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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)
 ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 02-01-2011, and ending 01-31-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Rocky Mountain Region Promotional Products Association Number and street (or P O box, if mail is not delivered to street address) Room/suite 3030 W 81st Avenue	D Employer identification number 84-0929642
	City or town, state or country, and ZIP + 4 Westminster, CO 80031	E Telephone number (303) 433-4446
		F Group Exemption Number ▶

G Accounting method Cash Accrual Other (specify) ▶ _____

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ www.RMRPPA.ORG

J Tax-Exempt status (check only one) — 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 139,276

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	106,351
	3 Membership dues and assessments	3	31,200
	4 Investment income	4	890
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0	
c Less direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	835	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	139,276	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	42,528
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,538
	16 Other expenses (describe in Schedule O)	16	81,111
17 Total expenses. Add lines 10 through 16	17	125,177	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,099
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	98,624
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	112,723

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	129,914	22 130,858
23 Land and buildings		23
24 Other assets (describe in Schedule O)	11,608	24 6,095
25 Total assets	141,522	25 136,953
26 Total liabilities (describe in Schedule O)	42,898	26 24,230
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	98,624	27 112,723

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

Distribution of information among the members concerning the "specialty advertising" industry

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Forums, shows and meetings to disseminate information regarding the "specialty advertising" industry among the members and to promote the industry to the general public (Grants \$ 636,769) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 636,769

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2011) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and tax shelter transactions.

Table with columns for question number, Yes, and No. Contains responses for questions 33 through 45b.

Yes **No**

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

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

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes **No**

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

b If "Yes," was the related organization a section 527 organization?

49b	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **Yes** **No**

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.

Sign Here	***** Signature of officer	2012-04-25 Date
	Belinda Hooks MAS Vice President Type or print name and title	

Paid Preparer's Use Only	Preparer's signature <input type="text"/> George M Vogler	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="text"/> George M Vogler CPA 5650 Greenwood Plaza Blvd Ste 225N Greenwood Village, CO 80111			EIN <input type="text"/> Phone no <input type="text"/> (303) 770-0188

May the IRS discuss this return with the preparer shown above? See instructions **Yes** **No**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
Rocky Mountain Region
Promotional Products Association

Employer identification number

84-0929642

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1003	Total Liabilities 1003	Deferred Revenue - Beginning \$42898 Deferred Revenue - Ending \$24230
Form 990-EZ, Part II, Line 24 1011	Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$11608 Prepaid Expenses and Deferred Charges - Ending \$6095
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	Miscellaneous \$275
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Telephone \$1075
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Scholarship \$1513
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Membership costs \$2686
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Web Site \$2780
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	RAC Expense \$2918
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Bank Fees \$3159
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Board Expenses \$3336
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1413
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$61030
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$42
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$884
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	Advertising \$835

Additional Data

Software ID: 11000144
Software Version: 2011v1.2
EIN: 84-0929642
Name: Rocky Mountain Region
Promotional Products Association

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Jan Wolff 359 Inverness Drive South A Englewood, CO 80112	Secretary 0	0		
Lindsey Whitney co IMI 3030 W 81st Avenue Westminster, CO 80031	Director 0	0		
Iara Burchfield co IMI 3030 W 8ast Avenue Westminster, CO 80031	Director 0	0		
Christy Muckey 1155 Kelly Johnson Blvd 111 Colorado Springs, CO 80920	Director 0	0		
Chris Law 94 Commerce Street Colorado Springs, CO 80907	Director 0	0		
Craig Muller 8100 So Akron St 309 Centennial, CO 80112	Director 0	0		
Donna Harr 807 17th Street F Greeley, CO 80631	Director 0	0		
Kristine Ferraro co IMI 3030 W 81st Avenue Westminster, CO 80031	Director 0	0		
Heidi Forsythe 9206 W Alameda Ave 207 Lakewood, CO 80226	Vice President 0	0		
Chris Hanway 14291 E Dickenson Drive D Aurora, CO 80114	Director 0	0		
Lou Lantorno 4690 Florence St Denver, CO 80238	Treasurer 0	0		
Belinda Hooks MAS 11757 W Ken Caryl St F-171 Littleton, CO 80127	Chairman 0	0		
Ken Glaeser CAS 517 So Tejon St Colorado Springs, CO 80903	President 0	0		