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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 02-01-2013, and ending 01-31-2014

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: ROCKY MOUNTAIN REGION PROMOTIONAL PRODUCTS ASSOCIATION. Address: 3030 W 81ST AVENUE, WESTMINSTER, CO 80031

D Employer identification number: 84-0929642. E Telephone number: (303) 433-4446. F Group Exemption Number

G Accounting Method: Cash [], Accrual [x], Other (specify) []

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

I Website: WWW.RMRPPA.ORG

J Tax-exempt status (check only one): 501(c)(3) [x], 501(c)(6) [], (insert no) [], 4947(a)(1) [], 527 []

K Form of organization: Corporation [x], Trust [], Association [], Other []

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$111,026

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [x]

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 111,026 and total expenses is 137,074, resulting in a deficit of 26,048.

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	140,753	22 117,150
23 Land and buildings		23
24 Other assets (describe in Schedule O)	7,570	24 5,050
25 Total assets	148,323	25 122,200
26 Total liabilities (describe in Schedule O)	12,725	26 12,650
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	135,598	27 109,550

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?
 DISTRIBUTION OF INFORMATION AMONG THE MEMBERS CONCERNING THE "SPECIALTY ADVERTISING" INDUSTRY

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

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

28 FORUMS, SHOWS AND MEETINGS TO DISSEMINATE INFORMATION REGARDING "SPECIALTY ADVERTISING" INDUSTRY AMONG MEMBERS AND TO PROMOTE THE INDUSTRY TO THE GENERAL PUBLIC (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of INTERACTIVE MANAGEMENT INC Telephone no (303) 433-4446 Located at 3030 W 81ST AVENUE WESTMINSTER, CO ZIP + 4 80031
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
42c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041? Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	Yes	No
46		No

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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

	Yes	No
47		
48		
49a		
49b		

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

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

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

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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

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

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

Sign Here *****
Signature of officer
Date 2014-02-17
CHRIS HANWAY PRESIDENT
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: J KERSTAN DAHL
Preparer's signature: _____
Date: 2014-02-16
Check if self-employed
PTIN: P00439324
Firm's name: J K DAHL PC CPA
Firm's EIN: _____
Firm's address: PO BOX 4548
PARKER, CO 801341453
Phone no: (303) 790-7900

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

Additional Data**Software ID:****Software Version:****EIN:** 84-0929642**Name:** ROCKY MOUNTIAN REGION
PROMOTIONAL PRODUCTS ASSOCIATION**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
KEN GLAESER CAS CHAIRMAN	000 00	0		
RONNIE ALLEN CO IMI DIRECTOR	000 00	0		
LOU LANTORNO VICE PRESIDE	000 00	0		
CHRIS HANWAY PRESIDENT	000 00	0		
MIKE JOSWICK CO IMI DIRECTOR	000 00	0		
KRISTINE FERRARO CO IMI DIRECTOR	000 00	0		
BRAIN GRALL CO IMI DIRECTOR	000 00	0		
CRAIG MULLER DIRECTOR	000 00	0		
GWEN GRANT CO IMI DIRECTOR	000 00	0		
CHRISTY MUCKEY DIRECTOR	000 00	0		
ERIC WINDHOLZ CO IMI DIRECTOR	000 00	0		
LINDSEY WHITNEY CO IMI SECRETARY	000 00	0		
JAN WOLFF TREASURER	000 00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2013

Open to Public Inspection

Name of the organization
ROCKY MOUNTIAN REGION
PROMOTIONAL PRODUCTS ASSOCIATION

Employer identification number

84-0929642

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	ADVERTISING 3,620 TOTAL 3,620
FORM 990-EZ, PART I, LINE 16	EXPENSES CONFERENCES AND CONV 70,969 INSURANCE 350 BANK FEES 3,182 BOARD EXPENSES 2,658 DIRECTORY 1,620 MEMBERSHIP 16,663 MISCELLANEOUS 225 POSTAGE AND SHIPPING 51 RAC EXPENSES 7,858 SUPPLIES 183 TELEPHONE 1,056 WEB SITE 3,766 PROFESSIONAL DEVELOPMENT 12,417 SUPPLIER FORUM 7,026 LUNCH AND LEARN 333 TABLE TOP SHOW 2,782 TOTAL 131,139
FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 7,570 5,050 TOTAL 7,570 5,050
FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 12,725 12,650
FORM 990-EZ, PART III	DISTRIBUTION OF INFORMATION AMONG THE MEMBERS CONCERNING THE "SPECIALTY ADVERTISING" INDUSTRY

TY 2013 Compensation Explanation

Name: ROCKY MOUNTIAN REGION
 PROMOTIONAL PRODUCTS ASSOCIATION
EIN: 84-0929642

Person Name	Explanation
KEN GLAESER CAS	
RONNIE ALLEN CO IMI	
LOU LANTORNO	
CHRIS HANWAY	
MIKE JOSWICK CO IMI	
KRISTINE FERRARO CO IMI	
BRAIN GRALL CO IMI	
CRAIG MULLER	
GWEN GRANT CO IMI	
CHRISTY MUCKEY	
ERIC WINDHOLZ CO IMI	
LINDSEY WHITNEY CO IMI	
JAN WOLFF	

TY 2013 GeneralDependencySmall

Name: ROCKY MOUNTIAN REGION
PROMOTIONAL PRODUCTS ASSOCIATION
EIN: 84-0929642

Business Name or Person Name:

Taxpayer Identification Number:

**Form, Line or Instruction
Reference:**

Regulations Reference:

Description: WAIVE NOL CARRYBACK

Attachment Information: YEAR ENDING: JANUARY 31, 2014 84-0929642 ROCKY MOUNTIAN REGION PROMOTIONAL PRODUCTS ASSOCIATION 3030 W 81ST AVENUE WESTMINSTER, CO 80031 NOL CARRYBACK ELECTION UNDER IRC SECTION 172(B)(3), THE TAXPAYER ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO ANY REGULAR TAX AND AMT NET OPERATING LOSS INCURRED DURING THE CURRENT TAX YEAR.