Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Type or Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Association of Service and Computer **Print** XXXXXXXXX Dealers International File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 131 NW 1ST Ave return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Delray Beach, FL 33444 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 4720 (other than individual) Form 990 or Form 990-EZ 01 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of Joe Marion 131 NW 1ST Ave - Delray Beach, FL 33444 Telephone No. (561) 266-9016 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this and attach a list with the names and TINs of all members the extension is for. . If it is for part of the group, check this box I request an automatic 6-month extension of time until February 18, 20, 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 _____ or X tax year beginning APR 1 ____ , 20 <u>23</u>___ , and ending ____ MAR 31 . 20 24 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return 2 Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less За any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A I	For the	2023 calendar year, or tax year beginning A	PR 1, 2023 and	ending M	IAR 31, 20	024	
В	Check if	C Name of organization			D Employer id	lentifica	tion number
č	applicable	Association of Service	and Computer				
	Addres	Dealers International				. 37.37.37.37	
	Name change Initial	Doing business as			XXXXXX	XXXX	
	return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite			
	Final return/	131 NW 1ST Ave			(561)	266	
	termin- ated Ameno				G Gross receipts \$		340,523.
	return	Dellay Beach, FL 33444			H(a) Is this a gr	-	
	tion	F Name and address of principal officer: 005	epn Marion		for subord		
_		same as C above	(' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	507	H(b) Are all subord		
		empt status: $501(c)(3)$ \boxed{X} $501(c)(6)$ e: www.ascdi.com	(insert no.) 4947(a)(1)	or 527	7		st. See instructions
	Websit		sociation Other	I Voor	H(c) Group exe		number State of legal domicile: FL
	art I	Summary	SOCIATION OTHER	L Year	or formation. 19	O T IVI :	State of legal doffliche, F 1
		Briefly describe the organization's mission or most	significant activities: Repri	esenta	tion of h	ousir	168868
e	l '	engaged in selling and ser					
nan	2		ntinued its operations or dispos				
Activities & Governance	3	Number of voting members of the governing body	· ·			1 1	20
ဗိ	4	Number of independent voting members of the gov					19
- დ	5	Total number of individuals employed in calendar y					0
iţi	6	Total number of volunteers (estimate if necessary)					19
Ę	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form				7b	0.
					Prior Year		Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)				0.	0.
eun	9				358,0		338,843.
Revenue	10	investment income (Part VIII, column (A), lines 3, 4,			1,5		1,680.
ш	ייין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	The state of the s		252 5	0.	0.
		Total revenue - add lines 8 through 11 (must equal			359,5		340,523.
		Grants and similar amounts paid (Part IX, column (0.	0.
		Benefits paid to or for members (Part IX, column (A			110 7	0.	110 700
es	15	Salaries, other compensation, employee benefits (F			119,7	0.	119,700.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li				0.	<u> </u>
Ϋ́	_b	Total fundraising expenses (Part IX, column (D), line		0.	282,8	66	221,891.
_	''	Other expenses (Part IX, column (A), lines 11a-11d,			402,5	66	341,591.
		Total expenses. Add lines 13-17 (must equal Part I)			-43,0	10	-1,068.
	19	Revenue less expenses. Subtract line 18 from line	12	Ве	eginning of Current		End of Year
ets (20	Total assets (Part X, line 16)			415,40		406,620.
ASS	21				432,58		428,406.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from			-17,1:		-21,786.
Pa	art II	Signature Block					
Und	er pena	ties of perjury, I declare that I have examined this return,	including accompanying schedules	s and statem	ents, and to the bes	t of my k	nowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowledge		
Sig		Signature of officer			Date		
Her	·e	Joseph Marion, President					
		Type or print name and title		T	Data I	1	I DTIN
		Print/Type preparer's name	Preparer's signature		:4	neck	PTIN
Paid		-	Stacy Cullen	1	L0/08/24 se		P00974308
	parer	Firm's name Aprio, LLP			Firm's E	IN 5/	-1157523
use	Only	Firm's address 310 Passaic Ave Fairfield, NJ 0700	n 4		Dhara	. 072	_000_0500
	, the IF	Fairlield, No 0700			Phone n	0.313	-808-9500 X Yes No
IVIA	,ı ⊢ 1⊢						. 45 . 125

Association of Service and Computer XXXXXXXXX Dealers International <u> Page</u> **2** Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: Representation of businesses engaged in selling and servicing pre-owned computer equipment through promoting high ethical standards, present industry views to manufacturers and provide a forum for informing members on industry related matters. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 341,591. including grants of \$ (Code:) (Expenses \$) (Revenue \$ The association publishes and distributes numerous monthly news releases to keep its membership informed of developments and items of general business interest in the industry. (Code:) (Expenses \$ including grants of \$) (Revenue \$ The association organizes delegations of experienced individuals to represent the industry as a whole in communicating and negotiating on issues of general concern between businesses and key industry vendors.) (Expenses \$ The association promotes ethical business practices within the industry by promulgating and administering a code of business ethics.

Other program services (Describe on Schedule O.)

including grants of \$ 341,591. Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
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 Rev. Proc. 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	<u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	\cdot	-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
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_		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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	11b	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	11c		Х
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	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f		<u> </u>		
	the organization's separate of consolidated limited 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	11f		X
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
128		40-		x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	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		<u> </u>
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	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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	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
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Association of Service and Computer

orm	990 (2023) Dealers International XXXXXXXX	XXX	Р	age 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
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		_X_
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		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	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		
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes." complete Schedule M	29		X
30	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		X
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, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O Tt 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			

					Yes	NO
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	5			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	

Dealers International Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	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?	6a		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(s)	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and convices provided to the payor?	70		
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?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0		
C	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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 That the amount of receives an head			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-tu		
.5	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form **990** (2023)

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Part VI 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 20 **1a** 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 on Schedule O. 19 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х on Schedule O how this was done 12c Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Own website Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records Joe Marion - (561) 266-9016

Form **990** (2023)

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33444

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NW 1ST Ave, Delray Beach,

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

- 1a 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week) (i)			1	,	from the	from related	other
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		oyee	om pe		1099-NEC)	,	and related
	below	ndividual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ie.			organizations
	line)	Indi	Inst	Officer	Key	High	Former	·		
(1) Joseph Marion Via Mgmt Company	30.00								_	
President & CEO				Х				119,700.	0.	0.
(2) Todd Bone	3.00								_	
Past Chairman		Х		X				0.	0.	0.
(3) Neil Vill	3.00								_	
Vice President US		X		Х				0.	0.	0.
(4) Karen Mcgaughey	3.00			\ \					_	
Vice President Ethics		X		Х				0.	0.	0.
(5) Brett Rogers	3.00								_	_
Vice President APAC		Х		X				0.	0.	0.
(6) Andrze J Krupa	3.00								_	
Secretary	2 22	X		Х				0.	0.	0.
(7) Arthur P. Freierman	3.00									
Asst Secretary		Х		X				0.	0.	0.
(8) Carsten Marcell	3.00									
Treasurer	2 22	Х		Х				0.	0.	0.
(9) Jerry Roberts	3.00									
Chairman Emerit		Х		X				0.	0.	0.
(10) Thomas Weltin	3.00								•	•
Chairman Emerit		Х		Х				0.	0.	0.
(11) Andreas Lund Fibiger	3.00									
Chairman		Х		Х				0.	0.	0.
(12) Sherri Sheerr	3.00								•	•
Director	2 00	Х						0.	0.	0.
(13) Daniel Villaveces	3.00								•	•
Director	2 22	Х						0.	0.	0.
(14) Anuar Garcia	3.00								•	•
Director	2 22	Х						0.	0.	0.
(15) Steffen Miller	3.00								•	•
Director	2 00	Х						0.	0.	0.
(16) Charlie Lewis	3.00									^
Director	2 00	Х				_	_	0.	0.	0.
(17) Eric Ingebretsen	3.00									^
Director		Х						0.	0.	0.

332007 12-21-23

Compensation Comp	Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)				
Nours per Nour						(C	;)							(F)	
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119 Aaron Zeper			organizations	trust	nal tru		yee	om pe		,	,		•		
119 Aaron Zeper			1	vidual	itution	Jec	em plo	nest c	ner				orga	nizati	ons
Director 3.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			,	lndi	Inst	0#li	Key	High	Бол						
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Director				Х						0.		0.			<u> </u>
1b Subtotal 119,700. 0. 0. 0. 0. 0. 0. 0.		-	3.00									_			
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3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	_	· · · · · · · · · · · · · · · · · · ·	or milited to th	036	iiste	u abi	OVE	y vvii	016	cerved more than \$100,	ooo or reportable				1
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line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	3	Did the organization list any former officer.	director, trust	ee k	ev e	mpla	ove	e. or	hia	hest compensated empl	ovee on				
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	•				-	-	-		-		•		3		Х
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	4														
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	-												4		Х
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	5														
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)		rendered to the organization? If "Yes." com	Iplete Schedule	e J fo	or su	ıch p	ers	on .					5		Х
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	Sec														
(A) (B) (C)	1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ntra	acto	rs th	at received more than \$	100,000 of comp	ensat	ion fro	m	
		the organization. Report compensation for	the calendar ye	ear e	ndin	ıg wi	th o	or wi	thin	the organization's tax y	ear.				
Name and business address NONE Description of services Compensation		(A)											(C)	
		Name and business	address	NC	ONE	3				Description of s	ervices	С	omper	satio	n
									\dashv						
									_						
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	2	Total number of independent contractors (in	ncluding but no	ot lin	nited	to t	_		ted	above) who received mo	ore than				

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Turioliori revenue	business revenue	sections 512 - 514
ည လ	1 8	Federated campaigns 1a					
ani	ı	Membership dues 1b					
ي ق		Fundraising events 1c					
ifts		Related organizations 1d					
nila	ì	Government grants (contributions)					
Sir	`	All other contributions, gifts, grants, and					
uţi Je		similar amounts not included above 1f					
əğ		Noncash contributions included in lines 1a-1f 1g \$					
Contributions, Gifts, Grants and Other Similar Amounts	,	Total. Add lines 1a-1f					
<u> </u>		Total. Add lines 1a-11	Business Code				
	.	Membership Dues	900099	287,923.	287,923.		
ļice	2 4	Exhibit and Royalty Fe	900099	45,022.	201,323		45,022.
er, ue	'	Convention/Meeting	900099	5,898.	5,898.		45,022
m S	,		200022	3,030.	3,030.		
Program Service Revenue	,						
Š		All all and a second and a second as a					
-		All other program service revenue		338,843.			
-		Total. Add lines 2a-2f		330,043.			
	3	Investment income (including dividends, interes		1,680.			1,680.
		other similar amounts)		1,000.			1,000.
	4	Income from investment of tax-exempt bond pr	oceeas				
	5	Royalties(i) Real	(ii) Personal				
	_		(II) Fersorial				
	6 a						
	1	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	(ii) Othor				
	7 8	Gross amount from sales of (i) Securities	(ii) Other				
	_	assets other than inventory 7a					
	ı	Less: cost or other basis					
ther Revenue		and sales expenses7b					
e e		Gain or (loss)7c					
Ř		Net gain or (loss)					
tpe	8 8	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
	_	Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
	_	Part IV, line 19					
		D Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
		Less: cost of goods sold10b					
_	•	Net income or (loss) from sales of inventory					
ဟ			Business Code				
e e	11 a	·					
lane enu	ŀ	·					
Miscellaneous Revenue	(
Mis	(All other revenue					
	•	e Total. Add lines 11a-11d		240 502	202 221	_	46 500
	12	Total revenue. See instructions		340,523.	293,821.	0.	46,702.

332009 12-21-23

Form 990 (2023) Dealers International Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must cor	nplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	119,700.	119,700.		
6	Compensation not included above to disqualified	- ,	- ,		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
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 (nonemployees):				
а	Management	144,000.	144,000.		
b	Legal	25,030.	25,030.		
С	Accounting	3,623.	3,623.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				_
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	10 015	10 015		
12	Advertising and promotion	10,815.	10,815.		
13	Office expenses	1,563. 3,384.	1,563. 3,384.		
14	Information technology	3,304.	3,304.		
15	Royalties				
16 17	Occupancy Travel	1,098.	1,098.		
17 18	Travel Payments of travel or entertainment expenses	1,030.	1,050.		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,701.	2,701.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Bad Debt Expense	10,892.	10,892.		
b	Financial Expense	7,719.	7,719.		
С	Other Event Expense	5,302.	5,302.		
d	Dues, Subscriptions and	5,241.	5,241.		
е	All other expenses	523.	523.		
25	Total functional expenses. Add lines 1 through 24e	341,591.	341,591.	0.	0.
26	$\ensuremath{\textbf{Joint costs}}.$ 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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	187,230.	1	198,597.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	161,042.	4	99,150
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ς.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	67,194.	11	
	12	Investments - other securities. See Part IV, line 11		12	108,873.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	415,466.	16	406,620
	17	Accounts payable and accrued expenses	24,610.	17	36,836
	18	Grants payable		18	
	19	Deferred revenue	308,785.	19	297,518
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
တ	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	99,188.	24	94,052
	25	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	
	26	Total liabilities. Add lines 17 through 25	432,583.	26	428,406.
		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	-17,117.	27	-21,786.
Bal	28	Net assets with donor restrictions		28	
nd		Organizations that do not follow FASB ASC 958, check here			
Ĩ		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	-17,117.	32	-21,786.
_	33	Total liabilities and net assets/fund balances	415,466.	33	406,620.

Form 990 (2023)

					_
Pa	rt XI 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			<u>23.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			91.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>68.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1'	<u>7,1</u>	17.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		3,6	<u>01.</u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-21	1,7	<u>86.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

332012 12-21-23

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

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

Go to www.irs.gov/Form990 for instructions and the latest information.

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:

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. **Employer identification number** Association of Service and Computer XXXXXXXXX Dealers International Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$____\$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? No Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

		Assoc	iation of Service and Compute		
Scl	nedule C (F		rs International		XXXXXXX Page
P	art II-A		on is exempt under section 501(c)(3) and file	d Form 5768 (el	ection under
		section 501(h)).			
Α	Check	if the filing organization belon	gs to an affiliated group (and list in Part IV each affiliated	group member's nan	ne, address, EIN,
		expenses, and share of exces	ss lobbying expenditures).		
В	Check	if the filing organization check	ked box A and "limited control" provisions apply.		
			bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1	a Total lo	bbying expenditures to influence pub	lic opinion (grassroots lobbying)		
	b Total lo	bbying expenditures to influence a le	gislative body (direct lobbying)		
	c Total lo	bbying expenditures (add lines 1a and	d 1b)		
	e Total ex	cempt purpose expenditures (add line	s 1c and 1d)		
	f Lobbyir	ng nontaxable amount. Enter the amo	unt from the following table in both columns.		
	If the an	nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not ove	r \$500,000,	20% of the amount on line 1e.		
	over \$5	00,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	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 \$1	7,000,000,	\$1,000,000.		
	g Grassro	oots nontaxable amount (enter 25% o	f line 1f)		
	h Subtrac	ct line 1g from line 1a. If zero or less, e	enter -0-		
	i Subtrac	ct line 1f from line 1c. If zero or less, e	nter -0-		
	j If there	is an amount other than zero on either	er line 1h or line 1i, did the organization file Form 4720	•	
_	reportir	ng section 4911 tax for this year?			Yes N
			4-Year Averaging Period Under Section 501(h)		
			a section 501(h) election do not have to complete all o e the separate instructions for lines 2a through 2f.)	f the five columns b	elow.
		Lob	bying Expenditures During 4-Year Averaging Period		

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023									
2a Lobbying nontaxable 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) 2023

Page 3

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

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	o)
f the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
h Daid staff or management (include companyation in expanses reported on lines 1 athrough 1)/2				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)(5)	, or sec	tion	
501(c)(6).				
			Yes	N
				7
1 Were substantially all (90% or more) dues received nondeductible by members?		1		4
, , , , , , , , , , , , , , , , , , , ,			Х	-
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered.	n the prior year? tion 501(c)(5)	2 3), or sec	tion	Σ
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	n the prior year? tion 501(c)(5) ed "No" OR (I), or sec	tion	Σ
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	n the prior year? tion 501(c)(5) ed "No" OR (I), or sec	tion	Σ
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	n the prior year? tion 501(c)(5) ed "No" OR (I), or sec	tion	Σ
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	n the prior year? tion 501(c)(5) ed "No" OR (l	2 3), or sec b) Part I	tion	Σ
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Association of Service and Computer Name of the organization Dealers International

 $\begin{array}{c} \textbf{Employer identification number} \\ XXXXXXXXXX \end{array}$

Pai	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		r Similar Funds	or Accou	unts. Complete if the	
	organization answered Tes Offrom 950, Partiv, III	(a) Donor adv	vised funds	(b) Fu	unds and other accounts	 S
1	Total number at end of year	(1)		()		
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 donor advisors in v	writing that the assets	held in donor advi	sed funds		
	are the organization's property, subject to the organization's	-			Yes	No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o					
	impermissible private benefit?	•		ū	Yes	No
Pai						
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recrea			of a historical	ly important land area	
	Protection of natural habitat	·	Preservation of	of a certified h	nistoric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation con	ribution in the form	of a conserv	ation easement on the	last
	day of the tax year.				Held at the End of the 1	Tax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified historic stru	ucture included on lin	∋ 2a	2c		
d	Number of conservation easements included on line 2c acqu	ired after July 25, 200	6, and not			
	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished,	or terminated by th	e organizatio	n during the tax	
	year					
4	Number of states where property subject to conservation eas	sement is located		_		
5	Does the organization have a written policy regarding the per	riodic monitoring, insp	ection, handling of			
	violations, and enforcement of the conservation easements it	t holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	, and enforcing con	servation ea	sements during the year	-
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	enforcing conserva	ation easeme	ents during the year	
_						
8	Does each conservation easement reported on line 2d above					
	and section 170(h)(4)(B)(ii)?					No
9	In Part XIII, describe how the organization reports conservation		•			
	balance sheet, and include, if applicable, the text of the footn	note to the organization	n's financial statem	nents that de	scribes the	
Pai	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	i Δrt Historical T	reasures or O	ther Simil	ar Accote	
ı aı	Complete if the organization answered "Yes" on Form		reasures, or o		ai Assets.	
10	If the organization elected, as permitted under FASB ASC 95		rovonuo etetement	and halance	aboat works	
Id	of art, historical treasures, or other similar assets held for pub	,				
	service, provide in Part XIII the text of the footnote to its finar	•	•		i public	
b	If the organization elected, as permitted under FASB ASC 95				et works of	
b	art, historical treasures, or other similar assets held for public	· ·				
	provide the following amounts relating to these items.	caribition, education	, or research in full	inciance of p	abiic sei vice,	
					¢	
	(i) Revenue included on Form 990, Part VIII, line 1					
2	If the organization received or held works of art, historical trea	asures or other simila				
_	the following amounts required to be reported under FASB A			ai gairi, provi	uo.	
а	Revenue included on Form 990, Part VIII, line 1				\$	
	Assets included in Form 990, Part X				\$	
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (Form 99	90) 2023

332051 09-28-23

	t III Organizations Maintaining Co	llections of Art	. Historic	al Trea	asures. or C	ther S	imilar	Assets	(continu	Page Z
3	Using the organization's acquisition, accession								COITIIIU	<u>eu) </u>
Ü	collection items (check all that apply).	i, and other records	s, criccit arry	Of the R	Silowing that m	anc signi	noant a	30 01 113		
а	Public exhibition	d		n or exch	nange program					
b	Scholarly research	e			iange program					
c	Preservation for future generations	C		<i></i>						
4	Provide a description of the organization's colle	ections and explain	how they fi	irther the	e organization's	evemnt	nurnos	e in Part	ΧIII	
5	During the year, did the organization solicit or i							C IIII ait	AIII.	
J	to be sold to raise funds rather than to be mair								Yes	No
Par										110
	reported an amount on Form 990, Part		io ii tilo orge	inization	answered rec	3 011101	111 000, 1	are rv, m	10 0, 01	
1a	Is the organization an agent, trustee, custodiar		liary for cont	ributions	s or other asset	s not inc	luded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII ar									
-	roo, oxpiam are arrangement arrain ar		e iiii ig iaasie						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on For								Yes	No
	If "Yes," explain the arrangement in Part XIII. C					-				
Par										
		(a) Current year	(b) Prior		(c) Two years b		Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
	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 percentage of the currer	nt vear end balance	(line 1g. co	lumn (a))) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment %	_								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
За	Are there endowment funds not in the possess		tion that are	held an	d administered	for the				
	organization by:								Y	'es No
	(i) Unrelated organizations?								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the o									
Par	t VI Land, Buildings, and Equipme	nt								
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line	e 11a. Se	ee Form 990, P	art X, line	e 10.			
	Description of property	(a) Cost or of basis (investm		(b) Cost basis ((c) Accu	umulated ciation	d	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment	I								
	Other									
	. Add lines 1a through 1e. (Column (d) must equ		X. line 10c.	column ((B))					0.

Schedule D (Form 990) 2023

	of Service ar	nd Computer	XXXXXXXXXX Bore 3
Schedule D (Form 990) 2023 Dealers Int Part VIII Investments - Other Securities	ernacionai		XXXXXXXXXX Page 3
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line	19
(a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
(4) Financial devises times	(b) Book value	(c) Welliod of Valuation. Oc	75t of chid of year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A) Merrill Lynch Investments	108,873.	Cost	
(B)	200/0/31		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	108,873.		
Part VIII Investments - Program Related.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line	15.
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	ol. (B))		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part >	۲, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
T-4-1		

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

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 tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

	rt XI Reconcili	ation of Revenue per Audited Financial Sta	atements With Revenue	per Return	rage -
	Complete if	the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains	s, and other support per audited financial statements		1	
2	Amounts included	on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	•	s (losses) on investments			
b	Donated services a	nd use of facilities	2b		
С	Recoveries of prior	year grants	2c		
d	Other (Describe in F	Part XIII.)	2d		
е	Add lines 2a through	yh 2d		2e	
3	Subtract line 2e fro	***************************************		3	
4	Amounts included	on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	•		4a		
b	Other (Describe in F		4b		
C	Add lines 4a and 4l	***************************************		4c	
5 D a	Total revenue. Add	lines 3 and 4c. (This must equal Form 990, Part I. line 1; ation of Expenses per Audited Financial S	tatements With Evnense	5	
Га				s per neturn	
		the organization answered "Yes" on Form 990, Part IV, I			
1	•			1	
2		on line 1 but not on Form 990, Part IX, line 25:			
a		nd use of facilities			
b	.	nts			
c d		Part XIII.)			
e		•		2e	
3		m line 1			
4		on Form 990, Part IX, line 25, but not on line 1:			
a		es not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in F				
c	Add lines 4a and 4l			4c	
5		d lines 3 and 4c. (This must equal Form 990. Part I. line			
Pa	rt XIII Suppleme	ental Information	· · ·		
Prov	ide the descriptions i	required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line 2; Pa	rt XI,
lines	2d and 4b; and Part	XII, lines 2d and 4b. Also complete this part to provide a	any additional information.		

SCHEDULE L

Department of the Treasury

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

Internal Revenue Service	GO	to www	v.irs.gov/Forn	1990 to	or instr	uction	is and the late	est information.			In	speci	ION	
Name of the organization			n of Se			nd	Compute	er	Er	nploye	r ident	ificati	on nu	mber
			ternati							XXXX		X		
Part I Excess B	Benefit Trans	sactio	ns (section 5	01(c)(3	s), section	on 501	I(c)(4), and sec	ction 501(c)(29) c	rganizat	ions or	ıly)			
Complete if	the organization						ne 25a or 25b	; or Form 990-EZ	, Part V	, line 40	Jb.			
1 (a) Name of disqualit	fied person	(b) Re	elationship bet			fied	(c) Description of	transact	ion		(d)	Corre	ected?
			person and o	rganiza	ation		,,	,,				Y	es	No
<u>(1)</u>												-	_	
(2)												+-	\dashv	
(3)												+	-	
(4)														
(5)												+	\dashv	
(6)					di	!:4:	d							
2 Enter the amount of section 4958	•	_		Ū	•					•				
3 Enter the amount of														
3 Enter the amount of	itax, ii ariy, ori ii	iiie z, ai	bove, reimburs	seu by	uie orga	ailizai				Ψ				
Part II Loans to	and/or Fron	n Inte	rested Per	sons										
Complete if	the organization	n answe	ered "Yes" on	Form 9	990-F7	Part \	/ line 38a or F	Form 990, Part IV	/ line 26	or if t	he ora:	anizati	on	
•	amount on For						,	S 333, Z	,	,				
(a) Name of	(b) Relation		(c) Purpose	(d) Lo	an to or	(e) Original	(f) Balance du	e (g) In	(h) Ap		(i) V	Vritten
interested person	with organ	ization	of loan		n the ization?		ipal amount	•		fault?		ard or nittee?		ement?
				То	From				Ye	s No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)														
(5)											\perp			
(6)														
(7)						7					↓			
(8)											↓			
(9)											↓			
(10)											—			
Total		Date	Cition Indo			<u></u>	\$							
	r Assistance													
	the organization													
(a) Name of interes	sted person) Relationship			•	c) Amount of assistance		ype of stance		•) Purp assista		of
			interested per the organiz		u		assistance	23313	itarice		•	assisi	arice	
(1)										+				
(2)					+					+				
(3)					-					+				
(4)					-					+				
<u>(5)</u> <u>(6)</u>										$\overline{}$				
<u>(6)</u> <u>(7)</u>										$\overline{}$				
_(/)														

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

Schedule L (Form 990) 2023

__(8) __(9)

_ 1		Compacer	XXXXXXXX	XX	Page 2
					r age z
Complete if the organization answe	red "Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
				Yes	No
person and the organization transaction transaction transaction			X		
					X
	Arthur P. Freierman Common Officer 18,843. Legal Servi		X		
					-
	L				
	esponses to questions on Schedule I See	instructions			
The state of the s					
Sch L, Part IV, Business	Transactions Involvin	g Interest	ed Persons:		
, , , , , , , , , , , , , , , , , , , ,					
(a) Name of Person: NCI,	LLC				
-					
(d) Description of Transa	action: Exhibit/Royali	ty Income			
(a) Name of Person: Mario	on Associates				
(d) Degarinties of Manage	ation. Admin Consider				
(d) Description of Transa	action: Admin Service				
(a) Name of Person: Arth	ır P. Erejerman				
(a) Name of Terson: Arth	II I. Freierman				
(d) Description of Transa	action: Legal Service				
(d) Debeliperon of Ilaibe	zecion: Legal Belvice				
	· ·				
	·				
-					

SCHEDULE O (Form 990)

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 Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Association of Service and Computer Dealers International

Employer identification number XXXXXXXXXXX

Form 990, Part I, Line 1, Description of Organization Mission:
through promoting high ethical standards, present industry views to
manufacturers and provide a forum for informing members on industry
related matters.
Form 990, Part III, Line 4d, Other Program Services:
The association sponsored approximately ten virtual meetings under
covid pandemic conditions attended by individuals representing
approximately 350 member and nonmember companies to exchange
information, vote on issues of general concern and stay informed on
industry matters.
The association began efforts directly and through other organizations
on influencing legislation that promotes a free, fair, and open market
for the resale, import and export of technology equipment and services.
Form 990, Part VI, Section A, line 2:
Karen McGaughey provides services to Marion Associates, the Management
company of the organization's President, Joseph Marion.
Form 990, Part VI, Section A, line 6:
There is only one class of membership available.
Form 990, Part VI, Section A, line 7a:
Membership vote.

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

Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Association of Dealers Interna	Service and Comput ational				Employer identific	ation number
Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes" o	n Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total incor	(e) ne End-of-year as	ssets Direct c	(f) controlling ntity
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization an	swered "Yes" on Form 990,	Part IV, line 34, be	ecause it had one or	more related tax-exer	npt
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
A.S.C.D.I. Charitable Foundation -					Association of		
41-1677640, 131 NW 1st Ave, Delray Beach, FL					service and		
33444	Charity	Florida	501(c)3	Line 7	computer deal		X
]						
	1						
	1						
	1						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

OMB No. 1545-0047

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)		
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate		Code V-UBI	General o	Percentage ownership		
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No			
	1												
	1												
	l	l					<u> </u>		l		L		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		oouy)						Yes	No

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a	X				
	b Gift, grant, or capital contribution to related organization(s)							
С								
			1e	X				
f	f Dividends from related organization(s)		1f	X				
g	g Sale of assets to related organization(s)		1g	X				
h	h Purchase of assets from related organization(s)		1h	X				
i	i Exchange of assets with related organization(s)		1i	X				
			1j	X				
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) o Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) p Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s)								
-1	Performance of services or membership or fundraising solicitations for related organization(s)		11	X				
	m Performance of services or membership or fundraising solicitations by related organization(s)		1m	X				
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	X				
			1o	X				
р	p Reimbursement paid to related organization(s) for expenses		1p	X				
q	q Reimbursement paid by related organization(s) for expenses		1q	X				
r	r Other transfer of cash or property to related organization(s)		1r	X				
s	s Other transfer of cash or property from related organization(s)		1s	<u> </u>				
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and the above is "Yes," see the instruction of the above is "Yes," see	transaction thresholds.						
		(d) hod of determining amount involv	red					
1)	1)							
2)	2)							
3)	3)							
4)	4)							
5)	5)							
6)	·			->				
32163	32163 09-28-23	Schedule R (F	Form 99	U) 2023				

Schedule R (Form 990) 2023

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.?		(g) Share of end-of-year	Dispropriona allocation	oor- te ons?		Gener mana partr	al or Perging ow	(k) rcentage vnership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes	NO	

332165 09-28-23 Schedule R (Form 990) 2023