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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 alwww.lrs.gov/form990.

OMB No 1545-0047

A	For the	ZU14 calen	dar year, or tax year begi	nning	, 2014, 8	ana enaing			1	
В	Check if ap	plicable	C				D	Employer ident	ufication number	
	Addre	ss change	NEW ENGLAND PRO	MOTIONAL PRODU	CTS			04-2679	729	
	Name	change	ASSOCIATION, IN				E	Telephone num		
	\vdash	return	816 ELM STREET				ľ	(603) 5	29-8400	
	\vdash		MANCHESTER, NH	03101			—	(003) 3	23 0400	
	$\boldsymbol{\vdash}$	tum/terminated					٦		\$ 20	1 177
	\vdash	ded return	<u> </u>			- lu		Gross receipts up return for subo		1,477.
	Applic	cation pending	1				-	-	₩"	es X No
			Same As C Above				Are all subd If 'No,' atta	ordinates include thia list (see ins	d? Yestructions)	es No
<u>L</u>	Tax-exe	mpt status	501(c)(3) X 501(c) (6) ◄ (insert no.)	4947(a)(1) or	527				
J	Websi	te:► WW	W.NEPPA.COM			н	(c) Group exen	nption number 🕨	-	
K	Form of	organization	X Corporation Trust	Association Other▶	L Ye	ear of formation	1979	M State of I	legal domicile N	1A
Pá	11 11	Summar	v							
120			be the organization's mis	sion or most significan	t activities EN	RICHING	AND PR	OFESSION	JAT.T.Y	
_			ITING THE NEW ENG							
20			ION, SUPPORT AND			=				
Ē	} <i>=</i>									
ě	2 Cr	neck this be	ox ► If the organizati	on discontinued its op-	erations or dispo	sed of more	than-25%	of its net as		-
ගී			oting members of the government			• 3 <u>.</u>		3		10
≪ ব	4 Nu	umber of in	dependent voting membe	rs of the governing bo	dy (Part VI, line	,1b)	-	4		10
Activities & Governance	5 To	ital numbei	of individuals employed	ın calendar year 2014	(Part V, line 2a)	SI MAY	/ 3 I 20.	. 5		0
Ž	6 To	tal number	r of volunteers (estimate i	f necessary)	į.	7	0 4 ZU	,7 6		0
Ą			ed business revenue from			L		7a		0.
	b N∈	et unrelated	d business taxable income	e from Form 990-T, line	34		* -½ ·	7b		0.
						-	Prior	Year	Current	Year
•	8 Cd	ontributions	and grants (Part VIII, Iin	e 1h)				530.		820.
Revenue	9 Program service revenue (Part VIII, line 2g)						2	76,785.	25	3,754.
¥e	10 In	vestment ır	ncome (Part VIII, column	(A), lines 3, 4, and 7d)				6,607.		6,903.
ď	11 0	ther revenu	ie (Part VIII, column (A), i	lines 5, 6d, 8c, 9c, 10c	, and 11e).					
	12 To	tal revenu	e - add lines 8 through 1	1 (must equal Part VIII	, column (A), lin	e 12)	2	83,922.	26	1,477.
	13 Gr	ants and s	imilar amounts paid (Part	IX, column (A), lines	1-3)					
	14 Be	enefits paid	to or for members (Part	IX, column (A), line 4)						_
	15 Sa	alaries, oth	er compensation, employ	ee benefits (Part IX, co	olumn (A), lines	5-10)				
ses	1		fundraising fees (Part IX,							
Expenses	ł		-				えい したりをおな	TATAL SALE		
្តនិ			sing expenses (Part IX, c							Englisher:
	1	•	ses (Part IX, column (A),					56,197.		<u>2,009.</u>
	18 To	otal expens	es Add lines 13-17 (mus	t equal Part IX, column	n (A), line 25)		2	56,197.	25	2,009.
		evenue les:	s expenses. Subtract line	18 from line 12				<u> 27,725.</u>		9,468.
18 0							Beginning of	Current Year	End of	Year
sset sfar	20 To	tal assets	(Part X, line 16)				5	10,620.	52	2,730.
2 Z	21 To	otal liabilitie	es (Part X, line 26)					27,915.	3	0,790.
Š.	22 No	et assets o	r fund balances. Subtract	line 21 from line 20				82,705.	49	1,940.
p.		Signatu						02//001		<u> </u>
				including accompanying sched	ules and statements, an	nd to the best of	my knowledge a	nd belief, it is true	e correct and	
com	plete Decla	ration of preparation	lare that I have examined this return arer (other than officer) is based o	n all information of which prep	arer has any knowled	ge	,	/	.,	
			atrice of There		· - · · · · · · · · · · · · · · · · · ·			5/12	115	
Sid	n	Signati	ure of officer				Date			
Sig He	re	РАТ	RICIA SHIRLEY-BU	J IFF			Treasu	rer		
	•	Type o	r print name and title				110000			
		Print/Type	preparer's name	Preparer's signature		Date	Che	eck If	PTIN	
_			J Carleton CPA	David J Carle	eton CDA	5-11-		-employed	P0012021	٨
Pa						J-11-	() sen	-cinhioyeu	10012021	. 4
Preparer Firm's name CARLETON LOPEZ & WIESMAN CPA'S INC							0622266			
US	Use Only Firm's address • 91 MONTVALE AVE								-0633126	
				A 02180			Pho	one no <u>781</u>	279-780	
Ma	y the IRS	3 discuss th	nis return with the prepare	er shown above? (see	Instructions)				X Yes	No

Page 2

			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		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	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		X
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
0	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
1	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings and equipment in Part X, line 10 <i>7f 'Yes,' complete Schedule D, Part VI</i>	11 a	<u> </u>	
b	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
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		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		X
	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)?/f 'Yes,' complete Schedule D, Part X	11 f		X
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
t	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		X
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		X
17	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		X
	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		X
ŧ	f 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 ь		<u>L</u>

	990 (2014) NEW ENGLAND PROMOTIONAL PRODUCTS 04-267972	9	F	age 4
Per	Checklist of Required Schedules (continued)	_	V	
01	Did the average to a general many than \$5,000 of months are all an applications to any demonstration or		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	_	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, 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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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), 501(c)(4), and 501(c)(29) 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 Schedule L, Part I	25b		
26	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 'Yes', complete Schedule L, Part II	26		X
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		X
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	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
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		X
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, Part II, III, or IV, and Part V, Inne 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	olf '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	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		
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 (2014)

04-2679729 Ranky 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 1 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-0 ments, 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) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 4a 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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? 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 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 7 a services provided to the payor? 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 7h Form 1098-C? Sponsoring organizations maintaining donor advised fundsDid a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a **b** Did the sponsoring 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 10_b 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. 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 13b which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14b

X

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

Se	ction 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 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 10		-				
2	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			
3	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			
4	Did the organization make any significant changes to its governing documents						
	since the prior Form 990 was filed?	4		X			
5 6	Can Cabadala A	5 6	X	Х			
	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 0	7 a	Х				
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
	a The governing body?	8 a	X				
	b Each committee with authority to act on behalf of the governing body?	8 b	X				
9	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	9		X			
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code	e)			
			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 operations are consistent with the organization's exempt purposes?	10 ь					
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	X				
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			E' 1			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х				
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule 0	12 c	Х				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	Х				
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?						
	a The organization's CEO, Executive Director, or top management official	15 a		Х			
	b Other officers or key employees of the organization	15 b		Х			
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	200					
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X			
	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 take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Se	ction C. Disclosure						
	List the states with which a copy of this Form 990 is required to be file. None						
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply.	only)	avail	able			
	Own website Another's website X Upon request Other (explain in Schedule 0)						
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year See Schedule O						
20	State the name, address, and telephone number of the person who possesses the organization's books and records>						
	CAROL BOUTWELL 816 ELM STREET MANCHESTER NH 03101 (603) 529-8400						

BAA

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Form **990** (2014)

Part VII | 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 employees.'
- 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.

 $\overline{\mathbf{X}}$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C))			. ,		
(A) Name and Title	(B) Average hours per	than I IS	one	box, i an o	unles fficer /truste		on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list 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) LEE COSCIA	0.3									···········
Director	0	X			_			0.	0.	0.
(2) NANCY BERCOVITZ	0.3									_
Director	0	X	-		ļ	<u> </u>	<u> </u>	0.	0.	0.
_(3) NICK_D'ERAMO	2	.,		.,					•	0
President COPN	0	X		Х	-	_	<u> </u>	0.	0.	0.
	0.3	v		х				0.	0.	0.
Vice President	0.3	X		Λ		_		0.	0.	<u> </u>
	1-0.3-	X	ŀĺ	Х				ο.	0.	0.
Secretary (6) JOSHUA BROOKS	0.3	^		Λ		-	-	0.		<u> </u>
Director	1-0-5-	Х						0.	0.	0.
7) JAMES CURTIS	0.3		H		_			<u> </u>	•	
Director	0	Х						l o.	o.'	0.
(8) JODY FERRER	0.3									
Director	0	Х	l					0.	0.	0.
(9) JOANN GOODLOE	1									
Treasurer	0	X		Х				0.	0.	0.
(10) KAREN SANTOS	0.3									
Director	0	X						0.	0.	0.
(11)										
(12)		•			-		-			
(13)										
(14)										
		•	•		•	•	•			

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Party Section A. Officers, Directors, Tru	(B)	Ney	EII		Oye C)	es,	alli	nighest con	ipensaled Emp	loyees (continued)
(A) Name and title	Average hours per week	hours box u per officer			erson direct	or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza tons below dotted line)	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)									<u> </u>	
(24)										
(25)										
1 b Sub-total						<u> </u>	>	0.	0.	0.
c Total from continuation sheets to Part VII, Secti	on A						>	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	0.	0.	0.
2 Total number of individuals (including but not lim from the organization ► 0	ited to th	ose I	ste	a ab	ove	wno	o re	ceived more than	\$100,000 of report	
3 Did the organization list anyformer officer, direction line 1a? If 'Yes,' complete Schedule J for such	tor, or trus h individu	stee, <i>al</i>	key	em	ploy	ee, c	or hi	ighest compensati	ed employee	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportab er than \$1	le co 50,00	mpe 00?/	nsa f'Y	ition es' d	and omp	oth lete	er compensation Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e comper	satio	n fr hed	om ule .	any J foi	unre Suci	late h pe	ed organization or erson	ındıvıdual	5 X
Section B. Independent Contractors						<u>. </u>				
Complete this table for your five highest compen compensation from the organization. Report com-	isated ind opensation	epen 1 for	den the	cale	ntra	tors r yea	tha ar er	nding with or with	in the organization	
(A) Name and business add	ress							Description (B)	of services	(C) Compensation
2 Total number of independent contractors (includ	ing but no	t lım	ited	to t	hose	e listi	ed a	above) who receiv	ed more than	
\$100,000 of compensation from the organization	<u>-</u>	TE C A C								F 000 (2014)

Page 9

	•	Check if Schedule O contains	a resp	oonse or note to any	/ line in this Part VI	II		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1 a	Federated campaigns.	1 a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1 b			i		
5 5	С	Fundraising events	1 c					
r ifts	d	Related organizations	1 d					
يّ≝ا		Government grants (contributions)	1 e					
हुं हुं								
更更	ľ	All other contributions, gifts, grants, and similar amounts not included above	1 f	820.				
불팅		Noncash contributions included in lines 1		020.				
들	_	Total. Add lines 1a-1f	- ··· -	>	820.	i		
		Totally (GG IIII) GG III		Business Code	020.			
ᇴ	2 a	TRADE SHOW		900099	187,832.	187,832.	-	
<u>\$</u>		MEMBERSHIP DUES		900099	53,100.	53,100.		
ė	c	A DIVIDENTATIVE (ADD. COV.	<u> </u>	541800	6,860.	6,860.		
Š		NETWORKING	<u> </u>	900099	4,810.	4,810.		
Š				900099	1,152.	1,152.		
<u>ra</u>		All other program service revenue		300033	1,152.	1,152.		
Program Service Revenue		Total. Add lines 2a-2f		•	253,754.			
		Investment income (including di	udono	ls interest and	233, 134.			<u> </u>
	3	other similar amounts)	viuelic	is, interest and	6,903.			6,903.
	4	Income from investment of tax-e	exemp	t bond proceeds. 🕨				
	5	Royalties	•	▶			•	
	•	(i) F	Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)	-	1				
	_	Net rental income or (loss)		<u> </u>				
		, (W.Soo	urities	(II) Other				
	/ a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)				İ		
		Net gain or (loss).		•			- ·· ·	· · · · · · · · · · · · · · · · · · ·
Ĕ	Ва	Gross income from fundraising (not including \$	events					
Ž		of contributions reported on line	1c).	·				
æ		See Part IV, line 18		a				
ē	ь	Less: direct expenses		Ь				
Other Revenu		Net income or (loss) from fundra	aising	events		Ī		
•		, ,	_					
	<i>3</i> a	Gross income from gaming activ See Part IV, line 19	ritios	a				
	b	Less direct expenses		b				
	c	Net income or (loss) from gamir	ng acti	vities >				
	10 a	Gross sales of inventory less re	turns					
	104	Gross sales of inventory, less re and allowances	, (0,110	а				
	b	Less: cost of goods sold		b				
	c	Net income or (loss) from sales	of inv	entory >				
		Miscellaneous Revenue		Business Code				
	11 a	`						
	l t)						
	۰ ا	:						
	c	All other revenue						
	e	Total. Add lines 11a-11d		•				
	12	Total revenue. See instructions	_		261,477.	253,754.	0.	6,903.

, wi	 	•		.	
Sect	tion 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 r	 	and the same of th	(0)	
Do 1 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
	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 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
a	Management	81,850.			
	Legal	02,000.			
	Accounting	2,750.			
	Lobbying	2,750.			
	Professional fundraising services. See Part IV, line 17				
_	Investment management fees	· · · · · · · · · · · · · · · · · · ·			
	Other. (If line 11g amt exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule 0)				
12	Advertising and promotion	1,649.			
13	Office expenses	3,737.			
14	Information technology	703.			
15	Royalties				
16	Occupancy				
17	Travel	3,537.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,397.			
20	Interest				
21	-				
22	Depreciation, depletion, and amortization	928.			
23	1	3,237.			
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)				
8	TRADE_SHOWS	86,476.			ļ <u>-</u>
t	NETWORKING	21,881.			_
	Education	9,550.			
C	BANK & CREDIT CARD FEES	7,563.			
	All other expenses	24,751.			
25	Total functional expenses. Add lines 1 through 24e	252,009.			
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

Part X

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 1 70,312. Cash - non-interest-bearing 295,307 2 305,780. 2 Savings and temporary cash investments. 3 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 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 2,900 b Less: accumulated depreciation 10b 1,508. 2,320 10 c 1,392. 11 Investments - publicly traded securities 126,272 125,686. Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 Other assets, See Part IV, line 11 10,971 19,560. 15 16 Total assets. Add lines 1 through 15 (must equal line 34). 510,620 522,730. 16 17 17 Accounts payable and accrued expenses 18 Grants payable 19 19 Deferred revenue 20 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. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 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 27,915 30,790. 26 27,915 30,790. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete Balances lines 27 through 29, and lines 33 and 34. 482,705 Unrestricted net assets 27 491,940. 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets. 29 or Fund 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 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 33 33 Total net assets or fund balances 482,705. 491,940. 34 Total liabilities and net assets/fund balances 510,620. 522,730.

BAA

Form 990 (2014)

orm	n 990 (2014) NEW ENGLAND PROMOTIONAL PRODUCTS	04-2679729		Pag	ge 1 2
ଥିଲ	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	26	51,4	77.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25	52,0	09.
3	Revenue less expenses Subtract line 2 from line 1	3		9,4	68.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48	32,7	05.
5	Net unrealized gains (losses) on investments	5			33.
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	49	91,9	40.
<u> </u>	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	Check it Schedule o contains a response of note to any line in this rate XII			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			103	110
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 a	a 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 re separate basis, consolidated basis, or both:	viewed on a			
	X Separate basis Consolidated basis Both consolidated and separate basis				
t	b Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s basis, consolidated basis, or both:	eparate			
	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?		2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 &	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?	n the Single	3 a		X
ŀ	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo th or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	3 b		

BAA

Form **990** (2014)

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

0MB № 1545-0047

Schedule C (Form 990 or 990-EZ) 2014

ଭିରୁଷ୍ଟ (ଜ. ବିଧାରୀ : ଜାଞ୍ଚଞ୍ଚଞ୍ଚିଷ୍ଟ

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

► Information about Schedule C (Form 990 or 990-EZ) and instructions is at www.irs.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

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

- 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.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

Name	of organization			Employer Identifica	ition number				
	ENGLAND PROMOTION			04-267972					
ନିହା?	Complete if the org	ganization is exempt under section	501(c) or is a sect	ion 527 organizatio	n				
1	Provide a description of the	organization's direct and indirect political c	ampaign activities in	Part IV.					
2	Political expenditures			▶\$					
	Volunteer hours								
Par	•	rganization is exempt under section							
1		ise tax incurred by the organization under		► \$					
2	Enter the amount of any exc	. ►\$							
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								
		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 sec	tion 527 exempt ►\$					
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2 Enter here and	on Form 1120-POL,	► \$					
4	4 Did the filing organization fileForm 1120-POL for this year?								
5	Enter the names, addresses	and employer identification number (EIN) s. For each organization listed, enter the arons received that were promptly and direct laction committee (PAC). If additional spa	mount haid from the 1	iling organization's tune	thich the filing				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If 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)									

Schedule C (Form 990 or 990-EZ) 201	⁴ NEW ENGLAN	D PROMOTIONAL PRO	DUCTS	04-2679	9729 Page 2
Part II-A Complete if t	he organizatior	is exempt under secti			
address,	ng organization be EIN, expenses, a	longs to an affiliated group nd share of excess lobbying ecked box A and 'limited co	expenditures).		r's name,
B CHECK - I'll the lilli		bying Expenditures	Throi provisions apply	(a) Filing	(b) Affiliated
<u> </u>	'expenditures' m	eans amounts paid or incu		organization's totals	group totals
• = :		ublic opinion (grass roots lo			
c Total lobbying expendit		i legislative body (direct lobb	oyirig)		
d Other exempt purpose	•	and 1b)		 	
e Total exempt purpose e	•	ines 1c and 1d).			
	,	mount from the following tal	ole ın		
If the amount on line 1e, col	umn (a) or (b) is	The lobbying nontaxable	amount is		<u> </u>
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	<u> </u>		
Over \$1,000,000 but not over \$	<u> </u>	\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	317,000,000	\$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 lin	e Ic. If zero or les	s, enter -U-			
j If there is an amount ot section 4911 tax for this		either line 1h or line 1i, did t	he organization file Fo	orm 4720 reporting	Yes No
(Soi		4-Year Averaging Period that made a section 501(h) nns below. See the instruct	election do not have t		
	Lob	bying Expenditures During	4-Year Averaging Per	riod	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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) 2014

BAA

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description		(D)
Yes	No	Amount
1(c)(5)	or	
,	Yes	

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	X	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		X

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).		
ε	Current year	2 a	
k	Carryover from last year	2b	
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.

িবাটা W Supplemental Information

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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

SCHEDULE D (Form 990)

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 atww.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	NEW ENGLAND PROMOTIONAL PROASSOCIATION, INC.	DDUCTS		0.4.0670700
-\oz-		104-2679729		
Par	的 Organizations Maintaining Dono Complete if the organization ans	wered 'Yes' to Form 990.	er Similar Funds or <i>i</i> . Part IV. line 6.	Accounts.
		(a) Donor advised		b) Funds and other accounts
1	Total number at end of year	(a) Donor advised	iulius (b) I diffus and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of 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	organization's exclusive legal	control?	. Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?			
Par	tilia Conservation Easements.			
3.7330	Complete if the organization ans	wered 'Yes' to Form 990,	, Part IV, line 7.	
1	Purpose(s) of conservation easements held by	the organization (check all th	at apply).	
	Preservation of land for public use (e.g., r	ecreation or education)	Preservation of a histo	rically important land area
	Protection of natural habitat		Preservation of a certif	ied historic structure
	Preservation of open space	·	_	
2	Complete lines 2a through 2d if the organization	on held a qualified conservatio	n contribution in the form	of a conservation easement on the
	last day of the tax year.		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Hold at the Find of the Tax Vani
	Total number of conservation easements		2a	Held at the End of the Tax Year
_	• Total number of conservation easements • Total acreage restricted by conservation ease	mente	2 b	
	: Number of conservation easements on a certif		<u> </u>	
			`` —	
	Number of conservation easements included in structure listed in the National Register		2d	
3	Number of conservation easements modified, tax year ▶	transferred, released, extingui	shed, or terminated by the	e organization 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 monitorii	ng, inspecting, and enforcing o	conservation easements d	uring the year
7	Amount of expenses incurred in monitoring, ir	nspecting, and enforcing conse	ervation easements during	the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(II)?	n line 2(d) above satisfy the re	quirements 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	orts conservation easements it to the organization's financial	in its revenue and expens statements that describes	e statement, and balance sheet, and the organization's accounting for
Pai	till Organizations Maintaining Collect Complete if the organization ans	ions of Art, Historical Tre wered 'Yes' to Form 990	easures, or Other Simi , Part IV, line 8.	lar Assets.
1 8	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 finar	s held for public exhibition, ed	ucation, or research in fur	ement and balance sheet works of therance 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 repo ld for public exhibition, educat	ort in its revenue statemei ion, or research in further	nt and balance sheet works of art, ance of public service, provide the
	(i) Revenue 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	rt, historical treasures, or othe 116 (ASC 958) relating to thes	er similar assets for financi se items	rial gain, provide the following
8	a Revenue included in Form 990, Part VIII, line	1		► \$
ı	Assets included in Form 990, Part X			▶ \$

•						
Schedule D (Form 990) 2014 NEW				04-26		Page 2
Part III Organizations Maintai	ning Collections	of Art, Histori	cal Treasures, or O	ther Similar Assets	(continue	d)
3 Using the organization's acquisit	ion, accession, and	other records, ch	neck any of the following	ng that are a significant	use of its co	llection
items (check all that apply): a Public exhibition		مده ا 🗆 ا	or ovehenge programs			
b Scholarly research		H ~	or exchange programs	1		
H ₂ 1, 7, 1	rations	e U Other				
		and avalers ha	u thay further the area	nizotionia overet nime		
4 Provide a description of the organization of the organization.	inization's collections	s and explain no	w they lurther the orga	nization's exempt purp	ose in	
5 During the year, did the organizato be sold to raise funds rather t	ation solicit or receive han to be maintained	e donations of a	rt, historical treasures, organization's collection	or other similar assets n?	Yes	No
<u>Pिहातो ि </u> Escrow and Custodia line 9, or reported an				nswered 'Yes' to F	orm 990, F	[∍] art IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodian, or o	ther intermediar	y for contributions or o	ther assets not included	Yes	∏No
b If 'Yes,' explain the arrangement	t in Part XIII and con	plete the follow	ing table		Ш	
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				1 e		,
f Ending balance				1f		
2 a Did the organization include an a	amount on Form 990	Part X, line 21,	for escrow or custodia	account liability?	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII. Check I	nere if the explai	nation has been provid	ed in Part XIII		П
Part V Endowment Funds. Co	mplete if the org	anızatıon ans	wered 'Yes' to For	m 990, Part IV, line	e 10.	
·	(a) Current year	(b) Prior yea	r (c) Two years bad	ck (d) Three years back	(e) Four	years back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains,						
and losses						
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentag	e of the current year	end balance (lir	ne 1g, column (a)) held	l as:	-	
a Board designated or quasi-endov	wment ►	 %				
b Permanent endowment ►	 ૄ					
c Temporarily restricted endowmer		_ %				
The percentages in lines 2a, 2b,	and 2c should equal	100%.				
3a Are there endowment funds not	in the possession of	the organization	that are held and adm	inistered for the		
organization by:	•	J			Ye	s No
(i) unrelated organizations					3a(i)	
(ii) related organizations		,			3a(ii)	_
b If 'Yes' to 3a(II), are the related of	=	•			3b	
4 Describe in Part XIII the intended		ation's endowm	ent funds.			
Pari পা Land, Buildings, and						
Complete if the organi	zation answered	'Yes' to Form	990, Part IV, line	11a. See Form 990	Ͻ, Part X,∃	line 10.
Description of property	(a) Cos	t or other basis	(b) Cost or other	(c) Accumulated	(d) Bool	k value
		nvestment)	basis (other)	depreciation		_
1 a Land					<u> </u>	
b Buildings						
 I easehold improvements 	ŀ			I	1	

d Equipment 2,900. 1,508 1,392. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c) 1,392. Schedule **D** (Form 990) 2014

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Schodulo D (Form 000) 2014 NEEL TWG AND DRONOTH	TOWN DRODUGES		04.050000	D 1
Schedule D (Form 990) 2014 NEW ENGLAND PROMOT Part VII Investments — Other Securities.	TONAL PRODUCTS	N/A	04-2679729	Page :
. Complete if the organization answered	'Yes' to Form 990,		See Form 990, Part X	, line 12.
(a) Description of security or category(including name of security)	(b) Book value		ation: Cost or end-of-year market	
(1) Financial derivatives .	<u> </u>			
(2) Closely-held equity interests				
(3) Other	· · · · · · · · · · · · · · · · · · ·			
(A)				
(B)		_		
(C)				
(D)				
(E)				
(F)				
(G)			 	
(H)				
(1)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		37 /3		<u>.</u>
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' to Form 990.	N/A Part IV. line 11c. S	See Form 990, Part X	line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation	on Cost or end-of-year ma	rket value
(1)	• •	· · · · · · · · · · · · · · · · · · ·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	NT / 3			
Complete if the organization answered 'Your Complete if the organization answered 'You Complete if the organization and 'You Complet	N/A es' to Form 990, Pa scription	rt IV, line 11d. See F		15. ok value
(1)	scription		(6) 500	n value
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B	3). line 15.)		•	
Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 9		1f Soo Form 990 Part Y	lino 25	
(a) Description of liability	(b) Book value	11. See Fulli 330, Fall A,	IIIIG ZJ	
(1) Federal income taxes	,.,,			
(2) DEPOSITS FROM MEMBERS	30,79	0.		
(3)				
(<u>4</u>)	1	1		

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS FROM MEMBERS	30,790.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, column (B) line 25)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain

(10)

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tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014 NEW ENGLAND PROMOTIONAL PRODUCTS	04-2679729	Page 4
Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return. N/A	
Complete if the organization answered 'Yes' to Form 990, Part IV, 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 (losses) on investments		
b Donated services and use of facilities 2 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 line 1:		-
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	er Return. N/A	· ·
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
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 . 2 a		
b Prior year adjustments 2b		
c Other losses 2c		
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	

Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

Schedule D (Form 990) 2014

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.

2014

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

NEW ENGLAND PROMOTIONAL PRODUCTS ASSOCIATION, INC.

Employer identification number 04–2679729

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

53110

COSTS OF PUBLICATION

14624

TOTAL COST OF PUBLICATION PLUS COST OF OTHER TAX EXEMPT ACTIVITIES (EXCLUDING

ADVERTISING COSTS)

244135

% OF MEMBERSHIP DUES ALLOCATED TO PUBLICATION

5.99

MEMBERSHIP DUES ALLOCATED TO PUBLICATION

3181

CIRCULATION INCOME

3181

CIRCULATION COSTS

14624

EXCESS CIRCULATION INCOME/(EXPENSE)

-11443

ADVERTISING INCOME

6860

ADVERTISING COSTS

Name of the organization NEW ENGLAND PROMOTIONAL PRODUCTS ASSOCIATION, INC.

Employer identification number 04-2679729

7874

EXCESS ADVERTISING INCOME/EXPENSE

-1014

NET INCOME/LOSS OF PUBLICATION AS A WHOLE

-12457

Form 990, Part III, Line 4d - Other Program Services Description

DISPLAYS AT SHOWCASE DINNERS BY VENDORS FOR N.E.P.P.A. MEMBERS.

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

THE ORGANIZATION IS COMPRISED OF MEMBERS. AN ANNUAL FEE IS REQUIRED TO BECOME AND REMAIN A MEMBER. MEMBERSHIP IS OPEN TO DISTRIBUTORS, SUPPLIERS, MULTI-LINE REPRESENTATIVES AND BUSINESS SERVICE MEMBERS OF THE PROMOTIONAL PRODUCTS INDUSTRY.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing 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 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. 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 COMPLETENESS PRIOR TO ITS FILING. A COPY IS GIVEN TO EVERY OFFICER AND BOARD MEMBER.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

ALL OFFICERS AND BOARD MEMBERS MUST SIGN A STATEMENT THAT CONFIRMS 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 ARISES, THEY SHALL REFRAIN FROM THE DISCUSSION AND VOTING ON ANY MOTION INVOLVING THEIR INTEREST.

Name of the organization NEW ENGLAND PROMOTIONAL PRODUCTS ASSOCIATION, INC.

Employer identification number 04-2679729

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.