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**Return of Organization Exempt From Income Tax** 

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

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

Department of the Treasury Internal Revenue Service

For the 2012 calendar year, or tax year beginning 2012, and ending D Employer Identification Number Check if applicable Address change NEW ENGLAND PROMOTIONAL PRODUCTS 04-2679729 ASSOCIATION, INC. 816 ELM STREET #299 Telephone number Name change Initial return (603) 529-8400 MANCHESTER, NH 03101 Terminated Amended return G Gross receipts \$ 290,870. H(a) Is this a group return for affiliates? Application pending F Name and address of principal officer NANCY BERCOVITZ X No Yes H(b) Are all affiliates included?
If 'No,' attach a list (see instructions) 92 E NIPMUC TRAIL N PROVIDENCE. No RI 02904 Tax-exempt status 501(c)(3) X 501(c) (6 (insert no ) 4947(a)(1) or 527 Website: ► WWW.NEPPA.COM H(c) Group exemption number Form of organization X Corporation Association L Year of Formation 1979 M State of legal domicile MA Part | Summary Briefly describe the organization's mission or most significant activities: ENRICHING AND PROFESSIONALLY REPRESENTING THE NEW ENGLAND PROMOTIONAL PRODUCTS INDUSTRY THROUGH EDUCATION INFORMATION, SUPPORT AND VOLUNTEERISM. Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 Total number of individuals employed in calendar year 2012 (Part V. line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990 T, line 34 7 a 0. IVET **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) OSC 47,920 940. Program service revenue (Part VIII, line 2a) 180,885 280,712. 2013 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Š 4,348 9,218. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 11 Total revenue – add lines 8 through 11 (must equal Part VIII) calumh (A), line 12 12 233, 153 290,870. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 218,298. 277,988. Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 218,298. 277,988. Revenue less expenses. Subtract line 18 from line 12 14,855 12,882. Beginning of Current Year End of Year Total assets (Part X, line 16) 491,228. 490,164. Total liabilities (Part X, line 26) 48,735. 29,380. Net assets or fund balances Subtract line 21 from line 20 442,493. 460,784 Part II Signature Block Under penalties of penury, 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 PRESIDENT Here Preparer's signature Check DAVID J CARLETON CPA DAVID J CARLETON CPA self-employed P00120214 Paid **Preparer** CARLETON, LOPEZ, CHAFF & WIESMAN, **Use Only** 130 PARKER ST. SUITE 20 Firm's EIN > 04-3100673 LAWRENCE, MA 01843 Phone no (978)689-8822 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

TEEA0113L 12/18/12

Form 990 (2012)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

| Form       | 990 (2012) NEW ENGLAND PROMOTIONAL PRODUCTS  | 04-26          | 79729         | Pa             | age 2         |
|------------|--|----------------|---------------|----------------|---------------|
| Pai        |  |                |               |                |               |
|            | Check if Schedule O contains a response to any question in this Part III   |                |               |                | Х             |
| 1          | Briefly describe the organization's mission.   |                |               |                |               |
|            | ENRICHING AND PROFESSIONALLY REPRESENTING THE NEW ENGLAND PROMOT   | CONAL P        | RODUCTS       |                |               |
|            | INDUSTRY THROUGH EDUCATION, INFORMATION, SUPPORT AND VOLUNTEERIS   | <u>1 </u>      |               |                |               |
|            |  | <b></b>        |               |                |               |
|            |  |                |               |                |               |
| 2          | Did the organization undertake any significant program services during the year which were not listed or   | n the prior    | _             |                |               |
|            | Form 990 or 990-EZ?  |                | Yes           | X              | 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 se  | rvices?        | Yes           | X              | No            |
|            | If 'Yes,' describe these changes on Schedule O.  |                | _             | _              |               |
| 4          | Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the air | ices, as m     | easured by    | expens         | ses.          |
|            | Section 501(c)(3) and 501(c)(4) organizations and section 494/(a)(1) trusts are required to report the ail others, the total expenses, and revenue, if any, for each program service reported.                       | nount of g     | rants and a   | llocatio       | ns to         |
|            | others, the total expenses, and revenue, if any, for each program service reported.  |                |               |                |               |
|            | (Codes ) (European C unalluding groups of C ) (E   | Revenue        | ė             | <u> </u>       | $\overline{}$ |
| 4 a        |  |                |               |                | —'            |
|            | PUBLICATION OF NEWSLETTER FOR MEMBERSHIP. 1100-1500 COPIES DIST  | KIROIFF        | <u> </u>      |                |               |
|            | INFORMATIONAL PURPOSES.  |                | <b>-</b>      |                |               |
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| 4 b        | · · · · · · · · · · · · · · · · · · ·  |                | \$            |                | )             |
|            | TRADE SHOW SET UP AS A SHOWCASE FOR VENDORS IN THE INDUSTRY. GRO   |                |               |                | - <b>-</b> -  |
|            | BENEFIT OF NEW ENGLAND PROMOTIONAL PRODUCTS ASSOCIATION (N.E.P.P   | .A.)_ME        | MBERSHI       | P              |               |
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|            |  | - <del>-</del> |               |                |               |
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|            |  |                |               |                |               |
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|            |  |                |               |                |               |
| 4 c        | : (Code ) (Expenses \$ including grants of \$ ) (F   | Revenue        | \$            |                |               |
|            | BUSINESS MEETINGS (FUNCTIONS) WITH SPEAKERS ON INDUSTRY RELATED M  | ATTERS.        |               |                |               |
|            |  |                |               |                |               |
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|            | d Other program services. (Describe in Schedule O.)  SEE SCHEDULE O  |                |               |                |               |
| <b>→</b> C | (Expenses \$ Including grants of \$ ) (Revenue \$  |                |               | ١              |               |
| 10         | e Total program service expenses ►   | <del></del>    |               |                |               |
| BAA        |  | -              | For           | m <b>990</b> ( | (2012)        |

Page 3

Form 990 (2012) NEW ENGLAND PROMOTIONAL PRODUCTS

Page W Checklist of Required Schedules

|    |   |      | Yes          | No        |
|----|---|------|--------------|-----------|
| 1  | Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If 'Yes,' complete Schedule A   | 1    |              | Х         |
| 2  | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2    |              | X         |
| 3  | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I  | 3    |              | X         |
| 4  | Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II   | 4    |              |           |
| 5  | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III   | 5    | Х            |           |
| 6  | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I  | 6    |              | X         |
| 7  | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II   | 7    |              | X         |
| 8  | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III   | 8    |              | <u>X</u>  |
| 9  | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV             | 9    |              | <u>X</u>  |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V  | 10   |              | Х         |
| 11 | 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.   |      |              |           |
| 8  | Did the organization report an amount for land, buildings and equipment in Part X, line 10 <i>9f 'Yes,' complete Schedule D, Part VI</i>  | 11a  |              | X         |
| k  | 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  |              | <u> </u>  |
| 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   | 11 c |              | X         |
|    | 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  | 11 d | V            | Х         |
|    | Did the organization report an amount for other liabilities in Part X, line 25?If 'Yes,' complete Schedule D, Part X  | 11 e | Х            |           |
|    | 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)7/f 'Yes,' complete Schedule D, Part X   | 11f  |              | X         |
|    | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII   | 12a  |              | X         |
|    | 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 and XII is optional   | 12b  |              | <u>X</u>  |
|    | Is the organization a school described in section 170(b)(1)(A)(ii)?If 'Yes,' complete Schedule E  | 13   |              | X         |
|    | a Did the organization maintain an office, employees, or agents outside of the United States?   | 14a  |              |           |
|    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b  |              | X         |
|    | 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   |              | Х         |
|    | 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   |              | X         |
|    | 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   |              | <u> x</u> |
|    | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II  | 18   |              | Х         |
|    | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a7f 'Yes,' complete Schedule G, Part III  | 19   |              | X         |
|    | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H   | 20   | <del> </del> | X         |
| ı  | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20 b |              | <u> </u>  |

Checklist of Required Schedules (continued)

| (100 | •  |      | Yes | No     |
|------|--|------|-----|--------|
| 21   | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II   | 21   |     | Х      |
| 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   | i   | х      |
| 23   | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J   | 23   |     | х      |
| 24 a | 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25   | 24a  |     | х      |
| 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  |     |        |
| 25 a | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I   | 25a  |     |        |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ3f 'Yes,' complete Schedule L, Part I  | 25b  |     |        |
| 26   | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II  | 26   | _   | х      |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III                        | 27   |     | х      |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |      |     |        |
| а    | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV  | 28a  |     | Х      |
| b    | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV   | 28b  |     | Х      |
|      | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 28c  |     | 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   |     | х      |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I   | 31   |     | Х      |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II   | 32   |     | Х      |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I   | 33   |     | Х      |
| 34   | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1  | 34   |     | х      |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a  |     | X      |
| t    | If 'Yes' to line 35a, 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, Part V, line 2  | 35b  |     |        |
| 36   | <b>Section 501(c)(3) organizations</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2   | 36   | ,   |        |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI  | 37   |     | Х      |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  | 38   | Х   |        |
| BAA  |  | Form | 990 | (2012) |

BAA

Form 990 (2012)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 1 b b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1 c (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file. (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **b** If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5 a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Form 8282 d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization3ud the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9 a a Did the organization make any taxable distributions under section 4966? 9 b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations.Enter. 10 a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizationsEnter: a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources 11<sub>b</sub> against amounts due or received from them ) 12a Section 4947(a)(1) non- exempt charitable trusts.ls the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b

TEEA0105L 08/08/12

Form 990 (2012) NEW ENGLAND PROMOTIONAL PRODUCTS 04-2679729 Page 6 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1 Ь 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Х 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? Х 3 Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? SEE SCHEDULE O 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? SEE SCHEDULE 0 7 a Х members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O Х stockholders, or other persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8 a X **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12<sub>b</sub> to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy of 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O X Schedule O how this is done 12c X 13 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 X 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? a The organization's CEO, Executive Director, or top management official 15 a 15<sub>b</sub> b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure

| 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   |      | 0, and 990-T (501(c)(3)s only) available for public |
|    | inspection. Indicate how you make these available. Check all that apply.   |      |   |

Upon request

X Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to

the public during the tax year SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ELM STREET MANCHESTER NH 816 03101 (603)

Another's website

Other (explain in Schedule O)

Own website

# 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

- 1 a 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.

|                       | ]  |                                |                       | (C              | ;)  |                              |        | -   |  |   |
|-----------------------|--|--------------------------------|-----------------------|-----------------|---|------------------------------|--------|---|--|---|
| (A)<br>Name and Title | (B) Average hours per week (list   | one bo                         | x, ùn                 | ess p<br>d a di | t check more tha<br>person is both a<br>director/trustee) |                              |        | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation      |
|                       | any hours<br>for related<br>organiza-<br>tions<br>below<br>dotted<br>line) | Individual trustee or director | Institutional trustee | Officer         | Key employee  | Highest compensated employee | Former | (W 2/1099-MISC)                                   | (W-2/1099-MISC)  | from the organization and related organizations |
| (1) HILARY GALLAGHER  | 2  |                                |                       |                 |   |                              |        |   |  |   |
| PRESIDENT             | 0  | X                              |                       | Х               |   |                              |        | 0.  | 0.   | 0.  |
| (2) NANCY BERCOVITZ   | 0.3  | ļ                              |                       |                 |   |                              |        |   |  |   |
| VICE PRESIDENT        | 0  | Х                              | Ш                     | Х               |   |                              |        | 0.  | 0.   | 0.  |
| (3) NICK D'ERAMO      | 1  | ļ                              |                       |                 |   |                              |        |   |  |   |
| TREASURER             | 0  | X                              |                       | Х               |   |                              |        | 0.  | 0.   | 0.  |
| (4) KIM COEN          | 0.3  | <u> </u>                       |                       |                 |   |                              |        |   |  |   |
| SECRETARY             | 0  | Х                              | Ш                     | X               |   |                              |        | 0.  | 0.   | 0.  |
| (5) WANDA LEAVY       | 0.3  |                                |                       |                 |   |                              |        |   |  |   |
| PAST PRESIDENT        | 0  | X                              |                       |                 |   |                              |        | 0.  | 0.   | 0.  |
| (6) JOSHUA BROOKS     | 0.3  | ļ                              |                       |                 |   |                              |        |   |  |   |
| DIRECTOR              | 0  | X                              |                       |                 |   |                              |        | 0.  | 0.   | 0.  |
| 7) JIM CURTIS         | 0.3  | ļ                              |                       |                 |   |                              |        |   |  |   |
| DIRECTOR              | 0  | X                              |                       |                 |   |                              |        | 0.  | 0.   | 0.  |
| (8) JODY FERRER       | 0.3  | ļ                              |                       |                 |   |                              |        |   |  |   |
| DIRECTOR              | 0  | X                              |                       |                 |   |                              |        | 0.  | 0.   | 0.  |
| (9) JOANN GOODLOE     | 0.3  |                                |                       |                 |   |                              |        |   |  |   |
| DIRECTOR              | 0  | X                              |                       |                 |   |                              |        | 0.  | 0.   | 0.  |
| (10) SHARON MURPHY    | 0.3  | 1                              |                       |                 |   |                              |        |   |  |   |
| DIRECTOR              | 0  | X                              |                       |                 |   |                              |        | 0.  | 0.   | 0.  |
| (11)                  |  |                                |                       |                 |   |                              |        |   |  |   |
| (12)                  |  |                                |                       |                 |   |                              |        |   |  |   |
| (13)                  |  |                                |                       |                 |   |                              |        |   |  |   |
| (14)                  |  |                                |                       |                 |   |                              |        |   |  |   |

Page 8

| (A) Name and title   | (B) Average hours per  | (do<br>box                 | not c                 | Pos<br>heck   | sition<br>more<br>erson<br>direct | than<br>is both                 | one<br>n an<br>tee) | (D)  Reportable compensation from   | (E) Reportable compensation from         | <b>(F)</b> Estmated amount of other                                      |
|--|--|----------------------------|-----------------------|---------------|-----------------------------------|---------------------------------|---------------------|-------------------------------------|--|--|
|  | week (list any hours for related organiza toons below dotted line) | or director                | Institutional trustee | Officer       | Key employee                      | Highest compensated<br>employee | Former              | the organization<br>(W-2/1099-MISC) | related organizations<br>(W-2/1099-MISC) | compensation<br>from the<br>organization<br>and related<br>organizations |
| (15)   |  |                            |                       |               |                                   |                                 |                     |                                     |  |  |
| (16)   |  |                            |                       |               |                                   |                                 |                     |                                     |  |  |
| (17)   |  |                            | -                     |               |                                   |                                 |                     |                                     |  |  |
| (18)   |  |                            |                       |               |                                   |                                 |                     |                                     |  |  |
| (19)   |  | -                          |                       | _             |                                   |                                 |                     |                                     |  |  |
| (20)   |  |                            |                       |               |                                   |                                 |                     |                                     |  |  |
| (21)   |  |                            |                       |               |                                   |                                 |                     |                                     |  |  |
| (22)   |  |                            |                       |               |                                   |                                 |                     |                                     |  |  |
| (23)   |  | 1                          |                       |               |                                   |                                 |                     |                                     |  |  |
| (24)   |  | -                          |                       |               |                                   |                                 |                     |                                     |  |  |
| (25)   |  |                            |                       |               |                                   |                                 |                     |                                     |  |  |
| 1 b Sub-total  |  | <u> </u>                   |                       | l             | Ь                                 | ļ                               | <u> </u>            | 0.                                  | 0.                                       | 0.   |
| c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)  | 1 A  |                            |                       |               | •                                 |                                 | <b>•</b>            | 0.                                  | 0.                                       | 0.   |
| 2 Total number of individuals (including but not limit from the organization ▶ 0   | ed to th   | ose I                      | iste                  | d ab          | ove                               | ) who                           | o re                |                                     | \$100,000 of report                      |  |
| <ul> <li>3 Did the organization list anyformer officer, director on line 1a? If 'Yes,' complete Schedule J for such</li> <li>4 For any individual listed on line 1a, is the sum of rithe organization and related organizations greater such individual</li> <li>5 Did any person listed on line 1a receive or accrue</li> </ul> | <i>individu</i><br>eportab<br>than \$1                             | <i>al</i><br>le co<br>50,0 | mpe<br>00?/           | ensa<br>If 'Y | ation<br>es' d                    | and<br>comp                     | oth<br><i>lete</i>  | er compensation<br>Schedule J for   | from                                     | Yes No  3 X  4 X   |
| for services rendered to the organization? If 'Yes,' Section B. Independent Contractors  | comple   | te Sc                      | hed                   | ule           | J fo                              | rsuc                            | h pe                | erson                               |  | 5 X  |
| Complete this table for your five highest compensation from the organization. Report comp  | ated ind<br>ensation   | epen                       | den<br>the            | t co<br>cale  | ntra                              | ctors                           | tha<br>ar e         | at received more t                  | han \$100,000 of<br>in the organization  | s tax year.  |
| (A) Name and business addre  |  |                            |                       | ·             |                                   |                                 |                     | (B) Description                     | )  | (C)<br>Compensation  |
|  |  | _                          |                       |               |                                   |                                 |                     |                                     |  |  |
|  |  |                            |                       |               |                                   |                                 |                     |                                     |  |  |
| 2 Total number of independent contractors (including   | g but no   | t lim                      | ited                  | to t          | hos                               | e list                          | ed a                | above) who receiv                   | red more than                            |  |
| \$100,000 in compensation from the organization  | 0  |                            | _                     |               |                                   |                                 |                     | ·                                   |  | Form 000 (0010)  |
| BAA  |  | TEEA                       | J108L                 | . 01/         | 24/13                             | ı                               |                     |                                     |  | Form <b>990</b> (2012)   |

|  | · Check if Schedule O contains a resp   | oonse to any questic | on in this Part VIII |  |   |   |
|--|---|----------------------|----------------------|--|---|---|
|  |   |                      | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| <u> </u>   | 1 a Federated campaigns. 1 a  |                      |                      |  |   |   |
| <b>₹</b> 50  | <b>b</b> Membership dues 1 <b>b</b>   |                      |                      | 1                                      |   |   |
| ₹ ₹  | c Fundraising events 1 c  |                      |                      |  |   |   |
| \$ 5   | d Related organizations 1d  |                      |                      |  |   |   |
| SS   | e Government grants (contributions) 1 e   |                      |                      |  |   |   |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | f All other contributions, gifts, grants, and similar amounts not included above  1 f  Q Noncash contributions included in lns 1a-1f \$ | 940.                 |                      |  |   |   |
| ᅙᄛ   | g Noncash contributions included in lins 1a-1f \$ h Total. Add lines 1a-1f  | <b>&gt;</b>          | 940.                 |  |   |   |
| PROGRAM SERVICE REVENUE                                | I Total. Add lines 1a-11  | Business Code        | 940.                 |  |   | <del> </del>  |
| Ę  | 2a TRADE SHOW   | 900099               | 218,220.             | 218,220.                               | <del> </del>                            | 1   |
| E R  | b MEMBERSHIP DUES   | 900099               | 47,675.              | 47,675.                                |   | · · · · · · · · · · · · · · · · · · ·                         |
| S  | • NETWORKING  | 900099               | 7,740.               | 7,740.                                 |   |   |
| SEF  | d ADVERTISING (SEE SCH O)   | 541800               | 6,815.               | 6,815.                                 |   |   |
| ₹AM  | e MISCELLANEOUS   | 900099               | 262.                 | 262.                                   |   |   |
| 9  | f All other program service revenue   |                      |                      |  |   |   |
| <b>A</b>   | g Total. Add lines 2a-2f  | •                    | 280,712.             |  |   |   |
|  | 3 Investment income (including dividend other similar amounts)  | ▶                    | 9,218.               |  |   | 9,218.  |
|  | 4 Income from investment of tax-exemp   | t bond proceeds      |                      |  |   | _   |
|  | 5 Royalties (i) Real  | (II) Personal        |                      |  |   | <u> </u>  |
|  | 6a Gross rents  | (II) Fersonal        |                      |  |   |   |
|  | b Less: rental expenses   |                      |                      |  |   |   |
|  | c Rental income or (loss)   |                      |                      |  |   |   |
|  | d Net rental income or (loss)   | <b>b</b>             |                      |  |   |   |
|  | (A) Securitor   | (ii) Other           |                      |  |   |   |
|  | 7 a Gross amount from sales of assets other than inventory  |                      |                      |  |   |   |
|  | b Less cost or other basis<br>and sales expenses  |                      |                      |  |   |   |
|  | c Gain or (loss) d Net gain or (loss)   |                      |                      |  | · · · · · · · · ·                       | <del> </del>  |
|  | , ,   |                      |                      |  |   |   |
| OTHER REVENUE  | 8a Gross income from fundraising events<br>(not including \$<br>of contributions reported on line 1c).                                  |                      |                      |  |   |   |
| Æ  | See Part IV, line 18  | a                    |                      |  |   |   |
| 품  | <b>b</b> Less: direct expenses  | Ď                    |                      |  |   |   |
| 5  | c Net income or (loss) from fundraising   | events ►             |                      |  |   |   |
|  | 9 a Gross income from gaming activities.<br>See Part IV, line 19  | a                    |                      |  |   |   |
|  | <b>b</b> Less direct expenses   | ь                    | i                    |  |   |   |
|  | c Net income or (loss) from gaming acti   | vities •             |                      |  |   | 1   |
|  | 10 a Gross sales of inventory, less returns and allowances  | а                    |                      |  |   |   |
|  | <b>b</b> Less: cost of goods sold   | ь                    |                      |  |   |   |
|  | c Net income or (loss) from sales of inv  | entory ►             |                      |  |   |   |
|  | Miscellaneous Revenue   | Business Code        |                      |  |   |   |
|  | 11a   |                      |                      |  |   |   |
|  | b   |                      |                      |  |   |   |
|  | c   |                      |                      |  |   |   |
|  | d All other revenue   |                      |                      |  |   |   |
|  | e Total. Add lines 11a-11d .  | •                    |                      |  |   |   |
|  | 12 Total revenue. See instructions  | ▶                    | 290 870 l            | 280 712                                | n                                       | 9 218   |

## 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) |
|--|
|--|

|               | Check it Schedule O contains a f   |                       |   | , AL                                |                                       |
|---------------|--|-----------------------|---|-------------------------------------|---------------------------------------|
| Do г<br>7Ь, 8 | oot include amounts reported on lines 6b,<br>3b, 9b, and 10b of Part VIII  | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1             | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21  |                       |   |                                     |                                       |
| 2             | Grants and other assistance to individuals in the United States. See Part IV, line 22  |                       |   |                                     |                                       |
| 3             | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16   |                       |   |                                     |                                       |
| 4             | Benefits paid to or for members  |                       | • •                                       |                                     |                                       |
|               | Compensation of current officers, directors, trustees, and key employees   | 0.                    |   |                                     |                                       |
| 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   |                       |   |                                     |                                       |
| 8             | Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).  |                       |   |                                     |                                       |
| 9             | Other employee benefits  |                       |   |                                     |                                       |
| 10            | Payroll taxes  |                       |   |                                     |                                       |
|               | Fees for services (non-employees)  |                       |   |                                     |                                       |
|               | Management   | 82,334.               |   |                                     |                                       |
|               | Legal  | 02,004.               |   |                                     |                                       |
|               | Accounting   | 2,550.                |   |                                     |                                       |
|               | Lobbying   | 2,330.                | · · · · · · · · · · · · · · · · · · ·     |                                     |                                       |
|               | Professional fundraising services See Part IV, line 17   |                       |   |                                     |                                       |
|               | Investment management fees   | <del></del>           | <del></del>                               |                                     |                                       |
|               | Other. (If line 11g amt exceeds 10% of line 25, col-   |                       |   |                                     |                                       |
| •             | umn (A) amt, list line 11g expenses on Sch 0)  |                       |   |                                     |                                       |
| 12            | Advertising and promotion  | _1,479.               |   |                                     |                                       |
| 13            | Office expenses  | 17,650.               |   |                                     |                                       |
| 14            | Information technology   | 681.                  |   |                                     |                                       |
| 15            | Royalties  |                       |   |                                     |                                       |
| 16            | Occupancy  |                       | ·   |                                     |                                       |
| 17            | Travel   | 4,094.                |   |                                     |                                       |
|               | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |   |                                     |                                       |
|               | Conferences, conventions, and meetings   | 3,767.                |   |                                     |                                       |
| 20            | Interest   |                       |   | _                                   |                                       |
| 21            | Payments to affiliates   |                       |   |                                     |                                       |
| 22            | Depreciation, depletion, and amortization  |                       |   |                                     |                                       |
|               | Insurance .  | 2,946.                | <del></del>                               | ļ                                   |                                       |
| 24            | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                  |                       |   |                                     |                                       |
| а             | TRADE SHOWS  | 113,822.              |   |                                     |                                       |
|               | NETWORKING   | 20,719.               |   |                                     |                                       |
|               | EDUCATION  | 6,658.                |   |                                     |                                       |
|               | BANK & CREDIT CARD FEES  | 6,460.                |   |                                     |                                       |
|               | All other expenses   | 14,828.               |   |                                     |                                       |
|               | Total functional expenses. Add lines 1 through 24e   | 277,988.              |   |                                     |                                       |
| 26            |  |                       |   | İ                                   |                                       |
| د٥            | Joint Costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720) |                       |   |                                     |                                       |

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X **(B)** End of year (A) Beginning of year Cash - non-interest-bearing 1 59,957. 2 Savings and temporary cash investments. 273,661. 2 398,193 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other 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) Complete Part II of Schedule L. 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10 c b Less: accumulated depreciation Investments - publicly traded securities 11 11 87,091 148,644. 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 5,944 15 7,902 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 491,228. 490,164 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 48,735 29,380. Total liabilities. Add lines 17 through 25 48,735 26 29,380. Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 442,493 460,784. Temporarily restricted net assets 28 29 Permanently restricted net assets R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 33 442,493. 460,784. Total liabilities and net assets/fund balances. 34 491,228. 34 490,164.

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Form 990 (2012)

| Forr | n 990 (2012) NEW ENGLAND PROMOTIONAL PRODUCTS   | 04-2679729       | 1   | Page <b>12</b> |
|------|---|------------------|-----|----------------|
| Pa   | Reconciliation of Net Assets  |                  |     |                |
|      | Check if Schedule O contains a response to any question in this Part XI   |                  |     | X              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1                | 290 | ,870.          |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2                | 277 | ,988.          |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3                | 12  | ,882.          |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .   | 4                |     | ,493.          |
| 5    | Net unrealized gains (losses) on investments .  | 5                |     | ,409.          |
| 6    | Donated services and use of facilities .  | 6                |     |                |
| 7    | Investment expenses.  | 7                |     |                |
| 8    | Prior period adjustments  | 8                |     |                |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)  | 9                |     | 0.             |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  | 10               | 460 | ,784.          |
| Pa   | 文文 Financial Statements and Reporting   |                  |     |                |
|      | Check if Schedule O contains a response to any question in this Part XII .  |                  |     |                |
|      |   |                  | Ye  | s 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 Schedule O.   |                  |     |                |
| 2    | a Were the organization's financial statements compiled or reviewed by an independent accountant?   |                  | 2 a | X              |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both:  | viewed on a      |     |                |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |                  |     |                |
|      | <b>b</b> Were the organization's financial statements audited by an independent accountant?   |                  | 2ь  | X              |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s   | eparate          |     |                |
|      | basis, consolidated basis, or both  | •                |     |                |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |                  |     |                |
|      | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig<br>review, or compilation of its financial statements and selection of an independent accountant? | nt of the audit, | 2 c |                |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | ļ                |     |                |
| 3    | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in<br>Audit Act and OMB Circular A-133?  | n the Single     | 3 a | Х              |
|      | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits.      | e required audit | 3ь  |                |

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Form **990** (2012)

#### 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

OMB No 1545-0047

ଭିବୃତ୍ୟ (୧୯ ଅଧିକାଶ ଅଞ୍ଚର୍ଗ୍ୟକ୍ଷ୍ୟରୀ

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

| Name | of organization  |  |                        | Employer identifica  | tion number  |  |  |  |
|------|--|--|------------------------|--|--|--|--|--|
| NEV  | ENGLAND PROMOTION  | AL PRODUCTS                                    |                        | 04-267972  | 9  |  |  |  |
| PEVE | Complete if the org  | ganization is exempt under section !           | 501(c) or is a secti   | on 527 organizatio   | n.   |  |  |  |
| 1    | Provide a description of the   | organization's direct and indirect political c | ampaign activities in  |  |  |  |  |  |
| 2    | Political expenditures   |  |                        | ▶\$  |  |  |  |  |
| 3    | Volunteer hours  |  |                        |  |  |  |  |  |
| Par  | •  | rganization is exempt under section            |                        |  |  |  |  |  |
| 1    | <del>-</del>   | ise tax incurred by the organization under     |                        | <b>►</b> \$  |  |  |  |  |
| 2    | Enter the amount of any exc  | ise tax incurred by organization managers      | under section 4955     | ▶\$  |  |  |  |  |
| 3    | If the organization incurred a   | section 4955 tax, did it file Form 4720 for    | this year?             |  | Yes No   |  |  |  |
| 4 a  | Was a correction made?   |  |                        |  | Yes No   |  |  |  |
|      | If 'Yes,' describe in Part IV.   |  |                        | <del></del>  |  |  |  |  |
|      |  | rganization is exempt under section            |                        |  |  |  |  |  |
| 1    | Enter the amount directly ex   | pended by the filing organization for section  | n 527 exempt function  | n activities > \$  |  |  |  |  |
| 2    | Enter the amount of the filing function activities   | g organization's funds contributed to other    | organizations for sect | tion 527 exempt ►\$  |  |  |  |  |
| 3    | Total exempt function expen-<br>line 17b   | ditures. Add lines 1 and 2. Enter here and     | on Form 1120-POL,      | <b>►</b> \$  |  |  |  |  |
| 4    | Did the filing organization file   | eForm 1120-POL for this year?                  |                        |  | Yes X No   |  |  |  |
| 5    | The state of the s |  |                        |  |  |  |  |  |
|      | (a) Name   | (b) Address                                    | (c) EIN                | (d) Amount paid from filing<br>organization's funds If<br>none, enter-0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |  |  |  |
| (1)  |  |  |                        |  |  |  |  |  |
| (2)  |  |  |                        |  |  |  |  |  |
| (3)  |  |  |                        |  |  |  |  |  |
| (4)  |  |  |                        |  |  |  |  |  |
| (5)  |  |  |                        |  |  |  |  |  |
| (6)  |  |  |                        |  |  |  |  |  |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| •  |                         |  |                          |                                       |                             |
|--|-------------------------|--|--------------------------|---------------------------------------|-----------------------------|
| Schedule C (Form 990 or 990-EZ) 201                                  | <sup>2</sup> NEW ENGLAN | D PROMOTIONAL PRO  | DUCTS                    | 04-2679                               | 729 Page <b>2</b>           |
| Part II-A Complete if t  | he organization         | is exempt under secti                                    |                          | ed Form 5768 (electio                 | n under                     |
| section 501(   |                         |  | And had in Dist NA       |                                       |                             |
|  | •                       | ongs to an affiliated group                              |                          | n affiliated group membe              | r's name,                   |
|  |                         | nd share of excess lobbying                              | •                        |                                       |                             |
| B Check ► ☐ If the filir   | ng organization ch      | ecked box A and 'limited co                              | ntrol' provisions apply. | · · · · · · · · · · · · · · · · · · · |                             |
| (The term  |                         | oying Expenditures<br>eans amounts paid or incu          | rred.)                   | (a) Filing<br>organization's totals   | (b) Affiliated group totals |
| 1 a Total lobbying expenditu   | ures to influence p     | ublic opinion (grass roots lo                            | obbying).                |                                       |                             |
| <b>b</b> Total lobbying expendit                                     | ures to influence a     | legislative body (direct lob)                            | bying)                   |                                       |                             |
| c Total lobbying expendit  | ures (add lines 1a      | and 1b)  |                          |                                       |                             |
| d Other exempt purpose e   | expenditures            |  |                          |                                       |                             |
| e Total exempt purpose e   | xpenditures (add I      | ines 1c and 1d).   |                          |                                       |                             |
| f Lobbying nontaxable and both columns                               | nount. Enter the a      | mount from the following ta                              | ble in                   |                                       |                             |
| If the amount on line 1e, col  | umn (a) or (b) is       | The lobbying nontaxable                                  | amount is                |                                       |                             |
| Not over \$500,000   |                         | 20% of the amount on line 1e.                            |                          |                                       |                             |
| Over \$500,000 but not over \$1,                                     | ,000,000                | \$100,000 plus 15% of the excess                         | over \$500,000           |                                       |                             |
| Over \$1,000,000 but not over \$                                     | 1,500,000               | \$175,000 plus 10% of the excess                         | over \$1,000,000         |                                       |                             |
| Over \$1,500,000 but not over \$                                     | 17,000,000              | \$225,000 plus 5% of the excess                          | over \$1,500,000.        |                                       |                             |
| Over \$17,000,000  |                         | \$1,000,000  |                          |                                       |                             |
| g Grassroots nontaxable a  | amount (enter 25%       | of line 1f)  | •                        |                                       |                             |
| h Subtract line 1g from lin  | ne 1a. If zero or le    | ss, enter -Q   | •                        |                                       |                             |
| i Subtract line 1f from lin  | e 1c. If zero or les    | s, enter -0-   |                          |                                       |                             |
| j If there is an amount ot<br>section 4911 tax for this              |                         | ither line 1h or line 1i, did t                          | the organization file Fo | rm 4720 reporting                     | Yes No                      |
| (Sor   |                         | 4-Year Averaging Period that made a section 501(h)       | election do not have t   |                                       |                             |
|  |                         | nns below. See the instruct<br>bying Expenditures During |                          |                                       |                             |
|  |                         |  | ,                        | T                                     | <del></del>                 |
| Calendar year (or fiscal year beginning in)                          | <b>(a)</b> 2009         | <b>(b)</b> 2010  | (c) 2011                 | (d) 2012                              | (e) Total                   |
| <b>2 a</b> Lobbying non-taxable amount                               |                         |  |                          |                                       |                             |
| <b>b</b> Lobbying ceiling<br>amount (150% of line<br>2a, column (e)) |                         |  |                          |                                       |                             |
| c Total lobbying expenditures  |                         |  |                          |                                       |                             |
| <b>d</b> Grassroots nontaxable amount                                |                         |  |                          |                                       |                             |
| e Grassroots ceiling<br>amount (150% of line<br>2d, column (e))      |                         |  |                          |                                       |                             |
| f Grassroots lobbying expenditures                                   |                         |  |                          |                                       |                             |

DAA

Schedule **C** (Form 990 or 990-EZ) 2012

| ,<br>Scher | dule C (Form 990 or 990-EZ) 2012 NEW ENGLAND PROMOTIONAL PRODUCTS   | 04-26          | 79729                                 |              | Pa              | ge <b>3</b> |
|------------|---|----------------|---------------------------------------|--------------|-----------------|-------------|
| ₽ිබ        | Complete if the organization is exempt under section 501(c)(3) and has NOT filed F (election under section 501(h)).   |                |                                       |              |                 |             |
|            |   | (a)            |                                       | (b)          | )               |             |
|            | each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description he lobbying activity  | s 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: |                |                                       |              |                 |             |
| i          | a Volunteers?   |                | ľ                                     |              |                 |             |
| -          | b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |                |                                       |              |                 |             |
| •          | c Media advertisements?   |                | <u> </u>                              |              |                 |             |
|            | d Mailings to members, legislators, or the public?  |                |                                       |              |                 |             |
|            | e Publications, or published or broadcast statements?   |                |                                       |              |                 |             |
| 1          | f 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?   |                | 1                                     |              |                 |             |
|            | Other activities?   |                | · · · · · · · · · · · · · · · · · · · |              |                 |             |
| i          | Total. Add lines 1c through 1   |                |                                       |              | -               |             |
| •          | a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |                |                                       |              |                 |             |
|            | 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?  |                |                                       |              |                 |             |
|            |   | <u>(E) or</u>  |                                       |              |                 |             |
| الدروتا    | Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  | <i>5)</i> , 01 |                                       |              |                 |             |
|            | 30 Culon 30 1(C)(O).  |                |                                       |              | Yes             | No          |
| ,          | Were substantially all (90% or more) dues received nondeductible by members?  |                | Г                                     | 1            | 163             | X           |
| _          | Did the organization make only in-house lobbying expenditures of \$2,000 or less?   |                | -                                     | 2            | х               | Λ_          |
| 2          | Did the organization make only in-nouse lobbying expenditures of \$2,000 or less:  Did the organization agree to carry over lobbying and political expenditures from the prior year?  |                | ŀ                                     | 3            | <del>-^</del> + | Х           |
|            |   | <b>(</b>       |                                       |              | 1/->            |             |
| IPE.       | Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Paranswered 'Yes.'   | t III-A,       | line 3                                | n 50<br>, is | 1(C)            |             |
| 1          | Dues, assessments and similar amounts from members  | 1              |                                       |              |                 |             |
| 2          | Section 162(e) nondeductible lobbying and political expenditures do not include amounts of political expenses for which the section 527(f) tax was paid).   |                |                                       |              |                 |             |
|            | a Current year  | 2 a            |                                       |              |                 |             |
|            | <b>b</b> Carryover from last year   | 2 b            |                                       |              |                 |             |
|            | c Total   | 2 c            | 1                                     |              |                 |             |
| 3          | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues   | 3              |                                       |              |                 |             |
|            |   |                |                                       |              |                 | _           |
| 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 and political           |                |                                       |              |                 |             |
|            | expenditure next year?  | 4              |                                       |              |                 | 0.          |

Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2012

4 5

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

তি চন্দ্ৰ কি শীস্ত্ৰী হ শ্হেশুন্ধে যা Employer identification number

|      | ENGLAND PROMOTIONAL PRODUCTS   | 1  |   | 04-2679729  |
|------|--|--|---|---|
| ুল   |  | <b>dvised Funds or Other Sin</b><br>to Form 990, Part IV, Iın      | nilar Funds or Accounts.<br>e 6.                              | Complete if   |
|      |  | (a) Donor advised  | funds (b)   | Funds and other accounts  |
| 1    | Total number at end of year  |  |   |   |
| 2    | Aggregate contributions to (during year)   |  |   |   |
| 3    | Aggregate grants from (during year)  |  |   |   |
| 4    | Aggregate value at end of year   |  |   |   |
| 5    | Did the organization inform all donors and dor are the organization's property, subject to the   |  |   | ed funds Yes No   |
| 6    | Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?  | rs, and donor advisors in writi<br>t of the donor or donor advisor | ng that grant funds can be<br>r, or for any other purpose o   | used only<br>conferring Yes No                                      |
| Par  | Conservation Easements. Comp   | lete if the organization a   | answered 'Yes' to Forn  | n 990, Part IV, line 7.   |
| 1    | Purpose(s) of conservation easements held by   | y the organization (check all the                                  | nat apply).   |   |
|      | Preservation of land for public use (e.g., r   | ecreation or education)  | Preservation of an histor                                     | rically important land area   |
|      | Protection of natural habitat  |  | Preservation of a certific                                    | ed historic structure   |
|      | Preservation of open space   |  |   |   |
| 2    | Complete lines 2a through 2d if the organizatilast day of the tax year.  | on held a qualified conservation                                   | on contribution in the form of                                | of a conservation easement on the  Held at the End of the Tax Year  |
| a    | Total number of conservation easements.  |  | 2 a   | Tield at the Elia of the Tax Teal                                   |
|      | Total acreage restricted by conservation ease  | ments  | 2 b   |   |
|      | : Number of conservation easements on a certi  |  | <del></del>   |   |
|      |  |  | · · · <del>   </del>  | <del></del>   |
|      | Number of conservation easements included is structure listed in the National Register   | ,  | [ 2 d]  |   |
| 3    | Number of conservation easements modified, tax year ▶  | transferred, released, extingu                                     | isried, or terminated by the                                  | organization during the   |
| 4    | Number of states where property subject to co  | onservation easement is locate                                     | ed►   |   |
| 5    | Does the organization have a written policy re and enforcement of the conservation easement  | nts it holds?  |   | ∐ Yes ∐ No  |
| 6    | Staff and volunteer hours devoted to monitorii   | ng, inspecting, and enforcing                                      | conservation easements du                                     | ring the year   |
| 7    | Amount of expenses incurred in monitoring, in \$   | nspecting, and enforcing cons                                      | ervation easements during t                                   | the year  |
| 8    | Does each conservation easement reported or and section 170(h)(4)(B)(II)?  | n line 2(d) above satisfy the re                                   | equirements of section 170(                                   | h)(4)(B)(I) Yes No  |
| 9    | In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote  |  |   |   |
| ្និស | Conservation easements.  Organizations Maintaining Collect Complete if the organization ans  | tions of Art, Historical Tr<br>wered 'Yes' to Form 990             | easures, or Other Simil<br>), Part IV, line 8.                | ar Assets.  |
| 1 a  | If the organization elected, as permitted unde<br>art, historical treasures, or other similar asset<br>in Part XIII, the text of the footnote to its finar             | s held for public exhibition, ec                                   | ducation, or research in furth                                | nent and balance sheet works of nerance of public service, provide, |
| ŀ    | <ul> <li>If the organization elected, as permitted unde<br/>historical treasures, or other similar assets he<br/>following amounts relating to these items:</li> </ul> | eld for public exhibition, educa                                   | ort in its revenue statement<br>tion, or research in furthera | nce of public service, provide the                                  |
|      | (i) Revenues included in Form 990, Part VIII,  | , line 1   |   | <b>►</b> \$   |
|      | (ii) Assets included in Form 990, Part X   |  | •   | ►\$   |
| 2    | If the organization received or held works of a amounts required to be reported under SFAS   | 116 (ASC 958) relating to the                                      | er similar assets for financia<br>se items:                   | al gain, provide the following                                      |
|      | Revenues included in Form 990, Part VIII, line   | e 1  | •   | ►s  |
|      | Assets included in Form 990. Part X  |  |   | ►S  |

| Schedule <b>D</b> (Form 990) 2012 NEW ENGLAND  | PROMOTIONAL PRO             | חזוכידיכ                 | 04-26                   | 70720           | Page <b>2</b>   |
|--|-----------------------------|--------------------------|-------------------------|-----------------|-----------------|
| Organizations Maintaining College  |                             |                          |                         |                 | 1 age 2         |
| Using the organization's acquisition, access items (check all that apply).                       |                             |                          |                         | ·               | ection          |
| a Public exhibition  | <b>d</b> Loan               | or exchange programs     |                         |                 |                 |
| <b>b</b> Scholarly research  | e Othe                      | r                        |                         |                 |                 |
| c Preservation for future generations  | <b>.</b>                    |                          |                         |                 |                 |
| 4 Provide a description of the organization's of Part XIII.                                      | collections and explain ho  | w they further the organ | nization's exempt purpo | se in           |                 |
| 5 During the year, did the organization solicit<br>to be sold to raise funds rather than to be r |                             |                          |                         | Yes             | No              |
| िक्ति। W Escrow and Custodial Arrangements,<br>reported an amount on Form 9                      |                             | ation answered 'Yes' to  | Form 990, Part IV, lin  | e 9, or<br>     |                 |
| 1 a Is the organization an agent, trustee, custo<br>on Form 990, Part X?                         |                             |                          | ner assets not included | Yes             | No              |
| <b>b</b> If 'Yes,' explain the arrangement in Part XI  | I and complete the follow   | ring table:              |                         |                 |                 |
|  |                             |                          | <u> </u>                | Amount          |                 |
| c Beginning balance  |                             |                          | 1 c                     |                 |                 |
| d Additions during the year  |                             |                          | 1 d                     |                 |                 |
| e Distributions during the year  |                             |                          | 1 e                     |                 |                 |
| f Ending balance   | F 000 D+ V I 01             | 2                        | 1f                      |                 |                 |
| 2 a Did the organization include an amount on  | •                           |                          | d Dd VIII               | Yes             | ∐ <sup>No</sup> |
| <b>b</b> If 'Yes,' explain the arrangement in Part XI  | ii. Check here if the expla | intion has been provided | in Part XIII            |                 |                 |
| Part V Endowment Funds. Complete if  | the organization and        | wered 'Ves' to Form      | n 990 Part IV line      | 10              |                 |
| (a) Curi   |                             |                          | (d) Three years         | (e) Four ye     | ears            |
| 1 a Beginning of year balance  | (4) (10) 30                 | <u> </u>                 | (.,,, ,                 | \(\frac{1}{2}\) |                 |
| <b>b</b> Contributions   |                             | -                        |                         |                 |                 |
|  |                             |                          |                         |                 |                 |
| c Net investment earnings, gains, and losses   |                             |                          |                         |                 |                 |
| d Grants or scholarships   |                             |                          |                         |                 |                 |
| e Other expenditures for facilities and programs   |                             |                          |                         | -               |                 |
| f Administrative expenses  |                             |                          |                         |                 |                 |
| <b>g</b> End of year balance   |                             |                          |                         |                 |                 |
| 2 Provide the estimated percentage of the cu   | rrent year end balance (li  | ne 1g, column (a)) held  | as:                     |                 |                 |
| a Board designated or quasi-endowment ▶  | %                           |                          |                         |                 |                 |
| <b>b</b> Permanent endowment ►   | ર્જ                         |                          |                         |                 |                 |
| c Temporarily restricted endowment ▶   |                             |                          |                         |                 |                 |
| The percentages in lines 2a, 2b, and 2c sho  | ould equal 100%.            |                          |                         |                 |                 |
| 3a Are there endowment funds not in the poss organization by:                                    | ession of the organization  | n that are held and adm  | inistered for the       | Yes             | No              |
| (i) unrelated organizations  |                             |                          |                         | 3a(i)           |                 |
| (ii) related organizations . 3a(ii)  |                             |                          |                         |                 |                 |
| b If 'Yes' to 3a(II), are the related organizations listed as required on Schedule R?            |                             |                          |                         |                 |                 |
| 4 Describe in Part XIII the intended uses of the   | ne organization's endowm    | ent funds.               |                         | , , ,           |                 |
| <u>ਿਕਰੋ ∭</u> Land, Buildings, and Equipme   | nt. See Form 990, f         | Part X, line 10.         |                         |                 |                 |
| Description of property  | (a) Cost or other basis     | (b) Cost or other        | (c) Accumulated         | (d) Book v      | value           |
|  | (investment)                | basis (other)            | depreciation            | ļ               |                 |
| 1 a Land   |                             |                          |                         | <del> </del>    |                 |
| <b>b</b> Buildings   |                             |                          |                         | <del> </del>    |                 |
| <b>c</b> Leasehold improvements .  |                             |                          |                         | <b></b>         |                 |

**d** Equipment . Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)). Schedule **D** (Form 990) 2012 BAA

TEEA3302L 06/07/12

| Schedule D    | (Form 990) 2012 NEW ENGLAND PROMO   | TIONAL PRODUCTS                       |                                | 04-2679729   | Page 3       |
|---------------|---|---------------------------------------|--------------------------------|--|--------------|
| Part VII      | Investments - Other Securities. See For   |                                       |                                |  |              |
| •             | (a) Description of security or category (including name of security)  | (b) Book value                        |                                | nod of valuation Cost or of-year market value      |              |
| • •           | ral derivatives   |                                       |                                |  |              |
|               | -held equity interests  |                                       |                                |  |              |
| (3) Other     |   |                                       |                                |  |              |
| (A)<br>(B)    |   |                                       |                                |  |              |
| (B)           |   |                                       |                                |  |              |
| (C)<br>(D)    |   |                                       |                                |  |              |
| (D)           |   |                                       |                                |  | -            |
| (E)           |   |                                       |                                |  |              |
| (F)           |   |                                       |                                |  | -            |
| (G)           |   |                                       |                                |  |              |
| (H)           |   |                                       |                                |  |              |
| (l)           |   |                                       |                                |  |              |
| Total. (Colum | nn (b) must equal Form 990, Part X, column (B) line 12.)  | •                                     |                                |  |              |
| Part VIII     | Investments - Program Related. See  | Form 990, Part X,                     | line 13. N/A                   |  |              |
| r             | (a) Description of investment type  | (b) Book value                        |                                | nod of valuation: Cost or                          |              |
|               |   |                                       | end-                           | of-year market value                               | <del></del>  |
| (1)           |   |                                       |                                |  |              |
| (2)           |   |                                       |                                | <del> </del>                                       |              |
| (3)           |   |                                       |                                |  |              |
| (4)           |   |                                       |                                | <del>-</del> - · · · · · · · · · · · · · · · · · · |              |
| (5)           |   |                                       |                                |  |              |
| (6)           |   |                                       |                                | <del></del>  |              |
| (7)           |   |                                       |                                |  |              |
| (8)           |   |                                       |                                |  |              |
| (9)           |   |                                       |                                |  |              |
| (10)          |   |                                       | <del></del>                    |  |              |
|               | nn (b) must equal Form 990, Part X, column (B) line 13.)  | <del> </del>                          |                                | <del></del>  |              |
| Part IX       | Other Assets. See Form 990, Part X,   |                                       |                                | (L) De et  | 1            |
| (1)           | (a) De  | scription                             |                                | (b) Book   | value        |
| (1)           |   |                                       |                                |  |              |
| (2)           | <del></del>   | <del></del>                           |                                |  |              |
| (3)           |   |                                       | <del> </del>                   |  |              |
| (4)           |   |                                       |                                |  |              |
| (5)           | <del></del>   |                                       |                                |  |              |
| (6)           |   |                                       |                                |  |              |
| (7)           | <del></del>   |                                       |                                |  |              |
| (8)           |   |                                       |                                |  |              |
| (9)           |   |                                       |                                |  |              |
| (10)          |   | 0) / 15)                              | <del> </del>                   |  |              |
|               | lumn (b) must equal Form 990, Part X, column (b   | · · · · · · · · · · · · · · · · · · · | <u>"</u>                       | <u> </u>   |              |
| Part X        | Other Liabilities. See Form 990, Part   |                                       | ···                            |  |              |
| (1) Fada      | (a) Description of liability  | (b) Book value                        |                                |  |              |
|               | ral income taxes  | 20.20                                 | -                              |  |              |
|               | OSITS FROM MEMBERS  | 29,38                                 | 0.                             |  |              |
| (3)           |   |                                       |                                |  |              |
| (4)           |   |                                       |                                |  |              |
| (5)           |   |                                       |                                |  |              |
| (6)           |   |                                       |                                |  |              |
| (7)           |   |                                       |                                |  |              |
| (8)           |   |                                       |                                |  |              |
| (9)           |   |                                       |                                |  |              |
| (10)          |   |                                       |                                |  |              |
| (11)          |   |                                       |                                |  |              |
|               | nn (b) must equal Form 990, Part X, column (B) line 25.)  | <u>▶</u> 29,38                        |                                |  |              |
|               | SC 740) Footnote. In Part XIII, provide the text of the footnote (ASC 740) Check here if the text of the footnote has been prov |                                       | statements that reports the or | ganization's liability for uncertain t             | ax positions |

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Schedule **D** (Form 990) 2012

| Schedule D (Form 990) 2012 NEW ENGLAND PROMOTIONAL PRODUCTS  | 04-2679                          | 729                              | Page 4     |
|--|----------------------------------|----------------------------------|------------|
| Reconciliation of Revenue per Audited Financial Statements With Revenue per Re   |                                  | N/A                              |            |
| 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.  |                                  |                                  |            |
| a Net unrealized gains on investments.   |                                  |                                  |            |
| <b>b</b> Donated services and use of facilities 2 <b>b</b>   |                                  |                                  |            |
| c Recoveries of prior year grants  |                                  |                                  |            |
| d Other (Describe in Part XIII.)   |                                  |                                  |            |
| e Add lines 2a through 2d  | 2 e                              |                                  |            |
| 3 Subtract line 2e from line 1   | 3                                | -                                |            |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line1:  |                                  |                                  |            |
| a Investment expenses not included on Form 990, Part VIII, line 7b   | ·                                |                                  |            |
| b Other (Describe in Part XIII.) 4b  |                                  |                                  |            |
| c Add lines 4a and 4b  | 4 c                              |                                  |            |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)   | 5                                |                                  |            |
| Reconciliation of Expenses per Audited Financial Statements With Expenses per  | Return                           | N/A                              |            |
| 1 Total expenses and losses per audited financial statements .   | 1                                | 14/11                            |            |
| 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   |                                  |                                  |            |
| c Other losses 2 c   |                                  |                                  |            |
| d Other (Describe in Part XIII.)   |                                  |                                  |            |
| e Add lines 2a through 2d  | 2 e                              |                                  |            |
| 3 Subtract line 2e from line 1   | 3                                |                                  |            |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line1:  |                                  |                                  |            |
| a Investment expenses not included on Form 990, Part VIII, line 7b   |                                  |                                  |            |
| <b>b</b> Other (Describe in Part XIII ) . 4b   |                                  |                                  |            |
| c Add lines 4a and 4b  | 4 c                              |                                  |            |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  | 5                                |                                  |            |
| Part XIII 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 X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provid | art IV, lines 1<br>e any additio | b and 2b; Par<br>nal information | ∶ V,<br>∩. |
|  | ·                                |                                  |            |
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|  |                                  |                                  |            |
|  |                                  |                                  |            |
| BAA  | Schedu                           | e <b>D</b> (Form 990             | ) 2012     |

#### **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

OMB No 1545-0047 2012

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.

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Employer identification number

NEW ENGLAND PROMOTIONAL PRODUCTS 04-2679729 ASSOCIATION. LOSS FROM PUBLICATION ADVERTISING IS PROVIDED TO MEMBERS AT A REDUCED RATE. THERE IS NO PROFIT MOTIVE AS IT IS CONSIDERED A MEMBER BENEFIT. IN ADDITION, THE PUBLICATION AS A WHOLE PRODUCES A LOSS. CIRCULATION INCOME: MEMBERS DUES 47675 COSTS OF PUBLICATION 14244 TOTAL COST OF PUBLICATION PLUS COST OF OTHER TAX EXEMPT ACTIVITIES (EXCLUDING ADVERTISING COSTS) 270318 % OF MEMBERSHIP DUES ALLOCATED TO PUBLICATION 5.27 MEMBERSHIP DUES ALLOCATED TO PUBLICATION 2512 CIRCULATION INCOME 2512 CIRCULATION COSTS 14244 EXCESS CIRCULATION INCOME/(EXPENSE) -11732 ADVERTISING INCOME 6815 ADVERTISING COSTS

| Schedule <b>0</b> (Form 990 or 990-EZ) 2012                                 | Page 2                                    |
|---|---|
| Name of the organization NEW ENGLAND PROMOTIONAL PRODUCTS ASSOCIATION, INC. | Employer identification number 04-2679729 |
| 7670  |   |
| EXCESS ADVERTISING INCOME/EXPENSE   | . <b></b>                                 |
| 855   |   |
| NET INCOME/LOSS OF PUBLICATION AS A WHOLE                                   |   |
| 12857   |   |
| FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION            |   |
| DISPLAYS AT SHOWCASE DINNERS BY VENDORS FOR N.E.P.P.A. MEMBE                | RS  |
|   |   |
| FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SE         | HAREHOLDER                                |
| THE ORGANIZATION IS COMPRISED OF MEMBERS. AN ANNUAL FEE IS                  | REQUIRED TO BECOME AND                    |
| REMAIN A MEMBER. MEMBERSHIP IS OPEN TO DISTRIBUTORS, SUPPLI                 | ERS, MULTI-LINE                           |
| REPRESENTATIVES AND BUSINESS SERVICE MEMBERS OF THE PROMOTIO                | NAL PRODUCTS INDUSTRY.                    |
| FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GO           | OVERNING BODY                             |
| THE BOARD MEMBERS AND OFFICERS ARE ELECTED BY THE MEMBERS OF                | THE ASSOCIATION AT AN                     |
| ANNUAL ELECTION. IN ORDER TO VOTE THEY MUST HAVE AN OFFICE I                | N NEW ENGLAND.                            |
| FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL I         | BY MEMBERS OR SHAREHOLDERS                |
| THE OFFICERS AND BOARD MEMBERS DO NOT NEED APPROVAL FROM THE                | MEMBERS FOR ANY                           |
| DECISIONS WITH THE EXCEPTION OF A CHANGE IN THE BY-LAWS. TH                 | E MEMBERS MUST APPROVE                    |
| CHANGES IN THE BY-LAWS BY A TWO THIRDS MAJORITY VOTE.                       |   |
| FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS                       |   |
| THE 990 IS REVIEWED BY THE PRESIDENT FOR ACCURACY AND COMPLE                | TENESS PRIOR TO ITS                       |
| FILING. A COPY IS GIVEN TO EVERY OFFICER AND BOARD MEMBER.                  |   |
| FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCE         | EMENT OF CONFLICTS                        |
| ALL OFFICERS AND BOARD MEMBERS MUST SIGN A STATEMENT THAT CO                | NFIRMS THAT THEY DO NOT                   |
| HAVE A CONFLICT OF INTEREST IN ANY AND ALL ACTIONS TAKEN BY                 | THEM ON BEHALF OF THE                     |
| ASSOCIATION. IN THE EVENT THAT A CONFLICT OF INTEREST ARISE                 | ES, THEY SHALL REFRAIN                    |
| FROM THE DISCUSSION AND VOTING ON ANY MOTION INVOLVING THEIR                | R INTEREST.                               |

| Schedule <b>0</b> (Form 990 or 990-EZ) 2012                           | Page <b>2</b>                  |
|---|--------------------------------|
| Name of the organization NEW ENGLAND PROMOTIONAL PRODUCTS             | Employer identification number |
| · ASSOCIATION, INC.   | 04-2679729                     |
| FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV | /AILABLE                       |
| ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE        | UPON_REQUEST.                  |
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