

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



OMB No 1545-0047

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 at www.irs.gov/form990.

Open to Public Inspection

Ā	For the 2	016 calen	dar year, or tax year begin	ning .	2016, and endir	ng		<del></del>				
	Check if app		C		,		D Employer ide	entification number				
_		s change	NEW ENGLAND PROM	OTTONAL PRODUCTS			04-267	9729				
	Name o	_	ASSOCIATION, INC			h	E Telephone nu					
	Initial re	•	131 DANIEL WEBST	ER HIGHWAY, #461		1	- ,	(603) 529-8400				
	$\vdash$		NASHUA, NH 03060				(603)	329-8400				
	$\vdash$	ırn/terminated					<b>^</b> • .	¢ 015 405				
	$\vdash$	ed return					G Gross receipt group return for s					
	Applica	ition pending		a ancer		1 ' '	- '					
			SAME AS C ABOVE		\( \frac{1}{2} \)	If 'No,' at	ubordinates inclu ttach a list (see	ded? Yes No				
<u> </u>	Tax-exem	<del></del>	501(c)(3) X 501(c) (	6 ) <b>▼</b> (insert no.) 4947(a	a)(1) or 527							
<u>J</u>	Websit		W.NEPPA.COM		<del></del>	<del></del>	emption number					
K		rganization	X Corporation Trust	Association Other	L Year of forma	tion 1979	M State of	of legal domicile MA				
Pa	art I	Summar	у									
				ion or most significant activities								
9	<del>乾</del>			LAND PROMOTIONAL PRO	DDUCIS IND	USTRY TH	IROUGH E.	DUCATION,				
Ē	<u>T</u> Ū	IF ORMAT	TION, SUPPORT AND				. – – – – -					
Activities & Governance	2 Gh			on discontinued its operations of	r disposed of m	oro than 25	0/ of its not					
õ	2 Che			rning body (Part VI, line 1a)	i disposed of fil	Ole (liail 23	3	10				
<b>∘</b> ĕ	4 Nui			s of the governing body (Part \	/I, line 1b)		4	10				
ies	<b>5</b> Tot		· -	n calendar year 2016 (Part V, I			5	1 0				
₹	6 Tot	tal numbei	of volunteers (estimate if	necessary)	·		6	0				
Act				Part VIII, column (C), line 12			78					
	<b>b</b> Net	t unrelated	d business taxable income	from Form 990-T, line 34			. 71	0.				
						Pri	or Year	Current Year				
a			and grants (Part VIII, line				780					
Š			vice revenue (Part VIII, line			<u> </u>	240,045					
Revenue	1		ncome (Part VIII, column (			ļ	402	. 1,946.				
Œ			• • • • • • • • • • • • • • • • • • • •	nes 5, 6d, 8c, 9c, 10c, and 11e	•	<u> </u>	0.11 000					
				(must equal Part VIII, column	(A), line 12)		241,227	. 217,407.				
			imilar amounts paid (Bart- to or for members (Part-					<del> </del>				
			, ,		l.=== E 10\		<del></del>	<del>-}</del>				
ø	15 Sal			e benefits (Pert X, column (A)	, iiiles 5-10)	\		<del> </del>				
JS.	<b>16a</b> Pro		fundraising (Tees (Fart IX)					<del> </del>				
Expenses	<b>b</b> Tot	tal fundrai	sing expenses (Part IX, co	lumn (D), line(25) ►		. L						
Ü	17 Oth	ner expens	ses (Part IX, column (A)	nes T(a, 17d, 11f-24e)			239,464	. 206,737.				
	18 Tot	tal expens	es Add lines 13-17 (must	equal-Part IX, column (A), line	25)		239,464	. 206,737.				
	19 Re	venue les	s expenses Subtract line 1	8 from line 12			1,763	. 10,670.				
8	3					Beginning	of Current Yea	End of Year				
a de de	<b>20</b> Tot		(Part X, line 16)				542,599					
Ž.	<b>21</b> Tot	tal liabilitie	es (Part X, line 26)		•		59,320	. 47,479.				
Net Assets or	<b>22</b> Ne	t assets o	r fund balances Subtract I	ine 21 from line 20 .		<u>l</u>	483,279	. 496,943.				
	art II	Signatu	re Block									
<sub>២កដ</sub>	ler penalties	of perjury 1 d	eclare that I have examined this ret	urn, including accompanying schedules a	nd statements, and to	the best of my	knowledge and b	pelief, it is true, correct, and				
cou	piete Deciar	attoryor prepa	arer (other than officer) is based on	urn, including accompanying schedules a all information of which preparer has any			<del></del>	٠ <del>, ــ</del>				
Z	<u>.</u> gn		stucia is	47		Date	5/11	117				
Si	gn	1	ure of officer	$\mathcal{W}$ .				_				
Hg	ere		RICIA BUFF			VICE	<u>PRESIDEN</u>	<u>T</u>				
	ere		r print name and title	TProporario signatura	To-t-	<del></del>		LOTIN				
6	<u>Z</u>	1	preparer's name	Preparer's signature	Date	I .	Check if	PTIN				
Ρź	iįd		J CARLETON CPA	DAVID J CARLETON C		0-17	self-employed	P00120214				
Ρţ	eparer	Firm's nam		EZ & WIESMAN CPA'S	INC							
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_	<del></del>	<u> </u>		02180			Phone no 78	1 279-7800				
			his return with the prepare	r shown above? (see instructio				X Yes No				
D 4	A F D-		Taduatian Ast Natica cas	the concepts included one	70	E A 0 1 1 2 1 1 1 1 1 1	11 C	Form <b>990</b> (2016)				

Check Ischedule Contents a response or note to any line in this Part III    Briefly describe the organization's mission:   ENECLETIC AND PROFESSIONALLY REPRESENTING THE NEW ENGLAND PROMOTIONAL PRODUCTS   INDUSTRY THROUGH EDUCATION, INFORMATION, SUPPORT AND VOLUNTEERISM.   2	orm	n 990 (2016) NEW ENGLAND PROMOTIONAL PRODUCTS	04-2	679 <u>7</u> 2	29	F	Page 2
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			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
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	
	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		_ <u>X</u> _
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
•	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		<u> </u>
	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		X
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	题		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
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
С	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		_X
d	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
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)? If '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		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		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?.	14a		<u>X</u>
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		_X_
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		Х
17	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		X
18	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
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u> x</u>

	<del></del>		Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H .	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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
<b>24</b> a	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	i	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		
C	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	-	
ŧ	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-EZ? If '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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
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	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M .	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	and Part V, line 1	34		х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
١	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	_	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Note. All Form 990 filers are required to complete Schedule O	38	х	<u> </u>
RAA		Form	OOA A	(2016)

NEW ENGLAND PROMOTIONAL PRODUCTS 04-2679729 Page 5 Part V 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 Nο 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 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 1 c X (gambling) winnings to prize winners? 2a 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 to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 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) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 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 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 solicit any contributions that were not tax deductible as charitable contributions? Х 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 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 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 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: 11 a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 116 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a 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 which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

14a

 $\overline{\mathbf{X}}$ 

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 X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 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 X 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 since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 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 Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8 a b Each committee with authority to act on behalf of the governing body? X 8ь 9 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 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 operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in SEE SCHEDULE Q Schedule O how this was done 12c Х X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 X 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 Х 15 a **b** Other officers or key employees of the organization X 15<sub>b</sub> 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 X taxable entity during the year? 16 a 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? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Another's website |X| Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: CAROL BOUTWELL 131 DANIEL WEBSTER HIGHWAY, #461 NASHUA NH 03060 (603) 529-8400

Form 990 (2016)	MEM	ENCI AND	PROMOTTONAL.	PRODITOTS

04-2679729

Page 7

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

		(C)		7						
(A) Name and Title	(B) Average hours	Pos thar	both	an o	officer /truste			(D) Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other
	per week (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
(1) LEE COSCIA	0.3									
DIRECTOR	0	X	$\vdash$		<u> </u>			0.	0.	0.
(2) HEATHER CLAY SECRETARY	0.3	х		Х				0.	0.	0.
(3) MICHAEL BENDER	0.3	ļ								
DIRECTOR	0	Х	Щ					0.	0.	0.
(4) KIMBERLY COEN	0.3	}				<b>}</b>				
DIRECTOR	0	X	Щ			<b> </b> _		0.	0.	0.
(5) PATRICIA BUFF	0.3	] ]				] ]	ĺ	_	ĺ	
VICE PRESIDENT	0	X	$\sqcup$	X		L		0.	0.	0.
(6) DAVID KENNEALEY	0.3	١						_		
DIRECTOR	0	Х	$\vdash$			<del>     </del>	_	0.	0.	0.
	11	١ ا						_		_
TREASURER	0	X	$\vdash$	X	<u> </u>		_	0.	0.	0.
(8) SANDY KLEIN	0.3	{ <u>,</u> ,								
DIRECTOR	0	X	$\vdash$		-			0.	0.	0.
	$\frac{2}{0}$	X	}	х		}		0	0	0
(10) CHRISTIE WRIGHT	0.3	1	$\vdash$	^		$\vdash$		0.	0.	0.
DIRECTOR	1-6.3-	X				} {		0.	0.	0
(1)		Î	H	-	_			<u> </u>	0.	0.
(12)			-							
(13)			H			$\vdash$		<u> </u>		<del></del>
(14)					-					<del></del>
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art VII Section A. Officers, Directors, Tru		1109		<u> </u>	_	cs, a		ringhest con	ipensated En	picyc	es (cont	inued
	(B)	ļ		(C	•		ł			l l		
(A)	Average	(do	not ch	neck	ition more	than o	ne	(D)	(E)		(F)	
Name and title	hours per	box	unles er an	ss pe. d a d	rson firecti	is both or/truste	an (	Reportable	Reportable compensation from		Estimate	
	week (list any	<del> </del>	-	$\overline{A}$	Ŧ	e <u> </u>	늮	compensation from the organization (W-2/1099-MISC)	related organization (W-2/1099-MISC)	s a	mount of o compensati	on
	hours	를 활	딸	Officer	é.	훈활	91	(W-2/1099-MISC)	(W-2/1099-MISC)	İ	from the organization	
	for related	dividual	틝	ष्	3	8 ×	ಷ				and relate organizatio	
	organiza - tions	얼절	릴	Ì	joy	اق "ا	Ì	'		ì		
	below dotted	Individual trustee or director	nstitutional trustee	ı	ĕ	ğ	Į			- [		
	line)	6	8			Highest compensated employee						
j)		-		7			1			+-		
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5)									·· -· -·			
b Sub-total						<del></del>	-	0.		1		
c Total from continuation sheets to Part VII, Section	on A					•	<b>&gt;</b>	0.	C	).		
d Total (add lines 1b and 1c)							<u> </u>	0.		)		_
Total number of individuals (including but not limited from the organization ► 0	to those I	isted	abov	e) w	vho i	receiv	ed	more than \$100,00	0 of reportable co	mpensa	ion	
from the organization 0							_	<del></del>			Yes	T 1
Did the organization list any former officer, direct	tor, or tru	stee.	kev	em	ola	ee. c	r h	ighest compensat	ed employee			
on line 1a3 If 'Yes,' complete Schedule J for such	h individu	ial ,		•		, ,		·gcor copoco		3	; [	
For any individual listed on line 1a, is the sum of	reportab	م وا	mnai	neal	tion	and (	othe	er compensation	from			Γ
the organization and related organizations greate	er than \$1	50,00	00?	lf 'Y	es,	com	olet	e Schedule J for	10111			<u> </u>
such individual .						•		•			<u>'</u>	L
Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e comper	ișatio	n fro	ņ a	any	unrel	ate	d organization or	ındıvıdual	<u>-</u>	\	-
	, comple	te So	cned	ule .	J fo	r suci	ר pe	erson		5	<u>'</u>	
cction B. Independent Contractors  Complete this table for your five highest compensation from the organization. Report compen	sated ind	epen	dent	cor	ntrac	ctors	tha	t received more th	nan \$100,000 of	<del></del>		
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Name and business addi	ress						_	Description of	of services	Com	pensation	n
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							$\dashv$	<del></del>				_
<del></del>							_					_

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) (C) (D) Revenue excluded from tax Unrelated Related or exempt business under sections 512-514 function revenue revenue 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1 b **b** Membership dues c Fundraising events. 1 c 1 d d Related organizations e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1,636 g Noncash contributions included in lines 1a-1f. h Total. Add lines 1a-1f 1,636 **Business Code** Program Service Revenue 2a TRADE SHOW 900099 157,435 157,435 **b** MEMBERSHIP DUES 900099 48,500 48,500 900099 c NETWORKING 4,810 4,810 541800 3,080 3,080 d ADVERTISING (SEE SCH O) f All other program service revenue g Total. Add lines 2a-2f 213,825. Investment income (including dividends, interest and other similar amounts). 1,946. 1,946 Income from investment of tax-exempt bond proceeds. Royalties 5 (ı) Real (II) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) 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 Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 Other **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 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory d All other revenue. e Total. Add lines 11a-11d

12 Total revenue. See instructions

217,407

213,825

1,946.

0.

Part IX | Statement of Functional Expenses

Sect	tion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oti	her organizations must c	omplete column (A).	
	Check if Schedule O contains a i	response or note to any	line in this Part IX		X
	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	<b>(D)</b> Fundraising 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				
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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				<del></del>
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):				
ā	Management	89,020.			
ŀ	Legal				<del></del>
	Accounting	1,568.		<del> </del>	<del> </del>
	Lobbying	2/000.		<del></del>	<del> </del>
	Professional fundraising services See Part IV, line 17	<del></del>		<del> </del>	<del></del>
	Investment management fees			<del></del>	<del></del>
	Other. (If line 11g amount exceeds 10% of line 25, column	<del></del>	<del></del>	<del> </del>	<del> </del>
5	(A) amount, list line 11g expenses on Schedule 0)				
12	Advertising and promotion				
13	Office expenses	2,484.			
14	Information technology	1,259.			
15	Royalties				
16	Occupancy				
17	Travel	2,848.	<del></del>		<del></del>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,010			
19	Conferences, conventions, and meetings	15,183.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	334.			
23	Insurance .	2,441.			
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).				
ä	TRADE SHOWS	46,661.			
1	MEALS/ENTERTAINMENT	10,668.			
	BANK & CREDIT CARD FEES	6,544.			
	EVENT REGISTRATION	4,159.			
	All other expenses SEE SCH. Q	23,568.			
25	Total functional expenses Add lines 1 through 24e	206,737.			
			<del>, , , , , , , , , , , , , , , , , , , </del>	<del> </del>	<del> </del>
<b>∠</b> 6	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)	ı l		I	1

BAA

Form 990 (2016)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X **(B)** End of year (A) Beginning of year Cash - non-interest-bearing 105,675 106,775. 421,002 2 Savings and temporary cash investments 2 425,942 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 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 Inventories for sale or use 8 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 2.900 10b b Less accumulated depreciation 2,399 835 10 c 501 Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 Other assets. See Part IV, line 11 15 15 15,087 11,204 Total assets. Add lines 1 through 15 (must equal line 34) 542,599. 16 544,422 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 59,320 47,479. Total liabilities. Add lines 17 through 25 26 59,320. 47,479. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 483,279 27 496,943. Temporarily restricted net assets 28 Fund Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. þ Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 483,279 33 33 496,943. Total liabilities and net assets/fund balances 34 34 542,599 544,422

Forn	1990 (2016) NEW ENGLAND PROMOTIONAL PRODUCTS (	4-26/9/29		Pa	ige 12		
Pai	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	·			$\Box$		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	17,4	107.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	06,	737.		
3	Revenue less expenses Subtract line 2 from line 1	3		10,6	570.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	83,2	279.		
5	Net unrealized gains (losses) on investments .	5		2,9	94.		
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						
Pa	t XII   Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			1	i~		
	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	X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis	ewed on a					
	were the organization's financial statements audited by an independent accountant?		2 ь		x		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se	narato	20		<del>  ^</del> -		
	basis, consolidated basis, or both:	parate			1 1		
	Separate basis Consolidated basis Both consolidated and separate basis		,				
1	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,	2 c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. SEE 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 the Sinc Audit Act and OMB Circular A-133?	le	3 a		Х		
	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 b				
BAA			Form	990	(2016)		

#### 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

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2016

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 its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on 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

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

•	•	(01(c)(4), (5), or (6) or	rganizations: Complete Part III						
	of organiza			<del> </del>	Employer identifica	ation number			
NEV	v ENGI	AND PROMOTION	AL PRODUCTS		04-267972	9			
Par	t I-A	Complete if the or	rganization is exempt under section	on 501(c) or is a s					
1			organization's direct and indirect political c n of 'political campaign activities')	ampaign activities in	Part IV.				
2	•		(penditures (see instructions)		<b>►</b> Ś				
			campaign activities (see instructions)		Y	<del></del>			
			rganization is exempt under section	on 501(c)(3)		<del></del>			
			ise tax incurred by the organization under		. ►\$	<del></del>			
		-	ise tax incurred by organization managers		· ►\$				
		-	section 4955 tax, did it file Form 4720 for			Yes No			
4 a	Was a	correction made?				∐Yes ∏No			
t	olf 'Yes,	describe in Part IV							
Par	rt I-C	Complete if the or	rganization is exempt under section	on 501(c), except	t section 501(c)(3).	<del></del>			
1	Enter to	ne amount directly ex	pended by the filing organization for section	n 527 exempt functio	n activities \$	<del></del>			
2			organization's funds contributed to other organ	izations for section 527	exempt ►\$				
3	function activities  Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b								
4	Did the	filing organization file	e Form 1120-POL for this year?			Yes X No			
5	organız amount	ation made payments of political contribution	and employer identification number (EIN). For each organization listed, enter the ars received that were promptly and directly del I action committee (PAC). If additional spa	mount paid from the f ivered to a separate po	iling organization's fund blitical organization, such	hich the filing ds. Also enter the			
		(a) Name	<b>(b)</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)									

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

Schedule C (Form 990 or 990-EZ) 2016 NEW ENGLAN	D PROMOTIONAL PRODUCTS	04-2679	729 Page <b>2</b>
	on is exempt under section 501(c)(3) and	l filed Form 5768 (el	ection under
A Check ► if the filing organization below	ngs to an affiliated group (and list in Part IV each affili	ated group member's name	),
address, EIN, expenses, a	nd share of excess lobbying expenditures).		
B Check ► ☐ If the filing organization ch	ecked box A and 'limited control' provisions apply.		
Limits on Lobb (The term 'expenditures' me	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence p	public opinion (grass roots lobbying) .		
<b>b</b> Total lobbying expenditures to influence a	legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a	and 1b)		
d Other exempt purpose expenditures.			
e Total exempt purpose expenditures (add l	lines 1c and 1d)		
Lobbying nontaxable amount. Enter the all both columns.	mount from the following table in		
If the amount on line 1e, column (a) or (b) is.	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	1	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	,	
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25%	6 of line 1f)		
h Subtract line 1g from line 1a. If zero or le	ss, enter -0-		
i Subtract line 1f from line 1c. If zero or les	ss, enter -0-		
j If there is an amount other than zero on either section 4911 tax for this year?	er line 1h or line 1i, did the organization file Form 4720	reporting	Yes No

# 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	(e) Total				
2 a Lobbying nontaxable amount									
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))									
<b>c</b> Total lobbying expenditures									
<b>d</b> Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))									
f Grassroots lobbying expenditures									

BAA

Schedule C (Form 990 or 990-EZ) 2016

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(elect	ion under section 501(11).					
	0-10/	(a	)		(b)	
of the lobbying activi	se on lines 1a through 1i below, provide in Part IV a detailed description ty	Yes	No	ρ	Amount	
1 During the year legislation, including through the use	r, did the filing organization attempt to influence foreign, national, state or local uding any attempt to influence public opinion on a legislative matter or referendum, e of					
a Volunteers?						
<b>b</b> Paid staff or ma	anagement (include compensation in expenses reported on lines 1c through 1i)?					ĺ
c Media advertise	ements?					
d Mailings to mer	mbers, legislators, or the public <sup>9</sup>		$\neg \uparrow$		<del></del>	
e Publications, or	r published or broadcast statements?		$\neg \neg$			
f Grants to other	organizations for lobbying purposes?		$\neg \neg$			
g Direct contact v	with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demons	strations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities	?					
j Total Add lines	s 1c through 1i					
2a Did the activitie	es in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</b> If 'Yes,' enter the	he amount of any tax incurred under section 4912					
c If 'Yes,' enter to	he amount of any tax incurred by organization managers under section 4912					
<b>d</b> If the filing orga	anization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Comp	olete if the organization is exempt under section 501(c)(4), section 501(on 501(c)(6).	c)(5)	, or			
		<del></del>			Yes	No
1 Were substanti	ally all (90% or more) dues received nondeductible by members?			<u> </u>	1	X
	ation make only in-house lobbying expenditures of \$2,000 or less?			<u> </u>	2 X	<del>  ^</del>
-	ation agree to carry over lobbying and political campaign activity expenditures from the p	rior ye	ear?	<u> </u>	3	X
Part III-B Comp	plete if the organization is exempt under section 501(c)(4), section 501(	c)(5).	ors	ection	501(c)	
(6) an	ıd if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Ì ered 'Yes.'	Párt Í	Îl-A, Î	line 3,	is	
1 Dues, assessm	ents and similar amounts from members		1			
2 Section 162(e) expenses for w	nondeductible lobbying and political expenditures (do not include amounts of political /hich the section 527(f) tax was paid).					
a Current year	•	Į	2a			
<b>b</b> Carryover from	last year	İ	2 b			
c Total	,	Ī	2 c			
3 Aggregate amo	ount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were s	sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess					
does the organiz expenditure ne	ration agree to carryover to the reasonable estimate of nondeductible lobbying and political xt year?		4			0.
	nt of lobbying and political expenditures (see instructions).		5			0.
Part IV Supple	mental Information					
Provide the descripti	ons required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group	o list),	Part I	I-A, line	s 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' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047 **2016** 

Department of the Treasury Internal Revenue Service

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public:

Name of the organization Employer identification number NEW ENGLAND PROMOTIONAL PRODUCTS ASSOCIATION, INC. 04-2679729 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year). Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2 a **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2 d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ► Ś (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1...

b Assets included in Form 990, Part X

**►**\$

Schedule <b>b</b> (Form 990) 2016 NEW EN	GLAND PROMO	TTONAT. PRO	DIICTS	04-26	79729		Page 2
Part III Organizations Maintain							
Using the organization's acquisition, a items (check all that apply)					<u>-</u>		
a Public exhibition		<b>d</b> Loan	or exchange programs				
<b>b</b> Scholarly research		e Other	•				
c Preservation for future generati	ions						
4 Provide a description of the organization Part XIII	ion's collections and	d explain how the	y further the organization	's exempt purpose in			
5 During the year, did the organization to be sold to raise funds rather that	n to be maintained	as part of the	organization's collection	<u>1?</u>	Yes		No
Part IV Escrow and Custodial A				iswered 'Yes' on F	orm 990,	Pari	t IV,
1 a Is the organization an agent, truste on Form 990, Part X?			•	ner assets not included	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII and com	plete the follow	ing table:	<u></u>			
				<u> </u>	Amount		
c Beginning balance .			• •	1 c			
<b>d</b> Additions during the year	•		·	1 d			
e Distributions during the year		•		1 e			
f Ending balance .		•		. 1f			
2a Did the organization include an am				•	Yes	L	No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII Check i	nere if the expla	nation has been provide	ed on Part XIII			
		<del></del>	<del></del>				
Part V Endowment Funds. Cor		T					
	(a) Current year	(b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four	r years	s back
1 a Beginning of year balance .	<del></del>	<del>}</del>			<del></del>		
<b>b</b> Contributions		ļ					
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships .							
e Other expenditures for facilities							
and programs		<del> </del>		<del></del>			
f Administrative expenses							
g End of year balance.	<del></del>	<u> </u>					
2 Provide the estimated percentage of	-	end balance (lir	ne 1g, column (a)) held	as:			
a Board designated or quasi-endowmen		<del></del> %					
<b>b</b> Permanent endowment ▶	- <del></del>	_					
c Temporarily restricted endowment		, <sup>%</sup>					
The percentages on lines 2a, 2b, and	2c should equal 10	0%					
3a Are there endowment funds not in the	possession of the o	organization that	are held and administere	d for the			
organization by	•	·			Y	es	No
(i) unrelated organizations			•	i	3a(i)		L
(ii) related organizations					3a(ii)		
<b>b</b> If 'Yes' on line 3a(ii), are the relate	-				3b		<u>.                                    </u>
4 Describe in Part XIII the intended u	ises of the organiz	ation's endowm	ent funds.	<u> </u>			
Part VI Land, Buildings, and Ed							
Complete if the organiza	ation answered	l 'Yes' on For	m 990, Part IV, line	e 11a. See Form 9	90, Part X	۲, Iır	те 10.
Description of property	(a) Cos	t or other basis	(b) Cost or other	(c) Accumulated	(d) Boo	ok va	lue
		nvestment)	basis (other)	depreciation	, , ,		
1 a Land							
<b>b</b> Buildings							
c Leasehold improvements							
d Equipment			2 900	2 300			501

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other) (c) Accumulated depreciation		(d) Book value	
1 a Land					
<b>b</b> Buildings				· · · · · · · · · · · · · · · · · · ·	
c Leasehold improvements					
<b>d</b> Equipment		2,900.	2,399.	501	
e Other				<del> </del>	
otal. Add lines 1a through 1e. (Column (d)	must equal Form 990, Part X, co	olumn (B), line 10c)	<b>•</b>	501	

BAA

Schedule **D** (Form 990) 2016

(a) Description of security or category (including name of security)	(b) Book value	OO, Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(D) (E)		
(F)		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
Part VIII Investments - Program Related.	1.1)( 1	N/A
		0, Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		<del> </del>
(2)	<del> </del>	<del> </del>
(3)	<del></del>	<del> </del>
(4)		<u> </u>
(5)		<del></del>
(6)		<del> </del>
(7)		· <del> </del>
(8)		<del></del>
(9)		
(9) (10)		
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)	<del></del>	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.	N/A	A 0. Part IV. line 11d. See Form 990. Part X. line 15
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered	N/A	A 90, Part IV, line 11d. See Form 990, Part X, line 15 ( <b>b)</b> Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) De	N/I 'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) De (1) (2)	N/I 'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3)	N/I 'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4)	N/I 'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5)	N/I 'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6)	N/I 'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7)	N/I 'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8)	N/I 'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/I 'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	N/Ad 'Yes' on Form 99 scription	90, Part IV, line 11d. See Form 990, Part X, line 15
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (	N/Ad 'Yes' on Form 99 scription	00, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. Complete if the organization answered 'Yes' on Factoria (Complete if the organization answered 'Yes' on Factoria (Column (b) must equal Form 990, Part X)	N/A d 'Yes' on Form 99 scription  B) line 15 ) Form 990, Part IV, line 1	90, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value  (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on Face (a) Description of liability	N/Ad 'Yes' on Form 99 scription  B) line 15)	90, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value  (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on Face (a) Description of liability (1) Federal income taxes	B) line 15 ) Form 990, Part IV, line 1 (b) Book value	11e or 11f. See Form 990, Part X, line 25
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fig. (a) Description of liability (1) Federal income taxes (2) DEPOSITS FROM MEMBERS	B) line 15 ) Form 990, Part IV, line 1 (b) Book value	11e or 11f. See Form 990, Part X, line 25
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) DEPOSITS FROM MEMBERS (3) NEPPA CARE DONATION PAYABLE	B) line 15 ) Form 990, Part IV, line 1 (b) Book value	11e or 11f. See Form 990, Part X, line 25
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) DEPOSITS FROM MEMBERS (3) NEPPA CARE DONATION PAYABLE (4)	B) line 15 ) Form 990, Part IV, line 1 (b) Book value	11e or 11f. See Form 990, Part X, line 25
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities.  Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) DEPOSITS FROM MEMBERS (3) NEPPA CARE DONATION PAYABLE (4) (5)	B) line 15 ) Form 990, Part IV, line 1 (b) Book value	11e or 11f. See Form 990, Part X, line 25
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) DEPOSITS FROM MEMBERS (3) NEPPA CARE DONATION PAYABLE (4) (5) (6)	B) line 15 ) Form 990, Part IV, line 1 (b) Book value	11e or 11f. See Form 990, Part X, line 25
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) DEPOSITS FROM MEMBERS (3) NEPPA CARE DONATION PAYABLE (4) (5) (6) (7)	B) line 15 ) Form 990, Part IV, line 1 (b) Book value	11e or 11f. See Form 990, Part X, line 25
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on Factorial (a) Description of liability (1) Federal income taxes (2) DEPOSITS FROM MEMBERS (3) NEPPA CARE DONATION PAYABLE (4) (5) (6) (7) (8)	B) line 15 ) Form 990, Part IV, line 1 (b) Book value	11e or 11f. See Form 990, Part X, line 25
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on Factorial income taxes (2) DEPOSITS FROM MEMBERS (3) NEPPA CARE DONATION PAYABLE (4) (5) (6) (7) (8) (9)	B) line 15 ) Form 990, Part IV, line 1 (b) Book value	11e or 11f. See Form 990, Part X, line 25
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on Factorial income taxes (2) DEPOSITS FROM MEMBERS (3) NEPPA CARE DONATION PAYABLE (4) (5) (6) (7) (8) (9) (10)	B) line 15 ) Form 990, Part IV, line 1 (b) Book value	11e or 11f. See Form 990, Part X, line 25
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on Factorial income taxes (2) DEPOSITS FROM MEMBERS (3) NEPPA CARE DONATION PAYABLE (4) (5) (6) (7) (8) (9)	B) line 15 )  Form 990, Part IV, line 1  (b) Book value	11e or 11f. See Form 990, Part X, line 25

Schedule D (Form 990) 2016 NEW ENGLAND PROMOTIONAL PRODUCT	'S	04-2679729	Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ments With Revenue	e per Return. N/A	
Complete if the organization answered 'Yes' on Form 99	90, 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	2a	i i	
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d	<del></del>	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	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
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 Stat	ements With Expens	ses per Return. N/A	
Complete if the organization answered 'Yes' on Form 99	90, 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>b</b> Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII ) .	2 d		
e Add lines 2a through 2d .		2 e	

Part XIII Supplemental Information.

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

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

3 Subtract line 2e from line 1

**b** Other (Describe in Part XIII )

c Add lines 4a and 4b.

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.

4 b

Schedule **D** (Form 990) 2016

4 c 5

BAA

#### SCHEDÙLE 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.

2016

Open to Public Inspection

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

48500

COSTS OF PUBLICATION

1890

TOTAL COST OF PUBLICATION PLUS COST OF OTHER TAX EXEMPT ACTIVITIES (EXCLUDING ADVERTISING COSTS)

203227

% OF MEMBERSHIP DUES ALLOCATED TO PUBLICATION

0.93%

MEMBERSHIP DUES ALLOCATED TO PUBLICATION

451

CIRCULATION INCOME

451

CIRCULATION COSTS

1890

EXCESS CIRCULATION INCOME/(EXPENSE)

-1439

ADVERTISING INCOME

3080

ADVERTISING COSTS

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

Employer identification number 04-2679729

3510

EXCESS ADVERTISING INCOME/EXPENSE

-430

NET INCOME/LOSS OF PUBLICATION AS A WHOLE

-1869

#### 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.

Schedule 6 (1 0111 990 01 990-EZ) 2010	raye z
Name of the organization NEW ENGLAND PROMOTIONAL PRODUCTS	Employer Identification number
ASSOCIATION, INC.	04-2679729

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

## FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM <u>SERVICES</u>	MANAGEMENT <u>&amp; GENERAL</u>	FUNDRAISING
BOARD MEETINGS CONTRIBUTIONS	3,343. 2,954.			
DUES EDUCATION	1,500. 2,338.			
EXPO EAST SHOW EXPENSES FILING FEES	1,314. 15.			
HEAD SHOT	1,070.			
MISC EXP PARKING	804. 2,076.			
POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS	2,017. 958.			
PROMOTIONAL EXP	1,179.		•	
SCHOLARSHIPS	TOTAL $\frac{4,000}{$}$ 23,568.	0.	\$ 0.	\$ 0.

#### FORM 990, PART XII, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCESS

THE ORGANIZATION'S FINANCIAL STATEMENTS WERE REVIEWED BY AN INDEPENDENT CPA IN THE CURRENT YEAR.