREATING TENS OF THOUSANDS OF NEW AMERICAN JOBS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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  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 expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

ATTACHMENT 1

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ►

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and sponsoring organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, Line Number, Yes, No. Rows include questions about voting members, family relationships, management control, significant changes, asset diversions, members/stockholders, and meeting documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, document retention, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed DC
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.
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

**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 . . . . .  X

**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.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN J CLOOBECK CHAIRMAN	15.00	X						0	0	0
(2) GEORGE FERTITTA VICE-CHAIRMAN	5.00	X						0	0	0
(3) CAROLINE BETETA VICE-CHAIRMAN	3.50	X						0	0	0
(4) ROY YAMAGUCHI DIRECTOR	1.00	X						0	0	0
(5) DANIEL HALPERN DIRECTOR TREASURER	1.00	X						0	0	0
(6) TOM KLEIN DIRECTOR	7.00	X						0	0	0
(7) AL WEISS DIRECTOR	1.00	X						0	0	0
(8) DIANE SHOBER DIRECTOR	1.00	X						0	0	0
(9) MARK F SCHWAB DIRECTOR	1.00	X						0	0	0
(10) LYNDA S ZENGERLE DIRECTOR SECRETARY	1.00	X						0	0	0
(11) DAVID LIM DIRECTOR	3.00	X						0	0	0
(12) JAMES P. EVANS CHIEF EXECUTIVE OFFICER	50.00			X				0	0	0
(13) BRYAN LEWIS VP OF OPERATIONS	40.00				X			0	0	0
(14) CHRISTOPHER PERKINS CHIEF MARKETING OFFICER	40.00				X			0	0	0
(15) JOEL SECUNDY VP STRATEGIC OUTREACH	40.00				X			0	0	0
(16)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .							0.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1a	Federated campaigns . . . . .	1a			
	b	Membership dues . . . . .	1b			
	c	Fundraising events . . . . .	1c			
	d	Related organizations . . . . .	1d			
	e	Government grants (contributions) . . . . .	1e	2,858,873.		
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	285,017.		
	g	Noncash contributions included in lines 1a-1f \$ . . . . .		285,017.		
	h	<b>Total.</b> Add lines 1a-1f . . . . .		3,143,890.		
<b>Program Service Revenue</b>	2a	_____	<b>Business Code</b>			
	b	_____				
	c	_____				
	d	_____				
	e	_____				
	f	All other program service revenue . . . . .				
	g	<b>Total.</b> Add lines 2a-2f . . . . .		0.		
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		0.		
	4	Income from investment of tax-exempt bond proceeds . . . . .		0.		
	5	Royalties . . . . .		0.		
			(i) Real	(ii) Personal		
	6a	Gross Rents . . . . .				
	b	Less rental expenses . . . . .				
	c	Rental income or (loss) . . . . .				
	d	Net rental income or (loss) . . . . .		0.		
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses . . . . .				
	c	Gain or (loss) . . . . .				
	d	Net gain or (loss) . . . . .		0.		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a			
	b	Less direct expenses . . . . .	b			
	c	Net income or (loss) from fundraising events . . . . .		0.		
9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b	Less direct expenses . . . . .	b				
c	Net income or (loss) from gaming activities . . . . .		0.			
10a	Gross sales of inventory, less returns and allowances . . . . .	a				
b	Less cost of goods sold . . . . .	b				
c	Net income or (loss) from sales of inventory . . . . .		0.			
	Miscellaneous Revenue	<b>Business Code</b>				
11a	_____					
b	_____					
c	_____					
d	All other revenue . . . . .					
e	<b>Total.</b> Add lines 11a-11d . . . . .		0.			
12	<b>Total revenue.</b> See instructions . . . . .		3,143,890	0	0	0

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 US See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the US See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	245,833.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	28,050.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). . . . .	0.			
9 Other employee benefits . . . . .	5,512.			
10 Payroll taxes . . . . .	17,636.			
11 Fees for services (non-employees)				
a Management . . . . .	1,297,864.			
b Legal . . . . .	356,007.			
c Accounting . . . . .	18,110.			
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	511,466.			
12 Advertising and promotion . . . . .	284,825.			
13 Office expenses . . . . .	17,032.			
14 Information technology . . . . .	19,600.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	55,306.			
17 Travel . . . . .	126,880.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	454,278.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	5,275.			
23 Insurance . . . . .	7,490.			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a OFFICE FURNITURE & EQUIPMENT	1,721.			
b _____				
c _____				
d _____				
e _____				
f All other expenses _____				
25 Total functional expenses Add lines 1 through 24f	3,452,885.			0.
26 Joint Costs Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	0.	1	8,110,040.
	2 Savings and temporary cash investments . . . . .		2	
	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	
	8 Inventories for sale or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	0.	9	61,195.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		302,164.
	b Less: accumulated depreciation . . . . .	10b		5,275.
	11 Investments - publicly traded securities . . . . .	0.	10c	296,889.
	12 Investments - other securities. See Part IV, line 11 . . . . .		11	
	13 Investments - program-related. See Part IV, line 11 . . . . .		12	
	14 Intangible assets . . . . .		13	
	15 Other assets. See Part IV, line 11 . . . . .	0.	14	153,712.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	0.	15	8,621,836.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	0.	16	1,128,512.
	18 Grants payable . . . . .		17	
	19 Deferred revenue . . . . .	0.	18	7,141,129.
	20 Tax-exempt bond liabilities . . . . .		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		21	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		22	
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		23	
	25 Other liabilities. Complete Part X of Schedule D . . . . .	0.	24	55,306.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	0.	25	8,324,947.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	0.	26	296,889.
	28 Temporarily restricted net assets . . . . .		27	
	29 Permanently restricted net assets . . . . .		28	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .		29	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		30	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		31	
33 <b>Total net assets or fund balances</b> . . . . .	0.	32	296,889.	
34 <b>Total liabilities and net assets/fund balances</b> . . . . .	0.	33	8,621,836.	

**Part XI Reconciliation of Net Assets**

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)	1	3,143,890.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,452,885.
3	Revenue less expenses. Subtract line 2 from line 1	3	-308,995.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	605,884.
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	296,889.

**Part XII 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
3b	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.		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization THE CORPORATION FOR TRAVEL PROMOTION

Employer identification number 36-4681868

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table for Conservation Easements. Includes questions about purpose of easements, total number, acreage, and monitoring expenses. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenues and assets.

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

Schedule D (Form 990) 2010

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10**

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Term endowment  %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		17,147	525	16,622
e Other . . . . .		285,017	4,750	280,267
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). . . . .				296,889

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

**Part VIII Investments - Program Related.** See Form 990, 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)		
<b>Total.</b> (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) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (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	
(2) DEFERRED RENT	55,306.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	55,306.

2. FIN 48 (ASC 740) 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 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,143,890.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,452,885.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-308,995.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	605,884.
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	605,884.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	296,889.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	3,749,774.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	605,884.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	605,884.
3	Subtract line 2e from line 1	3	3,143,890.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,143,890.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	3,452,885.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,452,885.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,452,885.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV Supplemental Information (continued)**

FIN 48

CTP IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE. CONTRIBUTIONS TO CTP ARE NOT TAX DEDUCTIBLE BY DONORS UNDER SECTION 170(C)(2) OF THE INTERNAL REVENUE CODE. IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH PRESCRIBED A COMPREHENSIVE MODEL FOR HOW AN ORGANIZATION SHOULD MEASURE, RECOGNIZE, PRESENT, AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT AN ORGANIZATION HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN. CTP ADOPTED ASC 740-10 AT ITS INCEPTION. CTP RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. CTP DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

OMB No 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization

THE CORPORATION FOR TRAVEL PROMOTION

Employer identification number

36-4681868

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>ATCH 1</u> ) . . . . .		1.	285,017.	
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 0.

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
OFC FURNITURE & EQUIPMENT	X	1.	285,017.	FMV
TOTALS		<u>1.</u>	<u>285,017.</u>	

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

THE CORPORATION FOR TRAVEL PROMOTION

Employer identification number  
36-4681868

DELEGATION OF MANAGEMENT DUTIES

PART VI, LINE 3

THE ORGANIZATION DELEGATED CONTROL OVER MANAGEMENT DUTIES TO A SEPERATE  
AND INDEPENDENT MANAGEMENT COMPANY DURING ITS INITIAL START-UP AND WHILE  
STAFF WAS BEING RECRUITED.

FORM 990 REVIEW PROCESS

PART VI, LINE 11

THE 990 INFORMATION IS COMPILED BY THE CORPORATION'S FINANCE DEPARTMENT  
WHICH WORKS CLOSELY WITH THE INDEPENDENT ACCOUNTING FIRM OF KPMG IN  
PREPARING THE RETURN. THE RETURN IS THEN PROVIDED TO MEMBERS OF THE BOARD  
OF DIRECTORS TO REVIEW PRIOR TO ITS FILING.

CONFLICT OF INTEREST POLICY

PART VI, LINE 12C

CORPORATION FOR TRAVEL PROMOTION HAS A WRITTEN CONFLICT OF INTEREST  
POLICY. ANNUALLY, OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE  
REQUIRED TO DISCLOSE ANY INTERESTS THAT COULD POTENTIALLY GIVE RISE TO A  
CONFLICT. MANAGEMENT MONITORS AND ENFORCES COMPLIANCE WITH THIS POLICY  
REGULARLY.

COMPENSATION REVIEW PROCESS

PART VI, LINE 15

THE CORPORATION'S BOARD OF DIRECTORS AUTHORIZED A SEARCH COMMITTEE AND

Name of the organization THE CORPORATION FOR TRAVEL PROMOTION	Employer identification number 36-4681868
--	--

DESIGNATED IT WITH AUTHORITY TO CONDUCT AN EXECUTIVE DIRECTOR (CEO) SEARCH. THE COMMITTEE WAS SELECTED TO RESEARCH AND RECOMMEND A SEARCH FIRM FOR THE COMMITTEE TO CONDUCT THE JOB SEARCH FOR THE EXECUTIVE DIRECTOR (CEO) POSITION. THE BOARD VOTED TO HIRE THE EXECUTIVE SEARCH FIRM, SPENCER STUART, TO CONDUCT THE CEO SEARCH.

THE COMMITTEE WAS RESPONSIBLE FOR WORKING WITH THE SEARCH FIRM TO DEVELOP THE WRITTEN EMPLOYMENT CONTRACT, REVIEW THE COMPENSATION AND TO SCREEN THE LEADING CANDIDATES. THE BOARD, IN CONSULTATION WITH THE SEARCH FIRM, SET THE COMPENSATION BASED ON A COMBINATION OF THE FOLLOWING FACTORS: A) BENCHMARKS OF OTHER PUBLIC-PRIVATE PARTNERSHIPS, B) GREATER METRO WASHINGTON DC SALARY BANDS FOR CEO'S, AND C) OTHER NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND SCOPE OF SERVICES.

ALL MEMBERS OF THE COMMITTEE WERE INDEPENDENT WITH RESPECT TO THE CANDIDATES FOR THE POSITION AND THE EXECUTIVE DIRECTOR (CEO) ULTIMATELY SELECTED.

WHILE WORKING WITH THE SEARCH FIRM, THE COMMITTEE CONTEMPORANEOUSLY DOCUMENTED DELIBERATIONS AND DISCUSSIONS. THE MEANS OF DETERMINING COMPENSATION AND DEVELOPING THE WRITTEN EMPLOYMENT CONTRACT WERE ALSO DOCUMENTED THROUGHOUT THE PROCESS.

DOCUMENTS AVAILABLE TO THE PUBLIC

PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

Name of the organization

THE CORPORATION FOR TRAVEL PROMOTION

Employer identification number

36-4681868

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND  
HIGHEST COMPENSATED EMPLOYEES

## PART VII

PER THE IRS INSTRUCTIONS FOR PART VII, "COMPENSATION MUST BE REPORTED FOR  
THE CALENDAR YEAR ENDING WITH OR WITHIN THE ORGANIZATION'S TAX YEAR." NO  
COMPENSATION WAS REPORTED BY DECEMBER 31, 2010, THE CALENDAR YEAR THAT  
FELL WITHIN THE ORGANIZATION'S TAX YEAR.

OTHER CHANGES IN NET ASSETS

PART XI, LINE 5

DONATED SERVICES

\$605,884

ATTACHMENT 1FORM 990, PART III - PROGRAM SERVICE, LINE 4A

FISCAL YEAR 2011 WAS THE START-UP YEAR FOR BRAND USA. THE BOARD OF  
DIRECTORS WAS APPOINTED LESS THAN TWO WEEKS BEFORE THE BEGINNING  
OF THE FISCAL YEAR, AND MUCH OF THE YEAR WAS DEDICATED TO  
DEVELOPING THE INFRASTRUCTURE AND FRAMEWORK OF THE CORPORATION.  
THE CORPORATION'S ANNUAL OBJECTIVES AND ACCOMPLISHMENTS CENTERED  
ON SETTING UP A CORPORATE ENTITY AND ACQUIRING THE NECESSARY  
INFRASTRUCTURE AND STAFF TO BEGIN BUILDING A PROMOTIONAL  
ORGANIZATION. ONCE OFFICE SPACE AND STAFF WERE SECURED,  
PROGRAMMATIC ACTIVITIES WERE UNDERTAKEN IN KEY AREAS:

-- IN MARKETING, THE BOARD OF DIRECTORS, CEO, AND CMO CONDUCTED A

Name of the organization THE CORPORATION FOR TRAVEL PROMOTION	Employer identification number 36-4681868
--	--

ATTACHMENT 1 (CONT'D)

COMPREHENSIVE AND OPEN SEARCH FOR AN ADVERTISING AGENCY TO ASSIST WITH MARKET RESEARCH, CREATIVE DEVELOPMENT, AND MEDIA BUYS.

--ONCE AN INTERIM SCOPE OF WORK WAS IN PLACE, BRAND USA GATHERED PRELIMINARY RESEARCH ON TOP INTERNATIONAL MARKETS VISITING THE U.S, CONDUCTED MARKET ANALYSIS, DEVELOPED A 12- MONTH STRATEGIC PLAN TO ENGAGE AGENCIES AND OTHER KEY VENDORS, EVALUATED SOCIAL MEDIA AND OTHER MARKETING PLATFORMS, AND SOLICITED STRATEGIC EXPERTISE FROM INDUSTRY PARTNERS.

--UNDER BUSINESS DEVELOPMENT, BRAND USA DEVELOPED AN EARLY-STAGE REVENUE STRATEGY, BENCHMARKED LOCAL, STATE AND INTERNATIONAL DESTINATION MARKETING ORGANIZATIONS, AND SEARCHED FOR KEY STAFF MEMBERS IN THE UNITED STATES AND IN-MARKET REPRESENTATION ABROAD.

--UNDER STRATEGIC OUTREACH, BRAND USA BEGAN IN EARNEST OUTREACH TO KEY INDUSTRY AND GOVERNMENT PARTNERS TO RECEIVE INPUT ON FUTURE PROGRAMS AND GOALS OF THE CORPORATION AND TO ENSURE A COLLABORATIVE PUBLIC-PRIVATE PARTNERSHIP.

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization CORPORATION FOR TRAVEL PROMOTION	Employer identification number 36-4681868
	Number, street, and room or suite no. If a P O box, see instructions. 1725 EYE STREET NW 8TH FLOOR	
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20006	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of SHABU THOMAS

Telephone No. 202 536-2079 FAX No

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20\_\_ or

tax year beginning 10/01, 2010, and ending 09/30, 2011

2 If the tax year entered in line 1 is for less than 12 months, check reason.  Initial return  Final return

Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**.  
**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE CORPORATION FOR TRAVEL PROMOTION		Enter filer's identifying number, see instructions. Employer identification number (EIN) or	
	Number, street, and room or suite no. If a P O box, see instructions. 1725 EYE STREET		<input checked="" type="checkbox"/>	36-4681868
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON DC, DC 20006		<input type="checkbox"/>	Social security number (SSN)

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

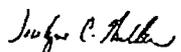
**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **SHABU J THOMAS**  
 Telephone No. **202 536-2079** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until 08/15, 2012 .
- 5 For calendar year \_\_\_\_\_ , or other tax year beginning 11/10, 2010 , and ending 09/30, 2011 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0.
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title **Paid Preparer** Date **5/13/12**