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Form 990-EZ

Short Form

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

OMB No 1545-1150

2014

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.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 02-01-2014, and ending 01-31-2015

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: ROCKY MOUNTIAN REGION PROMOTIONAL PRODUCTS ASSOCIATION
Number and street (or P O box, if mail is not delivered to street address): 12011 TEJON ST ROOM/SUITE 700
City or town, state or province, country, and ZIP or foreign postal code: WESTMINSTER, CO 80234

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 assets: \$122,406

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). Values include 96,383, 25,265, 758, 122,406, 4,942, 119,686, 125,071, -2,665, 109,552, 106,887.

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	117,152	22 118,043
23 Land and buildings		23
24 Other assets (describe in Schedule O)	5,050	24 4,845
25 Total assets	122,202	25 122,888
26 Total liabilities (describe in Schedule O)	12,650	26 16,001
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	109,552	27 106,887

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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

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

28 FORUMS, SHOWS AND MEETINGS TO DISSEMINATE INFORMATION REGARDING "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 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	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
LOU LANTORNO PRESIDENT	000 00	0		
CHRIS HANWAY CHAIRMAN	000 00	0		
KRISTINE FERRARO CO IMI VICE PRESIDE	000 00	0		
ERIC WINDHOLZ CO IMI DIRECTOR	000 00	0		
JAN WOLFF TREASURER	000 00	0		
SCOTT SCHOENBAUER VICE PRESIDE	000 00	0		
LINDSEY BRATSKY SECRETARY	000 00	0		
CELINE POWNER DIRECTOR	000 00	0		
MIKE JOSWICK DIRECTOR	000 00	0		
EVAN MAGUIRE DIRECTOR	000 00	0		
AARON DAYWITT DIRECTOR	000 00	0		

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

Main form area containing questions 33 through 45b with Yes/No columns and input fields.

Yes No

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

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 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"

Table with 5 columns: (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"

Table with 3 columns: (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 must attach a completed Schedule A

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 (JAN WOLFF TREASURER) and Date (2015-03-03)

Paid Preparer Use Only: Print/Type preparer's name (J KERSTAN DAHL), Preparer's signature, Date (2015-03-03), Check self-employed, PTIN (P00439324), Firm's name (J K DAHL PC CPA), Firm's EIN (80-0527020), 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

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 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

**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 16	
FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 5,050 4,845 TOTAL 5,050 4,845
FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 12,650 16,001
FORM 990-EZ, PART III	DISTRIBUTION OF INFORMATION AMONG THE MEMBERS CONCERNING THE "SPECIALTY ADVERTISING" INDUSTRY