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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is atwww.irs.gov/form990.

OMB No 1545-0047



Ā	For the 2	013 calend	dar year, or tax year begin	ning	, 2	2013,	and endi	ng		,	1.01	
	Check if app		C	-					D Employ	er Identifica	tion Numbe	r
	Addres	s change	NEW ENGLAND PROM	OTIONAL	PRODUCTS				04-2	267972	9	
	Name of	•	ASSOCIATION, INC	•					E Telepho			
	Initial r	_	816 ELM STREET #	299					(603	3) 529	-8400	
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÷		npt status		6) ∢ (ı	nsert no) 4947(a)((1) 01	327			. •		
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K		organization	X Corporation Trust	Association	Other -	L Ye	ear of forma	tion 1979	e mis	tate of legal	domicile 1	MA
Pa	n like S	Summar	<u>y</u>									
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es			of individuals employed in						-	5		0
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Activities & Governance			ed business revenue from l		umn (C), line 12					7 a		0.
			d business taxable income						Ì	7 b		0.
		· —						Pi	rior Year		Current	
	8 Cor	ntributions	and grants (Part VIII, line	1h)						40.		530.
nα			rice revenue (Part VIII, line						280,7		27	6,785.
Revenue	10 Inv	estment in	ncome (Part VIII, column (A	A), lines 3, 4	, and 7d)				9,2			6,607.
æ	11 Oth	ner revenu	e (Part VIII, çolumn (A), lır	nes 5, 6d, 8d	c, 9c, 10c, and 11e)							
			e - add lines 8 through 11			4), lin	e 12)		290,8	70.	28	3,922.
	13 Gra	ants and similar amounts paid (Part IX, column (A) lines 1:3)										
			to or for members (Part I)			., , !						
,.	15 Sal	laries, othe	er compensation, employee	e benefits (F	art IX, column (A), I	lines	5-10)					
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			es. Add lines 13-17 (must	•		رد:			277,9			6,197.
¥ *		venue less	expenses. Subtract line 1	8 from line	12				12,8			7,725.
its of			(D. 137.) 453					Beginnin	g of Current		End of	
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ot /			s (Part X, line 26)						29,3		2	7,915.
Zď	22 Net	t assets or	fund balances. Subtract li	ne 21 from l	ine 20				460,7	84.	48	2,705.
Pa	ritu默 \$	Signatur	e Block									
			lare that I have examined this return, in arer (other than officer) is based on	ncluding accompa	nying schedules and statem	ents, an	nd to the best	of my knowled	ge and belief,	ıt ıs true, cor	rect, and	
comp	olete Declar	ation of prepa	rer (other than officer) is based on	all information o	f which preparer has any ki	nowledo	ge ————		/			
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	e Only	Firm's addre							Firm's EIN ▶	46-0	633126	
	•			02180					Phone no	(781)	279-7	
May	the IRS	discuss th	nis return with the preparer		/e² (see instructions	<u></u>					X Yes	No
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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

TEEA0113L 11/08/13

Par	Statement of Program Service Accomplishments			_
. <u> </u>	Check if Schedule O contains a response or note to any line in this Part III .		_	<u> </u>
1	Briefly describe the organization's mission:			
	ENRICHING AND PROFESSIONALLY REPRESENTING THE NEW ENGLAND PROMOTIONAL PRO	DUCTS		
	INDUSTRY THROUGH EDUCATION, INFORMATION, SUPPORT AND VOLUNTEERISM.			
2	Did the organization undertake any significant program services during the year which were not listed on the prior			
	Form 990 or 990-EZ?	Yes	\mathbf{x}	No
	If 'Yes,' describe these new services on Schedule O.		1	
_	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	7 v	v	No
3		Yes		NO
	If 'Yes,' describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gran	sured by e	expens	es.
	others, the total expenses, and revenue, if any, for each program service reported.	is allu all	ocalioi	15 (0
	Ottors, the total experience, and reverted, it diffy for each program estimate reported.			
	(Code:) (Expenses \$ including grants of \$) (Revenue \$			
4 a				 ′
	PUBLICATION OF NEWSLETTER FOR MEMBERSHIP. 1200 COPIES DISTRIBUTED FOR IN			
	PURPOSES. PUBLICATION IS EMAILED 4 TIMES ANNUALLY AND IS PRINTED AND MAIL	ED 2 1	CIMES	<u> </u>
	ANNUALLY.			
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4 h	(Code:) (Expenses \$ including grants of \$) (Revenue \$			<u> </u>
	TRADE SHOW SET UP AS A SHOWCASE FOR VENDORS IN THE INDUSTRY. GROUP DISPLA	VS FOI	>	—′
	BENEFIT OF NEW ENGLAND PROMOTIONAL PRODUCTS ASSOCIATION (N.E.P.P.A.) MEMB			
	BENEFIT OF NEW ENGLAND PROMOTIONAL PRODUCTS ASSOCIATION (N.E.P.P.A.) MEMB	FVDUTI		
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4 c	c (Code:) (Expenses \$including grants of \$) (Revenue \$)
	BUSINESS MEETINGS (FUNCTIONS) WITH SPEAKERS ON INDUSTRY RELATED MATTERS.			
				_
				
4 c	d Other program services. (Describe in Schedule O.) SEE SCHEDULE O			
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	e Total program service expenses ►			
	TEE 0.1001 07/02/12		990 C	

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Form 990 (2013) NEW ENGLAND PROMOTIONAL PRODUCTS

04-2679729

Page 2

Form 990 (2013) NEW ENGLAND PROMOTIONAL PRODUCTS Partix: 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)? Yes, complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		_ X_
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, 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	Χ_	
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		Х
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_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?/f 'Yes,' complete Schedule D, Part III	8		Х
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		_X
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	11 aca	X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, IX, or X as applicable.		lir dis In con.	
ŧ	Did the organization report an amount for land, buildings and equipment in Part X, line 10 <i>3f 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ŀ	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	11 b		Х
•	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		Х
	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		Х
	e Did the organization report an amount for other liabilities in Part X, line 25?/f 'Yes,' complete Schedule D, Part X	11 e	Х	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?/f 'Yes,' complete Schedule D, Part X	11 f		Х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year?If 'Yes,' complete Schedule D, Parts XI, and XII	12a	:	х
	b 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		Х
	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		Х
l	b 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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	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		х
	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 9a? Yes, complete Schedule G, Part III	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
- 1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u> </u>	L

Page 4

Checklist of Required Schedules (continued) No Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 X 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 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a 24a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 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) organizationsDid 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 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II Х 26 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 Х 27 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): Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Schedule L. Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I X 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, Х 34 and V, line 1 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b 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 Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 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 X 37

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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

Page 5

Racky Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line 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 ol b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, 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 Х 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. \overline{X} 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b X 5 c c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 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? 6 a 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 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c 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 Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations ud 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. a Did the organization make any taxable distributions under section 4966? 9 a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations Enter: 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 against amounts due or received from them.) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 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 13b which the organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b

Form 990 (2013) NEW ENGLAND PROMOTIONAL PRODUCTS 04-2679729 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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. 10 **b** Enter the number of voting members included in line 1a, above, who are independent 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents Х since the prior Form 990 was filed? 4 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? SEE SCHEDULE O 6 X 7 a 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 O 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O Х 7 b stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х a The governing body? X b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O q X 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 X 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? X 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х SEE SCHEDULE O 12 c Schedule O how this was done 13 Х 13 Did the organization have a written whistleblower policy? 14 Х 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15 a a The organization's CEO, Executive Director, or top management official X 15 b 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 16 a Х taxable entity during the year? 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 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply. Other (explain in Schedule O) Another's website Upon request Own website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20 CAROL BOUTWELL 816 ELM STREET MANCHESTER NH 03101 (603) 529-8400

SEE SCHEDULE O

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the public during the tax year.

Part ₩I■ Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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.

Check this box if heither the organization		T		(C			İ				
(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)					nan e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	any hours for related organiza- tions below dotted 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	0.3								-		
DIRECTOR	0	X						0.	0.	0.	
(2) NANCY BERCOVITZ	2	1									
PRESIDENT	0	X		Х				0.	0.	0.	
_(3) NICK_D'ERAMO	_0.3_	ļ			- 1					_	
VICE PRESIDENT	0	X		Х	_			0.	0.	0.	
_(4) KIMBERLY_COEN	1	٠				!					
TREASURER	0	X		X				0.	0.	0.	
_(5) PATRICIA_BUFF	0.3	ļ ,,						0		0	
DIRECTOR	0	X						0.	0.	0.	
	0.3	v						0.	0.	0	
DIRECTOR (7) JIM CURTIS	0.3	X		-				0.		0.	
DIRECTOR	1-6.3-	x						0.	0.	0.	
(8) JODY FERRER	0.3								0.		
DIRECTOR	1-0.3-	х						0.	0.	0.	
(9) JOANN GOODLOE	0.3									<u> </u>	
SECRETARY	1-0:5-	X		х				0.	0.	0.	
(10) MATTHEW FOLEY	0.3	- • •		<u> </u>		_					
DIRECTOR	1-0-	x						0.	0.	0.	
(11)											
(12)											
(13)	 					_					
(14)											

Form **990** (2013)

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	(B)			((;)				- -	
(A) Name and title	Average hours per week	box,	unle	heck ss pe	erson direct	than is bot or/trus	tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)		-								
(17)										
(18)										
(19)										
(20)										
(21)		-								
(22)		-								
(23)			-							
(24)										
(25)										
1 b Sub-total	<u></u>	<u>. </u>	<u> </u>	L		!	>	0.	0.	0.
c Total from continuation sheets to Part VII, Section	n A						>	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	0.	0.	0.
2 Total number of individuals (including but not limit from the organization ► 0	ed to th	ose I	ıste	d ab	ove) wh	o re	ceived more than	\$100,000 of report	able compensation
 3 Did the organization list anyformer officer, director on line 1a? If 'Yes,' complete Schedule J for such 4 For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual 	<i>individu</i> eportab	<i>al</i> le co	mpe	ensa	ation	and	oth	ner compensation		3 X 4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	comper comple	isatio te Sc	n fr hed	om ule	any J fo	unre r suc	elate ch p	ed organization or <i>erson</i>	ındıvıdual	5 X
Section B. Independent Contractors								 	4100.000	
Complete this table for your five highest compensation from the organization. Report comp	ated ind ensation	epen n for	den the	t co cale	ntra	ctors ar yea	tha ar e	at received more t nding with or with	han \$100,000 of in the organization	s tax year.
(A) Name and business addre	ss							Description) of services	(C) Compensation
	· _									
	<u>-</u>									
2 Total number of independent contractors (includin \$100,000 of compensation from the organization	_	t lım	ıted	to t	hos	e list	ed :	above) who receiv	ved more than	

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NEW ENGLAND PROMOTIONAL PRODUCTS Form 990 (2013) 04-2679729 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) (A) Total revenue Related or Unrelated Revenue business excluded from tax exempt under sections revenue function 512-514 revenue 1 a Federated campaigns. CONTRIBUTIONS, GIFTS, GRANTS
AND OTHER SIMILAR AMOUNTS 1 a **b** Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f 530 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 530 PROGRAM SERVICE REVENUE Business Code 209,096. 209,096 900099 2ª TRADE SHOW **b** MEMBERSHIP DUES 54,625 900099 54,625 6,835 c ADVERTISING (SEE SCH O) 541800 6,835 6,080 900099 6,080 d NETWORKING e MISCELLANEOUS 900099 149. 149 f All other program service revenue g Total. Add lines 2a-2f 276,785 Investment income (including dividends, interest and other similar amounts) <u>6,607</u> 6,607 Income from investment of tax-exempt bond proceeds. Royalties (ı) Real (II) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ı) Securities (II) Other 7 a Gross amount from sales of assets other than inventory. b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss). 8a Gross income from fundraising events OTHER REVENUE (not including . \$ of contributions reported on line 1c). See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code

11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 283,922 276,785 6,607

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Raction 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 if Schedule O contains a response or note to a	ny line in this Part IX

Do r 6b, 7	oot include amounts reported on lines rb, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the 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				
5	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 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	79,912.			
b	Legal				
C	Accounting	1,085.			
	Lobbying		, , , , , , , , , , , , , , , , , , , 		
	Professional fundraising services See Part IV, line 17				
-	Other. (If line 11g amt exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule 0)				
12	Advertising and promotion .	2,748.			
13	Office expenses	3,523.			
14	Information technology	889.			
15	Royalties				
16	Occupancy .				
17	Travel	2,825.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		_		
	Conferences, conventions, and meetings	3,757.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	580.			
	Insurance Other expenses Itemize expenses not	2,624.			
24	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)				
ž	TRADE SHOWS	98,329.			
	NETWORKING	18,617.			·
	PRINTING AND PUBLICATIONS	8,889.			
	BANK & CREDIT CARD FEES	7,882.			
	All other expenses	24,537.			
	Total functional expenses. Add lines 1 through 24e	256,197.			
26	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)				

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year **(B)** End of year 75,750. Cash - non-interest-bearing 59,957 1 2 273,661 295,307. 2 Savings and temporary cash investments. 3 Pledges and grants receivable, net 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 7 Notes and loans receivable, net 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 2,900 10b 580 10 c 2,320. b Less: accumulated depreciation 11 126,272. 11 Investments - publicly traded securities 148,644 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 7,902 10,971. 16 Total assets. Add lines 1 through 15 (must equal line 34) 490,164. 510,620 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 27,915 29,380. Total liabilities. Add lines 17 through 25 29,380. 26 27,915 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. 460,784. 27 482,705. Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets. P Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. FUND DACE 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 460,784. 33 482,705. 33 34 34 Total liabilities and net assets/fund balances. 490,164. 510,620.

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Form **990** (2013)

Forr	1990 (2013) NEW ENGLAND PROMOTIONAL PRODUCTS	U4-26/9/29		P	age 12
Pe	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	83,	922.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	56,:	197.
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>27, </u>	725.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	60,	784.
5	Net unrealized gains (losses) on investments	5		-5,8	804.
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	4	82,	705.
PE	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII .				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reveseparate basis, consolidated basis, or both:	newed on a			
	X Separate basis Consolidated basis Both consolidated and separate basis				
	were the organization's financial statements audited by an independent accountant? .		2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both:	parate			
	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 oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of the audit,	2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?		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.	required audit	3 b		
BAA			Form	990	(2013)

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

Schedule C (Form 990 or 990-EZ) 2013

ত্যুক্ত কি প্রথাতা ক্রিক্তান্ত্রনা

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. Information about Schedule C (Form 990 or 990-EZ) and its instructions is awww.lrs.gov/form990.

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	ition number
NEW	ENGLAND PROMOTION	AL PRODUCTS		04-267972	9
Par	Complete if the org	ganization is exempt under section	501(c) or is a sect	ion 527 organizatio	n.
1		organization's direct and indirect political c			
2	Political expenditures			\$	•
3	Volunteer hours		•	·	
Par	B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶ \$	
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶\$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
Δa	Was a correction made?.				Yes No
	If 'Yes,' describe in Part IV.				
Pär	Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1		pended by the filing organization for section			
2	Enter the amount of the filing	g organization's funds contributed to other	organizations for sec	tion 527 exempt	
_	function activities	g 0. ga. n.2ao		▶\$	
3	Total exempt function expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,		
	line 17b		•	► \$	
4	Did the filing organization file	eForm 1120-POL for this year?			Yes X No
5	Enter the names, addresses	and employer identification number (EIN)	of all section 527 pol	itical organizations to w	thich the filing
	organization made payments amount of political contributi	s. For each organization listed, enter the ar ons received that were promptly and direct il action committee (PAC). If additional spa	nount paid from the f ly delivered to a sepa	iling organization's fund arate political organizati	os. Also enter the Ion, such as a separate
	segregated fund or a political	al action committee (PAC). If additional spa	ice is needed, provide	e information in Part IV	·
	(a) Name	(b) Address	(c)EIN	(d) Amount paid from filing	(e) Amount of political
	(a) (taile	(-)	.,,=	organization's funds If none, enter-0-	contributions received and promptly and directly
				·	delivered to a separate political organization If
			_		none, enter -0-
(1)					
(2)		 			
(3)					
(4)					
(5)					
					
(6)		L			1

TEEA3201L 11/19/13

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

Schedule C (Form 990 or 990-EZ) 2013	3 NEW ENCLAND	DDOMOTTONINI DDO	DIICTS	04-2679	1729 Page 2
िट्याती न्ये Complete if the section 501(he organization i	s exempt under secti	on 501(c)(3) and fil		,,,,,
A Check ► If the filin	ng organization belo	ngs to an affiliated group	(and list in Part IV eac	ch affiliated group membe	r's name,
address,	EIN, expenses, and	share of excess lobbying	expenditures)		
B Check ► I If the filin	ng organization chec	ked box A and 'limited co	ntrol' provisions apply		
(The term		ing Expenditures ins amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence put	olic opinion (grass roots lo	obbying).		
b Total lobbying expenditu	ures to influence a li	egislative body (direct lobl	bying)		
c Total lobbying expenditu	ures (add lines 1a ai	nd 1b)			
d Other exempt purpose e	expenditures				
e Total exempt purpose e	xpenditures (add lin	es 1c and 1d).	•		
f Lobbying nontaxable am both columns	nount. Enter the am	ount from the following ta	ble in		
If the amount on line 1e, colu	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,		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$	<u> </u>	\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable a					
h Subtract line 1g from lin					
i Subtract line 1f from line	e 1c If zero or less,	enter -0-			
j If there is an amount ott section 4911 tax for this	her than zero on eit year? .	her line 1h or line 1i, did t	the organization file Fo	orm 4720 reporting	Yes No
(Sor	ne organizations th	4-Year Averaging Period at made a section 501(h) as below. See the instruct	election do not have t		
	Lobb	ying Expenditures During	4-Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

f Grassroots lobbying expenditures

Schedule **C** (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 NEW ENGLAND PROMOTIONAL PRODUCTS	04-2679	729
Complete if the organization is exempt under section 501(c)(3) and has No (election under section 501(h)).	OT filed Form 576	8
	(a)	(
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description		

or each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description f the lobbying activity)	(D)	
		No	Amount	
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:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
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?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			······	
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				
Lift the filling ergonization inquirred a coation 4012 tay, did it file Form 4720 for this year?				

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	Х	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		X
f Dans			24 ()	

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'

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).		
æ	Current year	2 a	
t	Carryover from last year	2 b	
c	: Total	2 c	
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.
5	Taxable amount of lobbying and political expenditures (see instructions)	5	0.

Pelau	Supplemental informati	on		
Provid	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), P	art II-A, line 2; and
Part III	B, line 1. Also, complete this part t	or any additional information.		

		-	
			-
			
			

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.

Information about Schedule D (Form 990) and its instructions is awww.lrs.gov/form990.

OMB No 1545-0047

	ENGLAND PROMOTIONAL PRODUCTS			04-2679729
	Organizations Maintaining Dono Complete if the organization ans	r Advised Funds or Other S wered 'Yes' to Form 990, Pa	imilar Funds or Acc rt IV, line 6.	counts.
		(a) Donor advised funds		unds 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 dorare the organization's property, subject to the			funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?			
Par	Conservation Easements. Complete if the organization ans	wered 'Yes' to Form 990, Pa	rt IV, line 7.	
1	Purpose(s) of conservation easements held by	the organization (check all that ap	pply)	
	Preservation of land for public use (e.g., r	ecreation or education)	eservation of an historic	cally important land area
	Protection of natural habitat	Pr	eservation of a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	on held a qualified conservation co	ntribution in the form of	a conservation easement on the
	last day of the tax year			Held Alba Fad Alba Taa Vaan
	Tatal number of concentration occoments		2 a	Held at the End of the Tax Year
	Total number of conservation easements	monte	2 b	
	Total acreage restricted by conservation ease Number of conservation easements on a certi			
-		•	·	
c	Number of conservation easements included in structure listed in the National Register		[2d]	
3	Number of conservation easements modified, tax year ▶		, or terminated by the of	rganization during the
4	Number of states where property subject to co			
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 monitori			
7	Amount of expenses incurred in monitoring, ii	nspecting, and enforcing conservati	on easements during the	e year
8	Does each conservation easement reported o and section 170(h)(4)(B)(II)?	n line 2(d) above satisfy the require	ements 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 conservation easements.	ports conservation easements in its to the organization's financial state	revenue and expense s ments that describes the	tatement, and balance sheet, and e organization's accounting for
Par	Organizations Maintaining Collections Complete if the organization ans	tions of Art, Historical Treasu wered 'Yes' to Form 990, Pa	res, or Other Similar rt IV, line 8.	Assets.
1 a	If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIII, the text of the footnote to its fina	s held for public exhibition, educati	on, or research in furthe	ent and balance sheet works of erance of public service, provide,
ŀ	 If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items 	r SFAS 116 (ASC 958), to report in light for public exhibition, education,	its revenue statement a or research in furtherand	and balance sheet works of art, se of public service, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1		- \$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of a amounts required to be reported under SFAS	116 (ASC 958) relating to these ite		- · · · · · · · · · · · · · · · · · · ·
	Revenues included in Form 990, Part VIII, line	e 1		► \$
t	Assets included in Form 990, Part X			<u>.</u> ►\$

Pantill Organizations Maintaining C	ollections o	T Art, Historic	cal Treasures, or Ot	ner Similar Assets (continuea)	
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):						
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future generations						
4 Provide a description of the organization Part XIII.	n's collections	and explain ho	w they further the organ	nization's exempt purpos	se in	
5 During the year, did the organization so to be sold to raise funds rather than to	be maintained	as part of the o	organization's collection	?	Yes No	
Parit M Escrow and Custodial Arra	ingements. Int on Form	Complete if 990, Part X,	the organization ar line 21.	nswered 'Yes' to Fo	rm 990, Part IV,	
1 a Is the organization an agent, trustee, c on Form 990, Part X?	ustodian, or ot	her intermediary	for contributions or oth	ner assets not included	Yes No	
b If 'Yes,' explain the arrangement in Pa	t XIII and com	plete the follow	ing table:	•		
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d	-	
e Distributions during the year				1 e		
f Ending balance			•	1 f		
2 a Did the organization include an amount	on Form 990,	Part X, line 213	? .	<u> </u>	Yes No	
b If 'Yes,' explain the arrangement in Pa				ı ın Part XIII	→ Ħ	
• , oo, onpram are an angeneral are		,	,			
Pani V Endowment Funds. Comple	te if the orga	anization ans	wered 'Yes' to Forr	n 990, Part IV, line	10.	
	Current year	(b) Prior yea		'	(e) Four years back	
1 a Beginning of year balance	-					
b Contributions						
c Net investment earnings, gains, and losses d Grants or scholarships						
e Other expenditures for facilities				· · · · · · · · · · · · · · · · · · ·		
and programs						
f Administrative expenses						
g End of year balance.						
2 Provide the estimated percentage of th	e current year	end balance (lir	ne 1g, column (a)) held	as:	<u> </u>	
a Board designated or quasi-endowment	-	8				
b Permanent endowment ►	%					
c Temporarily restricted endowment ▶		8				
The percentages in lines 2a, 2b, and 2	c should equal	100%.				
3a Are there endowment funds not in the organization by:			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	zations listed a	s required on S	chedule R?		3b	
4 Describe in Part XIII the intended uses					35	
		ation's endowns	ent fullus.	- .		
Land, Buildings, and Equi Complete if the organization		'Voc' to Form	990 Part IV Juno	11a Soo Form 990	Part Y Juno 10	
						
Description of property		t or other basis evestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1 a Land						
b Buildings					 	
c Leasehold improvements						
d Equipment			2,900.	580.	2,320.	
e Other						
Total. Add lines 1a through 1e. (Column (d)	nust equal For	m 990, Part X, o	column (B), line 10(c))	•	2,320.	
3 A A	-			Sched	ule D (Form 990) 2013	

04-2679729

Page 2

Schedule D (Form 990) 2013 NEW ENGLAND PROMOTIONAL PRODUCTS

Part VII	Investments -	- Other Securities.	IVI t- F 000	N/A	OO Dort V June 10
				Part IV, line 11b. See Form 99	
		egory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-	-ot-year market value
	cial derivatives	.			
	y-held equity interes	SIS			
(3) Other					
$\frac{(A)}{(B)}$					
$\frac{(B)}{(C)}$					
(D)					
(E)					
(F)					
$\frac{1}{G}$ $\frac{1}{G}$ $\frac{1}{G}$					
(H)					
(l)					
		90, Part X, column (B) line 12.)			
Part VIII	Investments -	- Program Related.	N. U. F 000	N/A	20 David V June 12
				Part IV, line 11c. See Form 99 (c) Method of valuation Cost or end	d of year market yelve
	(a) Description of	investment type	(b) Book value	(c) Method of Valuation Cost of end	d-of-year market value
(1)			 _		
(2)			·		
(3)					
(4)					
(5) (6)			_ 		
(7)			<u> </u>		
(8)			<u> </u>		
(9)	·····				
(10)					
	mn (b) must equal Form 9	990, Part X, column (B) line 13)			
Part IX	Other Assets.		N/A	well line 11d Son Form 000 D	art V Juna 1E
	Complete if the		es to Form 990, Fa	art IV, line 11d. See Form 990, Pa	(b) Book value
(1)		(4) 50.	son paon		(D) Book Value
(2)					
(3)					
(4)					
(5)	. <u> </u>				
(6)					
(7) (8)					
(9)					
(10)					
	olumn (b) must equa	al Form 990, Part X, column (E	3), line 15 ₋)	•	-
Part X	Other Liabiliti	es.			
	Complete if the orga	anization answered 'Yes' to Form	990, Part IV, line 11e or	11f. See Form 990, Part X, line 25	
	• • • _ •	tion of liability	(b) Book value		
	eral income taxes	EMBERG.	27 01		
(2) DEE	POSITS FROM M	IEMBERS	27,91	.5.	
(4)				- 	
(5)					
(6)					
(7)					
(8)					
(9)				 	
(10)					
(11)	mn (h) must squal Fare 1	000 Part Y column (P) line 25 \	▶ 27,91	15	
		990, Part X, column (B) line 25.)		inancial statements that reports the organization'	s liability for uncertain
		Check here if the text of the footnote			

Schedule D (Form 990) 2013 NEW ENGLAND PROMOTIONAL PRODUCTS	04-26/9/29 Page 4
Part XIII Reconciliation of Revenue per Audited Financial Statements With	
Complete if the organization answered 'Yes' to Form 990, Part I	V, line 12a.
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.	a
b Donated services and use of facilities 2	
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 line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
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
Part XII Reconciliation of Expenses per Audited Financial Statements Wit	n Expenses per Return. N/A
Complete if the organization answered 'Yes' to Form 990, Part I	
Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities.	
b Prior year adjustments	
c Other losses	· · · - · ·
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 line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
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
Park XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete	this part to provide any additional information.
BAA	Schedule D (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

জনাত প্রথমিক ক্রিক্তর্ন

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization NEW ENGLAND PROMOTIONAL PRODUCTS 04-2679729 ASSOCIATION, INC 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 54625 COSTS OF PUBLICATION 14405 TOTAL COST OF PUBLICATION PLUS COST OF OTHER TAX EXEMPT ACTIVITIES (EXCLUDING ADVERTISING COSTS) 248441 % OF MEMBERSHIP DUES ALLOCATED TO PUBLICATION 5.80 MEMBERSHIP DUES ALLOCATED TO PUBLICATION 3168 CIRCULATION INCOME 3168 CIRCULATION COSTS 14405 EXCESS CIRCULATION INCOME/(EXPENSE) -11237 ADVERTISING INCOME 6835 ADVERTISING COSTS

Schedule 0 (Form 990 or 990-EZ) 2013	Page 2
Name of the organization NEW ENGLAND PROMOTIONAL PRODUCTS ASSOCIATION, INC.	Employer identification number 04-2679729
7756	
EXCESS ADVERTISING INCOME/EXPENSE	
-921	
NET INCOME/LOSS OF PUBLICATION AS A WHOLE	
-12158	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
DISPLAYS AT SHOWCASE DINNERS BY VENDORS FOR N.E.P.P.A. MEMBER	S
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHA	AREHOLDER
THE ORGANIZATION IS COMPRISED OF MEMBERS. AN ANNUAL FEE IS R	EQUIRED TO BECOME AND
REMAIN A MEMBER. MEMBERSHIP IS OPEN TO DISTRIBUTORS, SUPPLIE	RS, MULTI-LINE
REPRESENTATIVES AND BUSINESS SERVICE MEMBERS OF THE PROMOTION	AL PRODUCTS INDUSTRY.
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GO	VERNING 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 IN	NEW ENGLAND.
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL B	Y 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. THE	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 COMPLET	CENESS 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 COM	NFIRMS THAT THEY DO NOT
HAVE A CONFLICT OF INTEREST IN ANY AND ALL ACTIONS TAKEN BY T	THEM ON BEHALF OF THE
ASSOCIATION. IN THE EVENT THAT A CONFLICT OF INTEREST ARISES	5, THEY SHALL REFRAIN
FROM THE DISCUSSION AND VOTING ON ANY MOTION INVOLVING THEIR	INTEREST.

20	nedule 0 (1 01111 330 01 330-LZ) 2013	i agc	-
Nan	ne of the organization NEW ENGLAND PROMOTIONAL PRODUCTS ASSOCIATION, INC.	Employer identification number 04-2679729	
	FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	/AILABLE	_
			-
	ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE	UPON_REQUEST	_
			-
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