COMMITTEE ON NATURAL RESOURCES

Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

"Federal Regulation: Economic, job and energy security implications of federal hydraulic fracturing regulation"; Wednesday, May 2, 2012

For Witnesses Representing Organizations:

- 1. Name: Mike Quirk
- 2. Name of Organization(s) You are Representing at the Hearing: Wagner Equipment Co.; Associated Equipment Distributors (AED)
- 3. Business Address:

Wagner Equipment Co. P.O. Box 17620 Denver, CO 80217-0620 Associated Equipment Distributors 600 Hunter Drive, Suite 220 Oak Brook, IL 60523

4. Business Email Address:

[Information redacted for privacy]

5. Business Phone Number:

Wagner Equipment Co.: (303) 739-3000

Associated Equipment Distributors: (630) 574-0650

Name/Organization: Mike Quirk/ Associated Equipment Distributors
Title/Date of Hearing: "Federal Regulation: Economic, job and energy security implications of federal hydraulic fracturing regulation"/ May 2, 2012

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

I attended Racine Technical Institute in Wisconsin and have numerous business accreditations.

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Vice Chairman of Associated Equipment Distributors

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

I have 40 years of business experience including ever-increasing responsibilities in sales, marketing, financial services, operations, business development, and executive management. I am currently the Vice President Product Support for Wagner Equipment Co., the Caterpillar Dealer for Colorado, New Mexico, and far west Texas. Additionally, I serve as the Vice Chairman of AED, Board Vice President of CAT Auction Services in Minneapolis, MN, President of The Community College of Aurora Foundation in Aurora, CO, and various Caterpillar advisory groups. I am also active in contractor, mining, and other trade associations in Colorado, New Mexico, and Texas.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

None

Name/Organization: Mike Quirk/ Associated Equipment Distributors
Title/Date of Hearing: "Federal Regulation: Economic, job and energy security implications of federal hydraulic fracturing regulation"/ May 2, 2012

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Vice Chairman, Board of Directors for Associated Equipment Distributors (AED)

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Attached

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 black lung benefit trust or private foundation)

OMB No. 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or the	e 2009 calendar year, or tax year beginning $$ DEC $$ $$ $$ $$ $$ DEC $$ $$ $$ $$ $$ and ending	NOV 30, 2010	•
B 0	Check if	Please C Name of organization	D Employer identific	cation number
а	pplicabl	e: use IRS		
X	Addre	ss label or ASSOCIATED EQUIPMENT DISTRIBUTORS		
	Name chang	type	36-2	098486
	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/si	uite E Telephone number	,
	Termir			740650
	Ameno	ded tions.	G Gross receipts \$	4,433,242.
	Applic	DAK BROOK, IL 60523	H(a) Is this a group re	
	pendir	F Name and address of principal officer: J • T • MACK	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	
$\overline{1}$	Гах-ехе	empt status: X 501(c) (6	— ' '	list. (see instructions)
		te: AEDNET.ORG	H(c) Group exemption	
			ear of formation: 1956 N	
	art I	·	•	•
_	1	Briefly describe the organization's mission or most significant activities: AED IS A	N INTERNATION	AL TRADE
Governance		ASSOCIATION REPRESENTING COMPANIES INVOLVED	IN THE DISTRI	BUTION,
rna	2	Check this box if the organization discontinued its operations or disposed of n	sets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
<u>ن</u> ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)		20
S S		Total number of employees (Part V, line 2a)		26
Viţi.		Total number of volunteers (estimate if necessary)		60
Activities		Total gross unrelated business revenue from Part VIII, column (C), line 12		617,018.
٩		Net unrelated business taxable income from Form 990-T, line 34		-12,842.
		·	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		
		Program service revenue (Part VIII, line 2g)	3,895,461.	3,183,854.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-153,665.	-23,740.
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	131,269.	612,516.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,873,065.	3,772,630.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,000.	40,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,183,428.	1,936,556.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		
ф		Total fundraising expenses (Part IX, column (D), line 25)		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,078,942.	1,965,350.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,312,370.	3,941,906.
	19	Revenue less expenses. Subtract line 18 from line 12	-439,305.	-169,276.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	4,177,935.	4,244,727.
t As	21	Total liabilities (Part X, line 26)	2,219,153.	2,171,075.
ENE FILE	22	Net assets or fund balances. Subtract line 21 from line 20	1,958,782.	2,073,652.
Pa	art II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledge.	ge and belief, it is true, correct,
Sig	n			
Her	е	Signature of officer	Date	
		J.T. MACK, PRESIDENT AND CEO		
		Type or print name and title	0 12	
Paid	i	Preparer's Date	Check if Prepare (see ins	er's identifying number structions)
_	parer's	signature	employed >	
	Only	Firm's name (or yours if SELDEN FOX, LTD.	EIN ►	
200	J,	self-employed), address and 619 ENTERPRISE DRIVE		
		ZIP+4 OAK BROOK, IL 60523-8835	Phone no. ► 6	30-954-1400
May	the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
	AED IS AN INTERNATIONAL TRADE ASSOCIATION REPRESENTING COMPANIES
	INVOLVED IN THE DISTRIBUTION, RENTAL AND SUPPORT OF EQUIPMENT USED IN
	CONSTRUCTION, MINING, FORESTRY, POWER GENERATION, AGRICULTURE AND
	INDUSTRIAL APPLICATIONS. WE ENHANCE THE ONGOING SUCCESS AND
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	THE ANNUAL MEETING IS CONDUCTED AS AN EDUCATIONAL AND NETWORKING
	SERVICE FOR MEMBERS OF THE ASSOCIATION. OVER A FOUR-DAY PERIOD, THE
	ANNUAL MEETING PROVIDES UNIQUE SERVICES FOR OVER 3,000 EMPLOYEES OF THE
	ORGANIZATION'S 800 MEMBER FIRMS. DURING THE CONVENTION, THE
	PARTICIPANTS CAN TAKE ADVANTAGE OF APPROXIMATELY 25 HOURS OF
	EDUCATIONAL PROGRAMMING AND AN EQUAL NUMBER OF HOURS FOR NETWORKING
	WITH PEERS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	THE EXECUTIVE FORUM BRINGS TOGETHER THE EQUIPMENT INDUSTRIES TOP
	EXECUTIVES AND EXPERTS TO DISCUSS TRENDS AND ISSUES THAT ARE SHAPING
	THE FUTURE OF EQUIPMENT DISTRIBUTION. THE FORUM PROVIDES PARTICIPATING
	EXECUTIVES WITH MANAGEMENT CONCEPTS DIRECTLY APPLICABLE TO THE SUCCESS
	OF THEIR BUSINESS, AN UNPARALLELED OPPORTUNITY TO DELVE INTO
	CHALLENGING ISSUES WITH INDUSTRY LEADERS, ACTIONABLE STRATEGIES FOR THE
	ISSUES THEY ARE FACING AND VALUABLE NETWORKING AND CONSULTATIVE
	OPPORTUNITIES WITH BOTH SPEAKERS AND FELLOW PARTICIPANTS.
	APPROXIMATELY 300 EXECUTIVES PARTICIPATED IN THIS EVENT.
	APPROXIMATELI 300 EXECUTIVES PARTICIPATED IN THIS EVENT.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	THE ASSOCIATION PROVIDES A VARIETY OF PUBLISHED MATERIALS WHICH ARE
	AIMED AT HELPING OVER 800 MEMBER COMPANIES UNDERSTAND CONTEMPORARY
	MANAGEMENT ISSUES IN ORDER TO OPERATE THEIR BUSINESSES MORE
	EFFECTIVELY. OFTEN THE PUBLISHED SERVICES (MANUALS, WORKBOOKS, SPECIAL
	REPORTS, NEWSLETTERS, ETC.) ARE THE RESULTS OF SURVEYS OR DEDICATED
	RESEARCH ON MANAGEMENT ISSUES SUCH AS SALES, PRODUCT SUPPORT, SAFETY,
	ETC.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program covides expenses &

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Page 3

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?	2		Х					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	х						
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4							
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III								
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to								
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,								
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х					
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide								
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X					
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х					
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X								
	as applicable	11	X						
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,								
	Part VI.								
•	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.								
•	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.								
	 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. 								
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.								
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses								
	the organization's separate of consolidated infanoial statements for the tax year include a roothste triat addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.								
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete								
-	Schedule D, Parts XI, XII, and XIII.	12		Х					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No								
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional								
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х					
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х					
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,								
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization								
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals								
	located outside the United States? If "Yes," complete Schedule F, Part III	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	17		X					
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77					
	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,"			v					
00	complete Schedule G, Part III	19		X					
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Δ					

Page 4

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States 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 and other assistance to individuals in the United States 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	
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			١
	Schedule K. If "No", go to line 25	24a		Х
	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		
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
20	person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	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			v
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity?	33		- 22
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34		
33	If "Yes," complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
			~~~	

Page 5

# Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of									
	U.S. Information Returns. Enter -0- if not applicable	10								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c	X							
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	26								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		X							
	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?									
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l						
	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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and									
	Financial Accounts.			l						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		$\overline{}$	X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited									
	Tax Shelter Transaction?	<u>5</u> c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		X						
	any contributions that were not tax deductible?									
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
7	were not tax deductible?									
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a								
h	provided to the payor?  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	·····   12								
·	to file Form 8282?	7c								
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal									
	benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?									
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?									
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the									
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holding	ıs								
	at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966?	9a								
b	Did the 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 10b									
11	Section 501(c)(12) organizations. Enter:									
а	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?	128	1							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									

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 in Schedule O. See instructions.

Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body						
b	Enter the number of voting members that are independent						
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			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X			
6	Does the organization have members or stockholders?	6	X				
7a							
	governing body?	7a	Х				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	by the following:		37				
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37			
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
40		40	Yes	No X			
	Does the organization have local chapters, branches, or affiliates?	10a					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10h					
44	and branches to ensure their operations are consistent with those of the organization?	10b 11	Х				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 11	21				
11A		12a	Х				
12a							
ь	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	X				
·	in Schedule O how this is done	12c	Х				
13	Does the organization have a written whistleblower policy?	13	Х				
14	Does 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?						
а	The organization's CEO, Executive Director, or top management official	15a	Х				
	Other officers or key employees of the organization	15b		X			
	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						
	taxable entity during the year?	16a		X			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
<u>Sec</u>	tion 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 (501(c)(3)s only) available	for					
	public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website \( \bigcup X \) Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial				
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:					
	TOBY MACK - 630-574-0650						
	600 HUNTER DRIVE, SUITE 220, OAK BROOK, IL 60523						

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

#### 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 vear. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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.

(A)	(B)	ly cc	iii Ci		C)	, une	5010	(D)	(E)	(F)
Name and Title	Average hours	(cl		Pos	itior	app	ıly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
J. TOBY MACK								224 242		
EXECUTIVE DIRECTOR	50.00	Х		Х		Х		331,912.	0.	21,391.
G. BENNETT CLOSNER										
IMMEDIATE PAST CHAIR	5.00	Х		Х				0.	0.	0.
DENNIS VANDER MOLEN										
CHAIRMAN	5.00	Х		Х				0.	0.	0.
DENNIS E. KRUEPKE									_	_
VICE CHAIRMAN	5.00	Х		Х				0.	0.	0.
JAMES P. COWIN								_	_	_
AT-LARGE DIRECTOR	5.00	X						0.	0.	0.
WES STOWERS										
AT-LARGE DIRECTOR	5.00	X						0.	0.	0.
MARK HARBAUGH										
AT-LARGE DIRECTOR	5.00	Х						0.	0.	0.
MIKE SOLEY, JR										
AT-LARGE DIRECTOR	5.00	Х						0.	0.	0.
TIMOTHY J. WATTERS										
AT-LARGE DIRECTOR	5.00	Х						0.	0.	0.
MIKE QUIRK										
VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
CRAIG BURKERT										
REGIONAL DIRECTOR	5.00	Х						0.	0.	0.
DIANE BENCK										
REGIONAL DIRECTOR	5.00	Х						0.	0.	0.
LAWRENCE F. GLYNN										
SR VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
MIKE CHRISTODOULOU										
VICE PRESIDENT	5.00	Х	L	Х	L	L	L	0.	0.	0.
MICHAEL D BRENNAN										
VICE PRESIDENT OF FINANCE	5.00	Х	L	Х	L		L	0.	0.	0.
RICK DAHL										
AT-LARGE DIRECTOR	5.00	Х	L				L	0.	0.	0.
WALTER BERRY										
EX-OFFICIO DIRECTOR	5.00	Х						0.	0.	0.
			_	_	_				·	Carra 000 (0000)

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Part VII Section A. Officers, Directors, Tru	ıstees, Key E	mple	oyee	s, a	nd I	High	nest	Compensated Employ	rees (continued)	-			-90	
(A) (B) (C) (D)								(E)	(F)					
Name and title	Average			Pos		1		Reportable	Reportable	Э	Es	stimate	ed	
	hours	(с	heck	all t	that	app	oly)	compensation	compensati		ar	nount	of	
	per	tor						from	from relate			other		
	week	r direc				peq		the organization	organizatior (W-2/1099-MI			pensa rom th		
		stee o	rustee			ensa		(W-2/1099-MISC)	(***-271099-1411	30)	1	janizat		
		nal fru	onalt		ploye	t com		,				, d relat		
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anizati	ons	
GERALD W. TRACEY														
REGIONAL DIRECTOR	5.00	X						0.		0.	0. 0			
JEFFREY SCOTT		١								^			_	
REGIONAL DIRECTOR	5.00	X						0.		0.			0.	
DON CHAMBERS		١								^			_	
REGIONAL DIRECTOR	5.00	Х				_	_	0.		0.			0.	
GARRY FRELICK										^			^	
REGIONAL DIRECTOR	5.00	Х				_	_	0.		0.			0.	
ROBERT HENDERSON						١,,		201 505		^		2 0	4 7	
EXECUTIVE VICE PRESIDENT A	50.00					Х		201,585.		0.		2,8	47.	
DAVE GORDON	F0 00					١,,		100 600		0		о E	74	
PUBLISHER/VICE PRESIDENT O	50.00					Х		182,693.		0.		9,5	/4.	
WILLIAM C HERMANEK	50.00					X		124 045		0.	1	0 0	10	
STAFF VICE PRESIDENT, E-CO	30.00	$\vdash$	<u> </u>			₽	-	134,045.		0.		0,0	<u>ту.</u>	
1b Total						▶		850,235.		0.	4	3,8	31.	
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	0,000 in reportab	ole				
compensation from the organization												Yes	No	
3 Did the organization list any <b>former</b> officer,	director or tru	stee	ke	v em	nnlo	vee	or h	nighest compensated er	mnlovee on			100	110	
line 1a? If "Yes," complete Schedule J for s											3		Х	
4 For any individual listed on line 1a, is the su											_			
and related organizations greater than \$150											4	Х		
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ uni	relat	ted organization for serv	rices rendered to	)				
the organization? If "Yes," complete Sched	ule J for such	pers	on .								5		Х	
Section B. Independent Contractors														
<ol> <li>Complete this table for your five highest co the organization.</li> </ol> NONE	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of co	npens	sation	from		
(A)								(B)				C)		
Name and business	address							Description of s	services		ompe	nsatio	П	
A T.I		,		1.		,,	$\perp$							
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0														

	n 990 (			UIPMENT	DISTRIBUTO	RS	36-2098	486 Page <b>9</b>
Pa	rt VII	Statement of Rever	nue		·			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
gifts, grants Iar amounts	b	Membership dues	1b					
ts, g		Fundraising events						
		Related organizations						
sim		Government grants (contributi	· ·					
ortic je r	f	All other contributions, gifts, grant	1 1					
탾힘		similar amounts not included abov						
Contributions, and other simi	_	Noncash contributions included in lines <b>Total.</b> Add lines 1a-1f						
<u> </u>	- 11	Total. Add lines 1a-11		Business Code				
ø	2 a	MEMBERSHIP DUES	}	900099	1426328.	1426328.		
Ş		ANNUAL MEETING		900099	977,886.	977,886.		
Se		CED PUBLICATION	ſ	541800	491,185.	22,352.	468,833.	
eve eve	d	EXECUTIVE FORUM	[	900099	119,230.	119,230.		
Program Service Revenue	е	ONLINE NEWSLETT	'ER	541800	63,256.		63,256.	
ا ته	f	All other program service reve	nue	900099	105,969.	54,511.	51,458.	
	g				3183854.			
	3	Investment income (including	•	•	40 000			40 000
	_	other similar amounts)			40,803.			40,803.
	4	Income from investment of tax			73,471.		33,471.	40,000.
	5	Royalties	(i) Real		/3,4/1.		33,4/1.	40,000.
	6.2	Gross Rents		(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	596069.					
	b	Less: cost or other basis						
		and sales expenses	660612.					
		Gain or (loss)	-64543.	1	64 542			64 542
		Net gain or (loss)		······ •	-64,543.			-64,543.
ne	8 а	Gross income from fundraising including \$	-					
»ve		including \$ contributions reported on line						
Ŗ		Part IV, line 18	•					
Other Revenue	b	Less: direct expenses						
٥		Net income or (loss) from fund		<b>&gt;</b>				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		<b>&gt;</b>				
	10 a	Gross sales of inventory, less						
	h	and allowances Less: cost of goods sold						
		Net income or (loss) from sales		<b></b>				
t		Miscellaneous Revenue		Business Code				
Ì	11 a	NET INSURBLG		900099	466,517.			466,517.
	b	ADVOCACY		900099	67,100.	67,100.		
	С	MISC. INCOME		900099	5,428.	5,428.		
	d							
	е	Total. Add lines 11a-11d			539,045.	0.680000	615 616	400 555
93200	<b>12</b>	Total revenue. See instructions.		<b>&gt;</b> _	3772630.	∠0/2835 <b>.</b>	01/,018.	482,777.

# Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	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	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to governments and		<u> </u>		<u> </u>					
	organizations in the U.S. See Part IV, line 21	40,000.								
2	Grants and other assistance to individuals in									
	the U.S. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the U.S.									
	See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	702 121								
	trustees, and key employees	783,131.								
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)	002 002								
7	Other salaries and wages	882,883.								
8	Pension plan contributions (include section 401(k)									
_	and section 403(b) employer contributions)	1// 502								
9	Other employee benefits	144,582. 125,960.								
10	Payroll taxes	143,300.								
11	Fees for services (non-employees):									
	Management	904.								
	Legal	20,998.								
	Accounting	204,170.								
a	Lobbying	204,170.								
e										
f	Investment management fees									
g 12	Other Advertising and promotion									
13	Office expenses	86,305.								
14	Information technology	00,000								
15	Royalties									
16	Occupancy	63,743.								
17	Travel	57,506.								
18	Payments of travel or entertainment expenses	, , , , , ,								
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	482,284.								
20	Interest	25,250.								
21	Payments to affiliates	-								
22	Depreciation, depletion, and amortization	22,819.								
23	Insurance	21,435.								
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)									
•	WASHINGTON COUNSEL FEES	710,000.								
a b	PRINTING AND PUBLICATIO	174,923.								
0	BANK/CREDIT CARD FEES	39,795.								
d	DUES, SUBSCRIPTIONS, &	25,813.								
e e	PUBLIC POLICY EXPENSES	23,846.								
f	All other expenses	5,559.								
25	Total functional expenses. Add lines 1 through 24f	3,941,906.								
26	Joint costs. Check here  if following	3,522,500								
20	SOP 98-2. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation									
	1 3			ı	- 000 (2222					

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			200.	1	200.
	2	Savings and temporary cash investments		338,236.	2	417,711.	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		160,577.	4	146,587.	
	5	Receivables from current and former officers, d	trustees, key				
		employees, and highest compensated employe					
		of Schedule L			5		
	6	Receivables from other disqualified persons (as	under section				
		4958(f)(1)) and persons described in section 49	58(c)(3)(E	3). Complete			
		Part II of Schedule L				6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			183,832.	9	141,338.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	307,576.			
	l b	Less: accumulated depreciation		90,761.	305,133.	10c	216,815.
	11	Investments - publicly traded securities		-	3,189,957.	11	3,322,076.
	12	Investments - other securities. See Part IV, line	.,,	12	, , , , , ,		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	4,177,935.	16	4,244,727.		
	17	Accounts payable and accrued expenses			420,925.	17	446,649.
	18	Grants payable				18	
	19				1,298,228.	19	1,224,426.
	20	Deferred revenue			1/230/2200	20	1,221,1200
"	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, directo					
Ε	22	highest compensated employees, and disqualif					
Lia		(0.1.1.1.1				22	
	00				500,000.		500,000.
	23	Secured mortgages and notes payable to unrel			300,000.	23 24	300,000.
	24 25	Unsecured notes and loans payable to unrelate				25	
		Other liabilities. Complete Part X of Schedule D		· · · · · · · · · · · · · · · · · · ·	2,219,153.	26	2,171,075.
	26	Total liabilities. Add lines 17 through 25			2,217,133.	26	2,111,013.
"		Organizations that follow SFAS 117, check h	ere 📂	and complete			
ĕ		lines 27 through 29, and lines 33 and 34.			1,958,782.	27	2,073,652.
<u>la</u>	27	Unrestricted net assets		1,550,702.		2,073,032.	
Ba	28	Temporarily restricted net assets			28		
ဋ	29					29	
Ę		Organizations that do not follow SFAS 117, o	песк пе	re ▶			
S		complete lines 30 through 34.			00		
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or e				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			1 050 700	32	2 072 652
_	33	Total net assets or fund balances			1,958,782.	33	2,073,652.
	34	Total liabilities and net assets/fund balances .			4,177,935.	34	4,244,727.

# ASSOCIATED EQUIPMENT DISTRIBUTORS Part XI | Financial Statements and Reporting

			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 in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		Ī	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

#### **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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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.

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Name of organization			Ei	mployer identification number
ASSOCIA	ATED EQUIPMENT DI	STRIBUTORS		36-2098486
Part I-A Complete if the or				organization.
<ul><li>1 Provide a description of the organ</li><li>2 Political expenditures</li><li>3 Volunteer hours</li></ul>				
Part I-B Complete if the or	rganization is exempt und	ler section 501(c)(	3).	
1 Enter the amount of any excise ta				<b>&gt;</b> \$
2 Enter the amount of any excise ta	x incurred by organization manag	ers under section 4955	<b>)</b>	<b>\$</b>
3 If the organization incurred a sect	ion 4955 tax, did it file Form 4720	for this year?		Yes 🖳 No
4a Was a correction made?				Yes L No
b If "Yes," describe in Part IV.    Part I-C   Complete if the or		lov coetion FO1/a	overnt costion F	04(a)(0)
1 Enter the amount directly expende		•		× 5
2 Enter the amount of the filing orga		-		<b>&gt;</b> \$ 0 .
exempt function activities  3 Total exempt function expenditure				
line 17b				<b>2</b> ,000
4 Did the filing organization file Forr	n 1120-POL for this year?			
5 Enter the names, addresses and e For each organization listed, enter that were promptly and directly de (PAC). If additional space is neede	r the amount paid from the filing o elivered to a separate political org	rganization's funds. Als anization, such as a sep	o enter the amount of poarate segregated fund	political contributions received or a political action committee
(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's funds. If none, enter	contributions received and
BRADY FOR SENATE, INC	BLOOMINGTON, IL 61702-5314		2,00	0.
	Ī	1	I	1

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

# 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)).

	(:	a)	(b)
	Yes	No	Amount
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:  2. Voluntoers?			
<ul> <li>a Volunteers?</li> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> </ul>			
<ul><li>d Mailings to members, legislators, or the public?</li><li>e Publications, or published or broadcast statements?</li></ul>			
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?			
<ul> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>i Other activities? If "Yes," describe in Part IV</li> </ul>			
j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912		_	
<ul> <li>c If "Yes," enter the amount of any tax incurred by organization managers under section 4912</li> <li>d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?</li> </ul>			

F 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		X

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	1,351,846.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	369,355.
	Carryover from last year	2b	
С	Total	2c	369,355.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	405,554.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4	
_5	Taxable amount of lobbying and political expenditures (see instructions)	5	-36,199.

#### **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART I-A, LINE 1:

THE ORGANIZATION CONTRIBUTED \$2,000 TO CITIZENS FOR BILL BRADY DURING

THE YEAR ENDED NOVEMBER 30, 2010

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

BRADY FOR SENATE, INC

Schedule C (Form 990 or 990-EZ) 2009

Schedule (Form 980 or 980-22009 ASSOCIATED EQUIPMENT DISTRIBUTORS 36-2098486 Page. Part IV Supplemental Information (cortinue)  PO BOX 5314 BLOOMINGTON, IL 61702-5314	Schedule C	(Form 990 o	or 990-EZ) 2009	ASSC	CIATE	D EQUIPME	I TNI	DISTRIBU	TORS	36-2098	;486 _P	age 4
PO BOX 5314 BLOOMINGTON, IL 61702-5314	Part IV	Supplem	nental Inform	nation (d	continued)							
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	PO BOX	5314	BLOOMING	TON,	тг от	702-5314						

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

ASSOCIATED EQUIPMENT DISTRIBUTORS

Employer identification number 36-2098486

reganization answered "Yes" to Form 990, Part IV, line 6.    Total number at end of year	Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	Is or Accounts. Complete if the
Total number at end of year   2 Aggregate contributions to (furing year)   3 Aggregate contributions to (furing year)   4 Aggregate value at end of year   5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the 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?   Part II   Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV, line 7.		<del></del>		·
2 Aggregate contributions to (during year)  4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's properly, subject to the organization's exclusive legal control?			(a) Donor advised funds	(b) Funds and other accounts
2 Aggregate contributions to (during year)  4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's properly, subject to the organization's exclusive legal control?	1	Total number at end of year		
A Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property subject to the organization's exclusive legal control?  No  6 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 benefits?  Part II Conservation Easements. Complete if the organization canswered 'Yes' to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of land for public use (e.g., recreation or pleasure) □ Preservation of an advisor pasce  2 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.  a Total number of conservation easements  a Total number of conservation easements  b Total acreage restricted by conservation easements  C Number of conservation easements included in (c) acquired after 8/17/06  2 August of conservation easements included in (c) acquired after 8/17/06  Does the organization have a written policy regarding the periodic monotoring, inspection, handling of violations, and enforcement of the conservation easement is finded or years.  A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year   A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year   A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year   A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year   A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year   A mount of expenses incurred in monitoring, in	2			
4. Aggregate value at end of year 5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are 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 purpose benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1. Purpose(s) of conservation easements held by the organization (check all that apply).  2. Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of a conservation easement on the last day of the tax year.  2. 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.  2. The left of the acceptance of the accepta	3			
to the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?    Old 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 impermisslible private benefits?    Part III	4	Г		
are the organization's property, subject to the organization's exclusive legal control?	5		vriting that the assets held in donor adv	ised funds
to charitable purposes and not for the benefit of the donor or divisor is mytting that grant funds can be used only for charitable purposes and not for the benefit of the donor or dovisor, or for any other purpose conferring		_	•	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part     Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of fand for public use (e.g., recreation or pleasure)   Preservation of an historically important land area   Protection of natural habitat   Protection of natural habitat   Protection of natural habitat   Protection of open space   Preservation of preservation easements on the last day of the tax year.    A Total number of conservation easements   Preservation	6			
No   Part       Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)   Preservation of an historically important land area   Protection of natural habitat   Preservation of open space   Preservation of open space   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.    a Total number of conservation easements   2a   Bld at the End of the Tax Year   2a   Bld at the End of the Tax Year   2b   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.    a Total number of conservation easements   2b   Complete lines 2d through 2d   2d   Developed 2d   Devel	_			
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of I not for public use (e.g., recreation or pleasure)   Preservation of an historically important land area   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.    A Total number of conservation easements   Preservation of conservation easements   Preservation of conservation easements   Preservation of conservation easements   Preservation easement   Preservation   Preserva				
Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  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.  In the last that is the season of t	Pai			
Preservation of land for public use (e.g., recreation or pleasure)  Protection of natural habitat  Protection of natural habitat  Proservation of a certified historic structure  Preservation of a certified historic structure included in conservation easement on the last day of the tax year.    Held at the End of the Tax Year	1			
Protection of natural habitat				istorically important land area
Preservation of open space  Complete lines 2 a 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.    A Total number of conservation easements   2a   Held at the End of the Tax Year				
2 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.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  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?  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, 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)   Yes		Preservation of open space		
a Total number of conservation easements  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (a) caquired after 8/17/06  2d  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  year ▶  1 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)?  and section 170(h)(4)(B)(ii)?  9 In Part XIV, 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.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items:  b If the organization elected, as permitted under SFAS 116, 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 it	2		ied conservation contribution in the forn	n of a conservation easement on the last
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and section 170(h)(4)(B)(ii)?	7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements durin	ig the year ▶ \$
<ul> <li>In Part XIV, 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.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.</li> <li>If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1  (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 relating to these items:  a Revenues included in Form 990, Part VIII, line 1  Figure 1  Figure 2  Figure 2  Figure 3  Figure 3  Figure 4  Figure 4</li></ul>	8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	TO(h)(4)(B)(i)
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:  a Revenues included in Form 990, Part VIII, line 1  Figure 1  Figure 2  Figure 2  Figure 3  Figure 3  Figure 3  Figure 3  Figure 3  Figure 4  Figure 4  Figure 4  Figure 4  Figure 4  Figure 4  Figure 5  Figure 4  Figure 5  Figure 4		and section 170(h)(4)(B)(ii)?		Yes No
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:  a Revenues included in Form 990, Part VIII, line 1  Figure 1  Figure 2  Figure 3  Figure 3  Figure 3  Figure 4  Figure 4  Figure 4  Figure 4  Figure 5  Figure 5  Figure 5  Figure 6  Figure 6  Figure 6  Figure 6  Figure 6  Figure 7  Figure 8  Figure 7  Figur	9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expens	se statement, and balance sheet, and
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:  a Revenues included in Form 990, Part VIII, line 1  Figure 1  Figure 2  Figure 2  Figure 3  Figure 3  Figure 3  Figure 4  Figure 5  Figure 4  Figur		include, if applicable, the text of the footnote to the organization	ion's financial statements that describe	s the organization's accounting for
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:  a Revenues included in Form 990, Part VIII, line 1  • \$  Revenues included in Form 990, Part VIII, line 1  • \$  Revenues included in Form 990, Part VIII, line 1				
<ul> <li>If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under SFAS 116, 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: <ol> <li>Revenues included in Form 990, Part VIII, line 1</li> <li>\$</li> </ol> </li> <li>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 relating to these items:</li> <li>Revenues included in Form 990, Part VIII, line 1</li> </ul>	Paı			Other Similar Assets.
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  1 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 relating to these items:  a Revenues included in Form 990, Part VIII, line 1		Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  1 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 relating to these items:  a Revenues included in Form 990, Part VIII, line 1				
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b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1  (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 relating to these items:  a Revenues included in Form 990, Part VIII, line 1		treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
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these items:  (i) Revenues included in Form 990, Part VIII, line 1  (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 relating to these items:  a Revenues included in Form 990, Part VIII, line 1  \$ \$	b	If the organization elected, as permitted under SFAS 116, to r	report in its revenue statement and bala	ance sheet works of art, historical treasures,
(i) Revenues included in Form 990, Part VIII, line 1  (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 relating to these items:  a Revenues included in Form 990, Part VIII, line 1  \$ \  \begin{align*} \sum_{1} \\ \text{proposition} \\ \tex		or other similar assets held for public exhibition, education, or	r research in furtherance of public service	ce, provide the following amounts relating to
<ul> <li>(ii) Assets included in Form 990, Part X</li> <li>▶ \$</li> <li>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 relating to these items:</li> <li>a Revenues included in Form 990, Part VIII, line 1</li> </ul>				
2 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 relating to these items:  a Revenues included in Form 990, Part VIII, line 1   > \$		(i) Revenues included in Form 990, Part VIII, line 1		·
the following amounts required to be reported under SFAS 116 relating to these items:  a Revenues included in Form 990, Part VIII, line 1   > \$				
a Revenues included in Form 990, Part VIII, line 1	2	If the organization received or held works of art, historical treat	asures, or other similar assets for financ	ial gain, provide
b Assets included in Form 990, Part X				·
	b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  $\frac{932051}{02-01-10}$ 

Schedule D (Form 990) 2009

ASSOCTATED	ECHTPMENT	DISTRIBUTORS

Pai	rt III Organizations Maintaining Colle	ections of A	rt, Hist	torical Tr	easures, d	or Other	Similar	Asse	<b>ts</b> (conti	nued)	
3	Using the organization's acquisition, accession, a	and other record	ls, checl	any of the	following tha	t are a sigr	nificant use	e of its	collection	ı item	 s
	(check all that apply):										
а	Public exhibition	d	·	Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's collect	tions and explai	n how th	ney further t	he organizati	on's exemp	ot purpose	in Par	t XIV.		
5	During the year, did the organization solicit or red	ceive donations	of art, hi	storical trea	sures, or oth	er similar a	ssets		_		_
	to be sold to raise funds rather than to be mainta								Yes		No
Pai	rt IV Escrow and Custodial Arranger	ments. Comple	ete if org	anization a	nswered "Yes	s" to Form	990, Part I	V, line	9, or		
	reported an amount on Form 990, Part X,	line 21.									
1a	Is the organization an agent, trustee, custodian of	or other intermed	diary for	contributior	ns or other as	sets not in	cluded	_	_	_	,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIV and	complete the fo	llowing 1	table:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Form	990, Part X, line	21?					L	Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Pai	rt V Endowment Funds. Complete if the										
		) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back (d)	<b>)</b> Three year	s back	(e) Four	years	<u>back</u>
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year en	d balance held a	as:								
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	_%									
С	Term endowment >%										
3а	Are there endowment funds not in the possession	on of the organiz	ation tha	at are held a	and administe	red for the	organizati	ion	-		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations list								3b		
4	Describe in Part XIV the intended uses of the org										
Pai	rt VI Investments - Land, Buildings,										
	Description of investment	(a) Cost or o basis (investr			t or other (other)		umulated eciation		(d) Bool		
1a	Land			20	0,476.				20	),4	76.
	Buildings										
	Leasehold improvements										
d	Equipment				5,298.		70,925			1,3	
е	Other			3	1,802.	1	19,836	5.		L,90	
Tota	I. Add lines 1a through 1e. (Column (d) must equal	l Form 990, Part	X, colun	nn (B), line 1	10(c).)		<b>)</b>	<b></b>	21	5,82	15.

Schedule D (Form 990) 2009

ASSOCTATED	ECITEMENT	DISTRIBUTORS
<b>TOSOCITIES</b>	POOTEMBNI	DIBINIDUIONS

Part VII Investments - Other Securities. S	ee Form 990, Part X, I	ine 12.		<u> </u>
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua Cost or end-of-year mar	
Financial derivatives				
Closely-held equity interests				
Other				
Total (Cal/h) revet agual Forms 000 Doub V and (D) line 10 )				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments - Program Related.		E 10		
	See Form 990, Part X,	line 13.	(c) Method of valua	ation:
(a) Description of investment type	(b) Book value		Cost or end-of-year mar	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, lin	e 15.			
	) Description			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lir  Part X   Other Liabilities. See Form 990. Part X			<b>&gt;</b>	
(1) D. 1.12. (1) 1.22.	., line 25.	(h) Amount		
1. (a) Description of liability		(b) Amount	_	
Federal income taxes			_	
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 25.)			
, , , , , , , , , , , , , , , , , , , ,	,			

**2.** FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

932053 02-01-10

AGGOCTATED	ECHTEMENT	DISTRIBUTORS
AGGOCTATED.	POOTEMBNI	DISTRIBUTORS

	dule D (Form 990) 2009 ASSOCIATED EQUIPMENT DISTRI		-1-1-01-		98486 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to A				2 772 620
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		3,772,630.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		3,941,906.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		-169,276.
4	Net unrealized gains (losses) on investments		4		284,146.
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		004 146
9	Total adjustments (net). Add lines 4 through 8				284,146.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			<u> </u>	114,870.
Pai	t XII Reconciliation of Revenue per Audited Financial Statemen				
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:	1 1			
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			-	
3	Subtract line 2e from line 1			. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>				
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			. 5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme				
1	Total expenses and losses per audited financial statements			. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			. 4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			. 5	
Pa	t XIV Supplemental Information				
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4; P	art IV, lines	1b and 2b;	Part V, line 4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple			additional info	ormation.
PAI	RT X: THE ASSOCIATION® CONSOLIDATED AUDITED	FINANCIA	L		
ST	ATEMENTS CONTAIN NO FOOTNOTE CONCERNING LIA	BILITIES	FOR U	INCERTA	IN TAX
POS	SITIONS, IN ACCORDANCE WITH GUIDANCE FROM T	HE FASB,	BECAU	SE IT	WAS
DE	TERMINED THAT NO FIN 48 ISSUES REQUIRING DI	SCLOSURE	EXIST	' WITH	RESPECT
то	THIS ORGANIZATION.				

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

#### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

| 0

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

Open to Public Inspection

Name of th	ne organization	D EOUTDME	NIE DIGEDINI	TITIOD C				Employer identification number
Part I	ASSUCTATE  General Information on Grants a		NT DISTRIBU	TORS				36-2098486
	s the organization maintain records		-		-			
crite	ria used to award the grants or assi	stance?		A contract to the a libration	-1 04-4			X Yes No
2 Desc	cribe in Part IV the organization's pro Grants and Other Assistance to						/aall ta Farra 000 Bart	IV line Of few and
I di t ii	recipient that received more than		-					
1 (0) 1	lame and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
ı (a) N	or government	( <b>b)</b> EIN	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	
חמב אפח	FOUNDATION, INC.							
	ER DRIVE, SUITE 220							
	K, IL 60523	36-3784945	501(C)(3)	40,000.	0.			PROFESSIONAL EDUCATION
	., 12 00020	00 0701210		10,000				
2 Ente	r total number of section 501(c)(3) a	I and government o	I rganizations	I			1	<b>▶</b> 1.
	r total number of other organization							0.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provi	de the informatio	n required in Part I	, line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: GRANTS	TO THE	AED FOUND	ATION, INC.	ARE	
MONITORED DIRECTLY AS THE AED FOUN	IDATION,	INC. IS S'	TAFFED BY O	NLY SHARED	
EMPLOYEES FROM THE ORGANIZATION.					

# SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

ASSOCIATED EQUIPMENT DISTRIBUTORS

Employer identification number 36-2098486

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	ĺ
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	<b>(E)</b> Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	297,600.	34,312.	0.	13,000.	8,391.	353,303.	0.
J. TOBY MACK	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT HENDERSON	(i)	201,585.	0.	0.	0.	2,847.	204,432.	0.
ROBERT HENDERSON	(ii)	85,000.	97,693.	0.	0.	9,574.	192,267.	0.
DAVE GORDON	(i) (ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii) (i)							
	(ii)							
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	(i) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: THE ORGANIZATION LEASES A RESIDENCE IN WASHINGTON D.C.

DUE TO A SIGNIFICANT AMOUNT OF TRAVEL TO WASHINGTON D.C. THIS RESIDENCE IS

AVAILABLE TO THE ORGANIZATION'S EMPLOYEES WHO TRAVEL TO WASHINGTON D.C.

IN ACCORDANCE WITH THE EXECUTIVE DIRECTOR'S EMPLOYMENT CONTRACT, THE

ORGANIZATION WILL PAY FOR OR REIMBURSE THE COST OF A FAMILY HEALTH CLUB

MEMBERSHIP.

PART I, LINE 4B: DEFERRED COMPENSATION PROGRAM - THE ASSOCIATION HAS

ENTERED INTO A DEFERRED COMPENSATION AGREEMENT WITH J. TOBY MACK. THE

ASSOCIATION SEGREGATES INVESTMENTS IN THE AMOUNT OF THE TOTAL DEFERRED

COMPENSATION BALANCE; HOWEVER, THESE INVESTMENTS ARE SUBJECT TO THE CLAIMS

OF THE ASSOCIATION'S GENERAL CREDITORS. THE DEFERRED COMPENSATION IS NOT

AVAILABLE TO THE EMPLOYEE UNTIL TERMINATION, RETIREMENT, DEATH OR

UNFORESEEABLE EMERGENCY. TOTAL COMPENSATION EXPENSE RELATED TO THE PROGRAM

WAS \$20,313 WHICH REFLECTS INVESTMENT GAINS FROM SEGREGATED INVESTMENTS

ALLOCATED TO THE PROGRAM OF \$7,313 AND AN ASSOCIATION CONTRIBUTION OF

\$13,000.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
SEVERANCE AND DEATH BENEFIT PROGRAM - THE ASSOCIATION HAS ENTERED INTO A
SEVERANCE AND DEATH BENEFIT AGREEMENT WITH J. TOBY MACK. THE ASSOCIATION
SEGREGATES INVESTMENTS IN THE AMOUNT OF THE TOTAL SEVERANCE AND DEATH
BENEFIT BALANCE; HOWEVER, THESE INVESTMENTS ARE SUBJECT TO THE CLAIMS OF
THE ASSOCIATION'S GENERAL CREDITORS. THIS SEVERANCE SHALL BE PAID OVER A
PERIOD NOT TO EXCEED 24 MONTHS, UPON TERMINATION OR DEATH OF THE EMPLOYEE.
INVESTMENT GAINS FROM SEGREGATED INVESTMENTS ALLOCATED TO THE SEVERANCE AND
DEATH BENEFIT PROGRAM WAS \$6,771.

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

SERVICES AND INFORMATION.

# **Supplemental Information to Form 990**

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

▶ Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

ASSOCIATED EQUIPMENT DISTRIBUTORS

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

Employer identification number 36-2098486

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RENTAL AND SUPPORT OF EQUIPMENT USED IN CONSTRUCTION, MINING, FORESTRY,

POWER GENERATION, AGRICULTURE AND INDUSTRIAL APPLICATIONS. WE ENHANCE

THE ONGOING SUCCESS AND PROFITABILITY OF OUR MEMBER COMPANIES AND

RELATED CONSTITUENCIES BY CREATING AND PROVIDING HIGH QUALITY PRODUCTS,

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROFITABILITY OF OUR MEMBER COMPANIES AND RELATED CONSTITUENCIES BY

CREATING AND PROVIDING HIGH QUALITY PRODUCTS, SERVICES AND INFORMATION.

THE DUES CHARGED TO MEMBER COMPANIES PROVIDE THE MAJOR SOURCE OF

SUPPORT THAT ENABLES THE ORGANIZATION TO PROVIDE EDUCATIONAL ACTIVITIES

AND BUSINESS SERVICES FOR THE MEMBERS. THE DUES ARE CHARGED TO MEMBERS

ACCORDING TO THEIR RESPECTIVE ANNUAL SALES AND ARE THE MAIN SOURCE OF

FUNDS NEEDED TO CONTINUE OPERATING THE ANNUAL MEETING, PUBLISH INDUSTRY

HANDBOOKS AND SPECIAL REPORTS ON CURRENT BUSINESS ISSUES, AND PROVIDE A

VARIETY OF OTHER SERVICES TO THE 800 MEMBER COMPANIES IN THE UNITED

STATES AND CANADA.

FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION HAS MEMBERS THAT PAY ANNUAL DUES.

FORM 990, PART VI, SECTION A, LINE 7A: THE ASSOCIATION HAS MEMBERS WHO ELECT MEMBERS OF THE GOVERNING BOARD OF DIRECTORS.

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

Schedule O (Form 990) 2009

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization ASSOCIATED EQUIPMENT DISTRIBUTORS **Employer identification number** 36-2098486

FORM 990. PART VI. SECTION B. LINE 11: IN ORDER TO PROVIDE EACH BOARD MEMBER AN OPPORTUNITY TO REVIEW THE 990 BEFORE FILING, A DRAFT COPY OF THE COMPLETED FORM 990 IS SENT TO EACH MEMBER VIA EMAIL. THE 990 WILL NOT BE FILED UNTIL THE BOARD HAS HAD SUFFICIENT TIME TO COMPLETE THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL STAFF AND BOARD MEMBERS WITH INSTRUCTIONS TO INFORM MANAGEMENT OF ANY INTERESTS THAT MAY GIVE RISE TO A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE REVIEWS NON-PROFIT PAYROLL DATA IN DETERMINING THE EXECUTIVE DIRECTORS COMPENSATION.

SECTION C, LINE 19: AED'S GOVERNING DOCUMENTS, FORM 990, PART VI, INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C, EXPLANATION:

AUDIT OVERSIGHT

THE ORGANIZATION® FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS. A FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR AUDIT OVERSIGHT AND AUDITOR SELECTION.

28

# **SCHEDULE O**

# **Supplemental Information to Form 990**

(Form 990)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No. 1545-0047

2009
Open to Public Inspection

Name of the organization	ASSOCIATED EQUIPME	ENT DISTRIBUT	ORS	Employer identification number 36-2098486
FORM 990, PART I	V, LINE 12A			
AUDITED FINANCIA	L STATEMENT			
THE NOVEMBER 30,	2010 FINANCIAL ST	TATEMENTS WER	E INCLUDED	IN
CONSOLIDATED FIN	ANCIAL STATEMENTS	WITH THE AED	FOUNDATION	, INC. THESE
CONSOLIDATED FIN	ANCIAL STATEMENTS	WERE PREPARE	D IN ACCORD	ANCE WITH
GENERALLY ACCEPT	ED ACCOUNTING PRIN	NCIPLES AND W	ERE INDEPEN	DENTLY
AUDITED.				

#### **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

#### Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ➤ Attach to Form 990.

See separate instructions.

OMB No. 1545-0047 2009 Open to Public Inspection

Employer identification number Name of the organization 36-2098486 ASSOCIATED EQUIPMENT DISTRIBUTORS Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (a) (b) (c) (d) (e) (f) Name, address, and EIN Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year.) (a) (b) (c) (d) (e) (f) Name, address, and EIN Legal domicile (state or Exempt Code Public charity Direct controlling Primary activity of related organization section status (if section entity foreign country) 501(c)(3)) THE AED FOUNDATION, INC. - 36-3784945 ENCOURAGES CONTINUOUS 615 W 22ND ST LEARNING AND PROVIDES OAK BROK, IL 60523 EDUCATIONAL OPPORTUNITIES ILLINOIS 501(C)(3) N/A

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)	(1	n)	(i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	or entity (related, unrelated, excluded from tax und		Share of total income	Share of end-of-year assets	Dispropate allo		Code V-UBI amount in box 20 of Schedule	Gen mar par
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Ye
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
	-						
	1						

Part V	Transactions With Related Organ	izations (Complete if the	organization answered "Yes"	to Form 990. Part IV.	line 34, 35, or 36.)

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		_		Yes	No
	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	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		Х
b	Gift, grant, or capital contribution to other organization(s)			1b	Х	
С	Gift, grant, or capital contribution from other organization(s)			1c		Х
d	Loans or loan guarantees to or for other organization(s)			1d		Х
	Loans or loan guarantees by other organization(s)			1e		Х
f	Sale of assets to other organization(s)			1f		Х
g	Purchase of assets from other organization(s)			1g		Х
	Exchange of assets			1h		Х
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		Х
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		Х
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k		Х
-1	Performance of services or membership or fundraising solicitations by other organization(s)			11		Х
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		Х
	Sharing of paid employees			1n	Х	
0	Reimbursement paid to other organization for expenses			10		Х
	Reimbursement paid by other organization for expenses			1p	Х	
q	Other transfer of cash or property to other organization(s)			1q		Х
r	Other transfer of cash or property from other organization(s)			1r		Х
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 tra	ansaction thresholds				
	(a) Name of other organization(s)	<b>(b)</b> Transaction type (a-r)	Amo	(c) ount in	ivolve	d

(a) Name of other organization(s)	<b>(b)</b> Transaction type (a-r)	(c) Amount involved
(1) THE AED FOUNDATION, INC.	P	60,881.
(2) THE AED FOUNDATION, INC.	В	40,000.
(3) THE AED FOUNDATION, INC.	N	276,798.
<u>(4)</u>		
<u>(5)</u>		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)	(b)	(c)	(d)		(e)	(f)		(g)		h)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all properties and all properties are all prope	oartners 501(c)(3) ations?	Share of end-of- year assets	Dispropor- tionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		eral or aging tner?
		country)	Yes			Yes No		(Form 1065)		No
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Schedule R (Form 990) 2009

## Form **8868**

(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

If you	u are filing for an Automatic 3-Month Extension, comple	te only Pa	art i and check this box		<b>&gt;</b>	X
	u are filing for an Additional (Not Automatic) 3-Month Ex					
	complete Part II unless you have already been granted a					
	onic filing (e-file). You can electronically file Form 8868 if y					
	d to file Form 990-T), or an additional (not automatic) 3-mo					
	to file any of the forms listed in Part I or Part II with the ex					
	al Benefit Contracts, which must be sent to the IRS in pap www.irs.gov/efile and click on e-file for Charities & Nonprofits		(see instructions). For more details on t	ne ele	ctronic filing of this f	orm,
Part			bmit original (no copies needed).			
A corpo	pration required to file Form 990-T and requesting an autor			plete		
Part I o	nly				<b>&gt;</b>	
	er corporations (including 1120-C filers), partnerships, REM ncome tax retums.	ICs, and t	rusts must use Form 7004 to request an	exter	sion of time	
Гуре о	Name of exempt organization			Emp	loyer identification	number
print	ASSOCIATED EQUIPMENT DISTRI	ΓΒΙΙͲΟΙ	RS	3	6-2098486	
ile by the	N and an about and an area was its an a K a D O beau				0 2030100	
liling your return. Se	e OOO HOMILIK DRIVE, NO. 220					
instructio	ns. City, town or post office, state, and ZIP code. For a for OAK BROOK, IL 60523	oreign add	ress, see instructions.			
	OAK BROOK, 11 00323					
Enter ti	ne Return code for the return that this application is for (file	e a separa	te application for each return)		•••••	01
Applica	ation	Application			Return	
ls For		Code	Is For			Code
Form 9	90	Form 990-T (corporation)			07	
Form 9	90-BL	02	Form 1041-A			08
Form 9	90-EZ	03	Form 4720			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
	TOBY MACK	מה כיו	שמע שגט מודד מחדי	-	T 60E03	
	books are in the care of $\triangleright$ 600 HUNTER DRIVED phone No. $\triangleright$ 630-574-0650	/E, S	FAX No. ► 630-574-0132		<u>ь о∪5∠3</u>	
	e organization does not have an office or place of business	in tha lin		_		
	is is for a Group Return, enter the organization's four digit (					hook this
box 🕨					•	
	request an automatic 3-month (6 months for a corporation				ore trie exteriology is	101.
		•	tion return for the organization named a		The extension	
is	s for the organization's return for:	Ū	•			
•	calendar year or					
•	X tax year beginning DEC 1, 2009	, an	d ending NOV 30, 2010			
2 i	f the tax year entered in line 1 is for less than 12 months, c	heck reas	on: L Initial return L Fina	l retur	n	
	Change in accounting period					
3a I	f this application is for Form 990-BL, 990-PF, 990-T, 4720, o	nr 6069 a	nter the tentative tay less any	_		
	nonrefundable credits. See instructions.	J. 0003, E	ner the terreative tax, 1655 arry	<b>3</b> a	\$	0.
_	f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and		_ <del></del>	
	estimated tax payments made. Include any prior year overp			3b	\$	0.
_	Balance due. Subtract line 3b from line 3a. Include your pa					
	by using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
	n. If you are going to make an electronic fund withdrawal v		orm 8868, see Form 8453-EO and Form	8879-		
ΙHA	For Panerwork Reduction Act Notice, see Instructions				Form 8868 (Po	v 1.2011\

923841 01-03-11

Form 8868	(Rev. 1-2011)				Page 2	
	e filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this bo	ox	X	
Note. Only	complete Part II if you have already been granted an a	automatic	3-month extension on a previously filed	Form 8868.		
	e filing for an Automatic 3-Month Extension, complete					
Part II	Additional (Not Automatic) 3-Month E	xtensio	<b>n of Time.</b> Only file the original (no c	opies needed).		
Type or	Name of exempt organization			Employer identification	n number	
	ASSOCIATED EQUIPMENT DISTRIE	BUTOR	S	36-2098486		
	Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions.			
tiling your	500 HUNTER DRIVE, NO. 220					
inatorotiona	City, town or post office, state, and ZIP code. For a for $BROOK$ , $IL 60523$	oreign add	iress, see instructions.			
•						
Enter the Re	eturn code for the return that this application is for (file	e a separa	te application for each return)		[0]1]	
Application	1	<del>.</del>	Return			
ls For		Code	Is For		Code	
Form 990		01				
Form 990-B	BL .	02	Form 1041-A		80	
Form 990-E	Z	03	Form 4720		09	
Form 990-P	<u></u>	04	Form 5227		10	
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-T (trust other than above) 06 Form 8870						
	not complete Part II if you were not already granted					
	ks are in the care of TOBY MACK - 600 HUNTER	K DRIVE,				
-	ne No. ► 630 – 574 – 0650		FAX No. ► 630-574-0132			
	ganization does not have an office or place of business				· L	
	for a Group Return, enter the organization's four digit					
box ▶ ∟	If it is for part of the group, check this box ▶		ach a list with the names and EINs of all BER 15, 2011.	members the extension	is for.	
•	uest an additional 3-month extension of time until			NOV 30, 2010		
	, <u> </u>		<del>'                                    </del>		<del></del>	
6 If the	tax year entered in line 5 is for less than 12 months, o	rieck reas	on: L Initial return	Final return		
7 State	Change in accounting period in detail why you need the extension					
	E ORGANIZATION IS WAITING FO	OR IN	FORMATION FROM THIRE	PARTIES AND	)	
	QUIRES ADDITIONAL TIME TO F					
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	enter the tentative tax, less any			
	efundable credits. See instructions.		,,	8a \$	0.	
	s application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			
	ayments made. Include any prior year overpayment al					
•	iously with Form 8868.			8b \$	0.	
	nce due. Subtract line 8b from line 8a. Include your pa	ayment wit	th this form, if required, by using			
EFTP	PS (Electronic Federal Tax Payment System). See instr	uctions.	, , , , ,	8c \$	0.	
			nd Verification			
Under penalt	ties of perjury, I declare that I have examined this form, includ	ling accomp	panying schedules and statements, and to th	e best of my knowledge and	belief,	
it is true, cor	rect, and opmplete, and that I am authorized to prepare this fo	orm.		1. 1		
Signature >	Title ▶	CPA		Date ► フルン	2011	
	· V		- <del></del>	Form <b>8868</b> (	Rev. 1-2011)	

## Form **990**

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 black lung benefit trust or private foundation)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2008
Open to Public Inspection

2008 DEC 1. and ending NOV 30. For the 2008 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number Please use IRS Address change label or ASSOCIATED EQUIPMENT DISTRIBUTORS print or Name change type. 36-2098486 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Specific Termin-615 WEST 22ND STREET 6305740650 Instruc-Amended tions. 5,336,134. City or town, state or country, and ZIP + 4 **G** Gross receipts \$ Applica-tion pending OAK BROOK, IL 60523 H(a) Is this a group return Yes X No F Name and address of principal officer: J.T. MACK for affiliates? SAME AS C ABOVE **H(b)** Are all affiliates included? Yes Tax-exempt status: X 501(c) (6 ) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► AEDNET.ORG **H(c)** Group exemption number ▶ **K** Type of organization: **X** Corporation Trust Association Other -L Year of formation: 1956 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: AED IS AN INTERNATIONAL TRADE Activities & Governance ASSOCIATION REPRESENTING COMPANIES INVOLVED IN THE DISTRIBUTION, Check this box I if the organization discontinued its operations or disposed of more than 25% of its assets. 18 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 30 Total number of employees (Part V, line 2a) 5 60 6 Total number of volunteers (estimate if necessary) 876,875. 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) Ō. Net unrelated business taxable income from Form 990-T, line 34 ..... **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 4,593,862. 3,895,461. Program service revenue (Part VIII, line 2g) <del>-153,665</del>. 114,744. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 184,638. 131,269. 4,893,244. 3,873,065. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 39,164. 50,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,333,701. 2,183,428. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,559,510. 2,078,942. 4,932,375. 4,312,370. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -39,131.-439,305.Revenue less expenses. Subtract line 18 from line 12 Assets or Ralances **Beginning of Year End of Year** 3,999,103 4,177,935. 20 Total assets (Part X, line 16) 2,246,006. 2,219,153. 21 Total liabilities (Part X, line 26) 1,753,097. 1,958,782. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here J.T. MACK, PRESIDENT AND CEO Type or print name and title Date Check if self-Preparer's identifying number (see instructions) Preparer's Paid signature employed Preparer's Firm's name (or SELDEN FOX, LTD. EIN ▶ Use Only self-employed). 619 ENTERPRISE DRIVE Phone no.  $\triangleright 630-954-1400$ OAK BROOK, IL 60523-8835 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Page 2

Par	till Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
	AED IS AN INTERNATIONAL TRADE ASSOCIATION REPRESENTING COMPANIES
	INVOLVED IN THE DISTRIBUTION, RENTAL AND SUPPORT OF EQUIPMENT USED IN
	CONSTRUCTION, MINING, FORESTRY, POWER GENERATION, AGRICULTURE AND INDUSTRIAL APPLICATIONS. WE ENHANCE THE ONGOING SUCCESS AND
2	Did the organization undertake any significant program services during the year which were not listed on
2	W V.
	the prior Form 990 or 990-E∠?  If "Yes", describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  — Yes X No
•	If "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	THE ANNUAL MEETING IS CONDUCTED AS AN EDUCATIONAL AND NETWORKING
	SERVICE FOR MEMBERS OF THE ASSOCIATION. OVER A FOUR-DAY PERIOD, THE
	ANNUAL MEETING PROVIDES UNIQUE SERVICES FOR OVER 3,000 EMPLOYEES OF THE
	ORGANIZATION'S 1,200 MEMBER FIRMS. DURING THE CONVENTION, THE
	PARTICIPANTS CAN TAKE ADVANTAGE OF APPROXIMATELY 25 HOURS OF
	EDUCATIONAL PROGRAMMING AND AN EQUAL NUMBER OF HOURS FOR NETWORKING
	WITH PEERS.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
7.5	THE EXECUTIVE FORUM BRINGS TOGETHER THE EQUIPMENT INDUSTRIES TOP
	EXECUTIVES AND EXPERTS TO DISCUSS TRENDS AND ISSUES THAT ARE SHAPING
	THE FUTURE OF EQUIPMENT DISTRIBUTION. THE FORUM PROVIDES PARTICIPATING
	EXECUTIVES WITH MANAGEMENT CONCEPTS DIRECTLY APPLICABLE TO THE SUCCESS
	OF THEIR BUSINESS, AN UNPARALLELED OPPORTUNITY TO DELVE INTO
	CHALLENGING ISSUES WITH INDUSTRY LEADERS, ACTIONABLE STRATEGIES FOR THE
	ISSUES THEY ARE FACING AND VALUABLE NETWORKING AND CONSULTATIVE
	OPPORTUNITIES WITH BOTH SPEAKERS AND FELLOW PARTICIPANTS.
	APPROXIMATELY 300 EXECUTIVES PARTICIPATED IN THIS EVENT.
4-	(Code) \(\frac{1}{2}\text{Transpose}\text{ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinnt{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) THE ASSOCIATION PROVIDES A VARIETY OF PUBLISHED MATERIALS WHICH ARE
	AIMED AT HELPING OVER 1,200 MEMBER COMPANIES UNDERSTAND CONTEMPORARY
	MANAGEMENT ISSUES IN ORDER TO OPERATE THEIR BUSINESSES MORE
	EFFECTIVELY. OFTEN THE PUBLISHED SERVICES (MANUALS, WORKBOOKS, SPECIAL
	REPORTS, NEWSLETTERS, ETC.) ARE THE RESULTS OF SURVEYS OR DEDICATED
	RESEARCH ON MANAGEMENT ISSUES SUCH AS SALES, PRODUCT SUPPORT, SAFETY,
	ETC.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ►\$ (Must equal Part IX, Line 25, column (B).)

Form 990 (2008)

## 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?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any accounts where 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			<u> </u>
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	<u> </u>		
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as 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 U.S.?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	170		
13	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
10	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total 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 total on Fart VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20		20		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H  Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
21		22	Λ	Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	23	Х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Λ	-
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 questions 24b-24d and complete Schedule K.	04-		v
	If "No", go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del>                                     </del>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		$\vdash$
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			77
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			77
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<b>27</b> Form		X

Page 4

## Part IV | Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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

## Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No					
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of										
	U.S. Information Returns. Enter -0- if not applicable	1a	12								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ıble gaming								
	(gambling) winnings to prize winners?			1c	X	Ĺ					
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	2a	30								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	L					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instru	ctions)								
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	3a	Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Х	<u> </u>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-								
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X					
b	If "Yes," enter the name of the foreign country: ►										
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and										
	Financial Accounts.										
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
С	c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited										
_	Tax Shelter Transaction?										
	Did the organization solicit any contributions that were not tax deductible?			6a		X					
р	If "Yes," did the organization include with every solicitation an express statement that such contribu-		-	CI-		ĺ					
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			6b							
7	• • • • • • • • • • • • • • • • • • • •										
a	a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?										
D	<ul> <li>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</li> <li>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required</li> </ul>										
C	to file Form 8282?			7c		ĺ					
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70							
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a		lal								
Ĭ	benefit contract?			7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7 <del>f</del>							
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required'			7g							
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		equired?	7h							
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec										
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or										
	excess business holdings at any time during the year?			8							
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.										
а	Did the organization make any taxable distributions under section 4966?			9a							
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b							
10	Section 501(c)(7) organizations. Enter: N/A										
а	/										
b											
11	Section 501(c)(12) organizations. Enter: N/A										
а	Gross income from members or shareholders	11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									

#### ASSOCIATED EQUIPMENT DISTRIBUTORS

Part VI | Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	3		
b	Enter the number of voting members that are independent 1b 1	7		
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
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	X	
b	, , , , , , , , , , , , , , , , , , , ,	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	0 0 ,	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a		9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must		l	
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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	11		X
Sec	tion B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С		1	٦,	
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		37	
a	, , , , , , , , , , , , , , , , , , , ,	15a	Х	37
b	Other officers or key employees of the organization?	15b		X
16	Describe the process in Schedule O. (see instructions)			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		X
	taxable entity during the year?	16a		
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	466		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
17 18	List the states with which a copy of this Form 990 is required to be filed ► NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	o for		
10		e ior		
	public inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  V Upon request			
10	· ·	nd fire	neiel	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	uiu tina	ıncıaı	
20	statements available to the public.	ation: •		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	_	
	TOBY MACK - 630-574-0650 615 WEST 22ND STREET, OAK BROOK, IL 60523			

12-18-08

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

Check this box if the organization did not co	ompensate an	y of	ficer	, dir	ecto	r, trı	uste	e, or key employee.		
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	heck	k all t	that	app	ly)	compensation	compensation	amount of
	per week	ector						from the	from related organizations	other compensation
	Week	or dire	a.			ted		organization	(W-2/1099-MISC)	from the
		ustee	truste		g.	bens		(W-2/1099-MISC)	,	organization
		ual tr	ional		yoldı	t com	_			and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			organizations
J. TOBY MACK										
EXECUTIVE DIRECTOR	50.00	Х		Х		Х		347,322.	0.	18,554.
G. BENNETT CLOSNER										
CHAIR	5.00	Х		Х				0.	0.	0.
DENNIS VANDER MOLEN										
VICE CHAIR	5.00	Х		Х				0.	0.	0.
DENNIS E. KRUEPKE										
SENIOR VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
PAUL W. CAMPBELL										
IMMEDIATE PAST CHAIR	5.00	Х		Х				0.	0.	0.
JAMES P. COWIN										
AT-LARGE DIRECTOR	5.00	Х						0.	0.	0.
WES STOWERS								_	_	_
AT-LARGE DIRECTOR	5.00	Х						0.	0.	0.
MARK HARBAUGH								_	_	_
AT-LARGE DIRECTOR	5.00	Х						0.	0.	0.
MIKE SOLEY, JR									_	
AT-LARGE DIRECTOR	5.00	Х						0.	0.	0.
TIMOTHY J. WATTERS										
DIRECTOR	5.00	Х						0.	0.	0.
MIKE QUIRK		l								
DIRECTOR	5.00	Х						0.	0.	0.
MONTY BOYD	- 00	l						_		
DIRECTOR	5.00	Х						0.	0.	0.
CRAIG BURKERT	- 00	١						•		•
DIRECTOR	5.00	Х						0.	0.	0.
DIANE BENCK	- 00	١						•		0
DIRECTOR	5.00	X						0.	0.	0.
LAWRENCE F. GLYNN		,,		7.7				_		0
VICE PRESIDENT	5.00	X	_	Х				0.	0.	0.
MIKE CHRISTODOULOU	E 00	٦,		٦,				_		^
VICE PRESIDENT	5.00	X	_	Х				0.	0.	0.
DENNIS G. ROMANSON	E 00	37		37				_		^
VICE PRESIDENT OF FINANC	5.00	X		X				0.	0.	0.

832007 12-18-08 Form **990** (2008)

Part VII Section A. Officers, Directors, Tru	stees, Key Eı	mpl	oyee	s, a	nd l	High	est	Compensated Employ	rees (continued)				
(A)								(D)	(E)			(F)	
Name and title	Average	١.		Posi				Reportable	Reportable			timate	
	hours per	⊢`	heck	k all :	that	app	oly)	compensation from	compensation from related			nount o other	of
	week	director						the	organization			pensa	tion
		e or d	tee			sated		organization	(W-2/1099-MIS	SC)	fr	om the	Э
		truste	al trus		yee	mbeu		(W-2/1099-MISC)				anizati d relati	
		ndividual trustee or	Institutional trustee	Ser	Key employee	Highest compensated employee	ner				l	anizatio	
		Indi	lust	Officer	Key	E High	Fori						
R. DALE VAUGH													
EX-OFFICIO DIRECTOR	5.00	Х						0.		0.			0
ROBERT HENDERSON								1-0-0-		_			
EXECUTIVE VICE PRESIDENT	50.00					Х		150,795.		0.		3,2	81.
DAVE GORDAN PUBLISHER/VICE PRESIDENT	E0 00					x		170 700		0.	1	<i>c</i> 1	71
WILLIAM C HERMANEK	50.00					^		170,788.		0.		6,4	<u>/                                    </u>
STAFF VICE PRESIDENT, E-	50.00					X		134,930.		0.	1	4,1	39
MIKE FOTTY	30.00					123		131,330.		•		-,-	<u> </u>
FORMER EMPLOYEE							x	135,407.		0.	1	3,1	95.
		_	┝				_						
1b Total						<u> </u>		939,242.		0.	6	5,6	40
2 Total number of individuals (including those compensation from the organization	•							•					ı
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer,	director or tru	ste	e, ke	y em	olqr	yee,	or h	nighest compensated er	mployee on				
line 1a? If "Yes," complete Schedule J for s											3	Х	
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a	•				•			•					77
the organization? If "Yes," complete Sched	ule J for such	pers	son .								5		X
Complete this table for your five highest co	mnensated in	den	ende	ent c	onti	racto	ors t	that received more than	\$100 000 of con	nnens	ation f	rom	
the organization. NONE	mponoatoa m	чор	onac	,,,,	,0116	uoti	515 (	mat received more than	\$100,000 or con	пропо	acioni	10111	
(A)								(B)			(C		
Name and business	address							Description of s	services	C	compe	nsatio	n
							$\dashv$						
O Tatal number of inclusion 1.	a almain - U	_ :	4) - 1	<b>.</b>	<u> </u>			than 0100 000 '					
2 Total number of independent contractors (in from the organization	ncluding those  0	e in	I) W	no re	ecei	ved	mor	re tnan \$100,000 in com	pensation				

Pa	rt VII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts İts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
s, c	С	Fundraising events	1c					
ar g	d	Related organizations	1d					
ns, imi	е	Government grants (contribut	ions) <b>1e</b>					
를 하	f	All other contributions, gifts, gran	ts, and	_				
흱		similar amounts not included abo	ve 1f					
ig Si	g	Noncash contributions included in lines	1a-1f: \$					
ठ ह	h	Total. Add lines 1a-1f						
				Business Code				
9	2 a	MEMBERSHIP DUES		900099	1474547.	1474547.		
e vi	b			900099	1392820.	1392820.		
Program Service Revenue	С			541800	739,138.	25,418.	713,720.	
es a	d			900099	129,010.	129,010.		
S.	е	WEB SERVICE INC	OME	541511	52,057.		52,057.	
۱ ۵		All other program service reve		541800	107,889.	47,489.	60,400.	
$\rightarrow$	g	Total. Add lines 2a-2f			3895461.			
	3	Investment income (including			00 145			00 145
		other similar amounts)			22,145.			22,145.
	4	Income from investment of tax			00 600		F0 600	40.000
	5	Royalties			90,698.		50,698.	40,000.
	_		(i) Real	(ii) Personal				
		Gross Rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	/ a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,287,259.					
	D	Less: cost or other basis	1,463,069.					
	•	and sales expenses						
		Net gain or (loss)		<b>&gt;</b>	-175,810.			-175810.
		Gross income from fundraising			27370200			1730101
Other Revenue	o u	including \$	of					
Š		contributions reported on line						
ı,		Part IV, line 18	-					
the	b	Less: direct expenses						
0		Net income or (loss) from fund						
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19						
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
l	С	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu	е	Business Code				
	11 a	ADVOCACY		900099	36,500.	36,500.		
	b	MISC. INCOME		900099	4,071.	4,071.		
	С							
	d							
	е				40,571.	24.22.5.	00000	46555
0000	12	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 10	c, and 11e	3873065.	3109855.	876,875.	
83200 02-02	9 -09							Form <b>990</b> (2008)

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp		not required to comp	ete columns (B), (C), and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	50,000.			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	852,000.			
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	1,010,122.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	12,406.			
9	Other employee benefits	174,092.			
10	Payroll taxes	134,808.			
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,352.			
С	Accounting	27,554.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	107,104.			
14	Information technology				
15	Royalties				
16	Occupancy	74,684.			
17	Travel	77,290.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	671,630.			
20	Interest	7,031.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	44,239.			
23	Insurance	24,513.			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	WASHINGTON COUNSEL FEES	681,456.			
b	PRINTING AND PUBLICATIO	220,129.			
C	DIRECTORS MEETINGS	49,517.			
d	DUES, SUBSCRIPTIONS, &	42,322.			
e	BANK/CREDIT CARD FEES	38,203.			
f	All other expenses	11,918.			
25	Total functional expenses. Add lines 1 through 24f	4,312,370.			
26	Joint Costs. Check here if following	_,,,			
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Га	LA	Dalance Sheet									
					<b>(A)</b> Beginning of year		(B) End of				
		Cook man interest bearing			200.	4	2.10 01	200.			
	1	Cash - non-interest-bearing			712,981.	2	22	8,236.			
	2	Savings and temporary cash investments			112,301.	3	330	0,230.			
	3	Pledges and grants receivable, net			236,487.	4	16	0,577.			
	4	Accounts receivable, net			230,407.	4	10,	0,377.			
	5	Receivables from current and former officers, d		•		_					
		employees, or other related parties. Complete F		5							
	6	Receivables from other disqualified persons (as									
		4958(f)(1)) and persons described in section 49									
	_					6					
ets	7	Notes and loans receivable, net		7							
Assets	8	Inventories for sale or use			267 565	8	1.0	2 022			
`	9			1 104 246	267,565.	9	10.	3,832.			
	l .	Land, buildings, and equipment: cost basis	10a	1,104,246.							
	b	Less: accumulated depreciation. Complete		700 112	242 100		3.0	E 122			
	١	Part VI of Schedule D			343,198. 2,438,672.	10c	30:	<u>5,133.</u> 9,957.			
	11	Investments - publicly traded securities			4,430,074.	11	3,10	9,957.			
	12	Investments - other securities. See Part IV, line				12					
	13	Investments - program-related. See Part IV, line				13					
	14	Intangible assets		14							
	15	Other assets. See Part IV, line 11		3,999,103.	15	1 17	7 025				
	16	Total assets. Add lines 1 through 15 (must equ			453,235.	16		7,935. 0,925.			
	17	Accounts payable and accrued expenses	433,433.	17	44	0,945.					
	18	Grants payable			18						
	19	Deferred revenue				19					
	20	Tax-exempt bond liabilities				20					
ies	21	Escrow account liability. Complete Part IV of Sc		_		21					
Liabilities	22	Payables to current and former officers, directo									
Lia		highest compensated employees, and disqualif		00							
		of Schedule L		22	5.0	0,000.					
	23	Secured mortgages and notes payable to unrel				23	301	0,000.			
	24				1,792,771.	24	1 20	8,228.			
	25	Other liabilities. Complete Part X of Schedule D			2,246,006.	25		9,153.			
	26	Total liabilities. Add lines 17 through 25			2,240,000.	26	2,21	9,100.			
		Organizations that follow SFAS 117, check h lines 27 through 29, and lines 33 and 34.	ere 📂	A and complete							
ČĖ	27				1,753,097.	27	1 05	8,782.			
ılan	l	Unrestricted net assets			1,733,037.	28	1,55	0,702.			
Be	28 29	Temporarily restricted net assets				29					
n	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, or		ere Dand		29					
Net Assets or Fund Balances		complete lines 30 through 34.	HECK III	ere Land							
ts c	30	Capital stock or trust principal, or current funds				30					
ssel	31	Paid-in or capital surplus, or land, building, or ea				31					
t As	32	Retained earnings, endowment, accumulated in				32					
Š	33	Total net assets or fund balances			1,753,097.	33	1 95	8,782.			
	34	Total liabilities and net assets/fund balances			3,999,103.	34		7,935.			
Pai	rt XI	Financial Statements and Reporting			0,000,12000	<u> </u>		. ,			
								Yes No			
1	Acco	ounting method used to prepare the Form 990:	Ca	ash X Accrual	Other						
2a	b Were the organization's financial statements audited by an independent accountant?										
b											
С		es" to lines 2a or 2b, does the organization have									
		w, or compilation of its financial statements and					— — — — — — — — — — — — — — — — — — —				
За		result of a federal award, was the organization re	-		-						
		and OMB Circular A-133?				X					
b	If "Ye	es," did the organization undergo the required au	dit or au	udits?			3b				

### 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

2008 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered '	"Yes," to I	Form 990, Part	t IV, line 5 (	Proxy Tax	), then
--------------------------------	-------------	----------------	----------------	-----------	---------

	on 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of	organization			Emp	oyer identification number
	ASSOCIA	TED EQUIPMENT D	ISTRIBUTORS		36-2098486
Part I-	A To be completed b	y all organizations exen	npt under section	501(c) and section 5	27 organizations.
	See the instructions for S	Schedule C for details.			
1 Prov	ide a description of the organiz	zation's direct and indirect politi	ical campaign activities	s in Part IV.	
2 Polit	ical expenditures	·	. •	<b>&gt;</b> \$	0.
Part I-	B To be completed b	y all organizations exen	npt under section	501(c)(3).	
	See the instructions for S	•	•	( ), )	
1 Ente	r the amount of any excise tax	incurred by the organization un	nder section 4955	▶\$	0.
		incurred by organization manage			
		on 4955 tax, did it file Form 4720			
	es." describe in Part IV.				
Part I-	C To be completed b	y all organizations exen	npt under section	501(c), except section	on 501(c)(3).
	See the instructions for S	Schedule C for details.			
1 Ente		d by the filing organization for se	ection 527 exempt fun	ction activities > \$	0.
		nization's funds contributed to o			
					0.
		function expenditures. Add line			
Forn	n 1120-POL, line 17b			▶\$	
		1120-POL for this year?			
		mployer identification number (E			
		e if the amount was paid from th			• •
pron	nptly and directly delivered to a	a separate political organization,	, such as a separate se	egregated fund or a political	action committee (PAC).
If ad	ditional space is needed, provi	de information in Part IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	,	, ,		filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0

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Schedule C (Form 990 or 990-EZ) 2008

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

Schedule C (Form 990 or 990-EZ) 2008

c Total lobbying expenditures

 d Grassroots non-taxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(	a)	(b	)
	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?				
<ul> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> </ul>				
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 other means?				
i Other activities? If "Yes," describe in Part IV				
j Total lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</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 To be completed by all organizations exempt under section 501(c)(4)	, section	501(c)(5	, or sect	ion
501(c)(6). See the instructions for Schedule C for details.				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?				X
Part III-B To be completed by all organizations exempt under section 501(c)(4)				
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OF	l if Part II	I-A, ques	stion 3 is	
answered "Yes." See Schedule C instructions for details.				
1 Dues, assessments and similar amounts from members		1	1,474	1,547.
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenditures)	tical			
expenses for which the section 527(f) tax was paid).				
a Current year			251	1,468.
<b>b</b> Carryover from last year		2b		
c Total			251	.,468.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			427	7,619.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5	-176	5,151.
Part IV Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B	line 1i. Also	o, complete	this part
for any additional information.				
PART I-A, LINE 1:				
1-				
N/A				

## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that

OMB No. 1545-0047 Inspection

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** 36-2098486

	ASSOCIATED EQUIPMENT DISTRIBUTORS	36-2098486
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
•	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised f	iunds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be use	ed only
	for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private	e benefit? Yes No
Pa	Tt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure)	cally important land area
	Protection of natural habitat Preservation of certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conserv	ation easement on the last day
	of the tax year.	
		Held at the End of the 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 structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements are conservation.	ganization during the taxable
	year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and	
	enforcement of the conservation easements it holds?	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense sta	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	organization's accounting for
D-	conservation easements.	w Circilay Assats
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Othe Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	er Similar Assets.
	Complete in the organization answered fes to Form 990, Fait IV, line 6.	
4.	If the approximation elected as neglected and a CEAC 110 met to account in its process at a conditional conditions.	
ıa	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balan	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public the footnote to its financial statements that describes these items.	service, provide, in Fart XIV, the text of
h		shoot works of art bistorical tracquires
D	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance s	
	or other similar assets held for public exhibition, education, or research in furtherance of public service, pre these items:	ovide the following amounts relating to
		<b>•</b> •
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	
2	(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	
2	the following amounts required to be reported under SFAS 116 relating to these items:	iii, provide
•	Revenues included in Form 990, Part VIII, line 1	•
a b	Assets included in Form 990, Part XIII, line 1	
D	, accidenticated in Form coo, Fart A	F ¥

832051 12-23-08

Schedule D (Form 990) 2008

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apoly):  a	Par	t III Organizations Maintaining C	ollections of A	rt, Histo	rical Tr	easures, o	r Other	Simil	ar Asse	ts (conti	inued)	
a Public exhibition d	3	Using the organization's accession and other	records, check any	of the foll	owing tha	at are a signific	ant use of	its co	lection ite	ms (ched	k all	
b Scholarly research e Other     Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization collection? Yes No Part VI Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV and complete the following table:  C Beginning balance  C Beginning of wear balance  D Brit Yes's explain the anangement in Part XIV.  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance  C Contributions  C Investment earnings or losses  G Grants or scholarships  C Other expenditures for facilities  and programs  A Administrative expenses  G End of year balance  D C Other expenditures for facilities  and programs  A Administrative expenses  G End of year balance  D Provide the estimated percentage of the year end balance held as:  Board designated or quasi-endowment P  30 A Are there endowment Funds not in the possession of the organization that are held and administered for the organization by:  (I) unrelated organizations  (II) unrelated organizations  (II) reserve to Sali), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment thunds.  D Eart W I Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  C Leasehold improvements  G Court P		that apply):										
c	а	Public exhibition	d	ı 🗌 Lo	an or exc	hange progran	ns					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise tunds rather than to be maintained as part of the organization's collection?	b	Scholarly research	е	e 🔲 Ot	her							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise tunds rather than to be maintained as part of the organization's collection?	С	Preservation for future generations										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9 and reported an amount on Form 990, Part IV, line 9 and reported an amount on Form 990, Part IV, line 9 and reported an amount on Form 990, Part IV, line 9 and Part IV see, substantially a subject to the part IV see, substantially a subject to the following table:    Comparison   Part IV	4	_	llections and explai	in how the	/ further t	he organizatio	n's exemp	t purp	ose in Par	t XIV.		
to be sold to raise funds rather than to be maintained as part of the organization's collection?	5											
Part IV   Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?										Yes		No
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance  d Additions during the year  1d	Pai										9. or	
on Form 990, Part X?    Yes			-		9				,	,	-,	
on Form 990, Part X?    Yes	1a			diary for co	ntribution	ns or other ass	ets not inc	luded				
b If "Yes," explain the arrangement in Part XIV and complete the following table:  c Beginning balance  d Additions during the year  e Distributions during the year  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIV.    Part V   Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance    Bo Contributions										Yes		No
d Additions during the year	h	If "Ves " explain the arrangement in Part XIV a	and complete the fo	llowing tak	 					_ 100		_ 110
c Beginning balance d Additions during the year e Distributions during the year 1 to 1  Finding balance 2 bid the organization include an amount on Form 990, Part X, line 21? 2 bid the organization include an amount on Form 990, Part X, line 21? 2 bid the organization include an amount on Form 990, Part X, line 21? 2 bid the organization include an amount on Form 990, Part X, line 21? 2 bid the organization include an amount on Form 990, Part X, line 21? 3 beginning of year balance		Troo, explain the arrangement in rate xive	and complete the re	onowing tal	510.					Δmount		
d Additions during the year  E Distributions during the year  F Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  Describe in Part XIV.  (a) Current year  (b) Prior year  (c) Two years back  (d) Three years back  (e) Four years back  (e) Four years back  (e) Four years back  (e) Four years back  (f) Three years back  (g) Four years  (g) Four year	•	Reginning halance						10		711100111		
e Distributions during the year  f Ending balance  2n Did the organization include an amount on Form 990, Part X, line 21?  2n Did the organization include an amount on Form 990, Part X, line 21?  2n Did the organization include an amount on Form 990, Part X, line 21?  2n Did the organization include an amount on Form 990, Part X, line 10.  2n Did If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  2n Did If "Yes," explain the arrangement in Part XIV.  2n Did Grants or Scholarships (e) For year (c) Two years back (d) Three years back (e) Four year												
f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21?  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.    a Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	4											
Description of investment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.    The Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (fo) Two years back	0-										$\overline{}$	TN ₂
Part V   Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.    Call Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back			orm 990, Part X, line	217						_ Yes		」 NO
(a) Current year (b) Prior years (c) Two years back (d) Three years back (e) Four years back  b Contributions	_		ergenization energy	arad "Vaa"	to Form (	OOO Dort IV lin	2 10					
1a Beginning of year balance b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	Fai	t v Endowment Funds. Complete ii				1		Thuasi	.aaua baali	(-) Faur		haal.
b Contributions		<del> </del>	(a) Current year	(b) Pric	r year	(c) Two years	Dack (d)	inree y	/ears back	(e) Four	years	раск
c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % c Term endowment ▶ % i) unrelated organizations (ii) related organizations (ii) related organizations by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other)  1a Land 200,476. 200,476. b Buildings 262,201. 262,201. 0. c Leasehold improvements d Equipment e Other Other 536,912. 104,657.												
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ %  it is related organizations (ii) unrelated organizations (iii) related organizations (iii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other)  1a Land 200,476. 200,476. b Buildings 262,201. 262,201. 0. c Leasehold improvements d Equipment e Other  Other  641,569. 536,912. 104,657.	b											
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment  \$\sigma_{\text{w}}\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	С											
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶		T-										
g End of year balance  2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities										
g End of year balance		and programs										
Provide the estimated percentage of the year end balance held as:  a Board designated or quasi-endowment ▶	f	Administrative expenses										
a Board designated or quasi-endowment ▶	g	End of year balance										
b Permanent endowment ▶	2	Provide the estimated percentage of the year	end balance held a	as:								
c Term endowment ▶	а	Board designated or quasi-endowment		%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  1a Land  200,476.  5 Buildings  262,201. 262,201. 0.  c Leasehold improvements d Equipment e Other  Other  641,569. 536,912. 104,657.	b	Permanent endowment	%									
Vest   No   (i)   unrelated organizations   (ii)   related organizations   (ii)   related organizations   (ii)   related organizations   (iii)   (ii	С	Term endowment ▶ 9	6									
(ii) unrelated organizations (iii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (other)  1a Land  200,476.  200,476.  200,476.  b Buildings  262,201.  c Leasehold improvements  d Equipment e Other  641,569.  536,912.  104,657.	3a	Are there endowment funds not in the posses	ssion of the organiz	ation that	are held a	and administer	ed for the	organi	zation			
(ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  1a Land  200,476.  200,476.  b Buildings  262,201.  262,201.  0.  c Leasehold improvements  d Equipment  e Other  641,569.  536,912.  104,657.		by:								Γ	Yes	No
(ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  1a Land  200,476.  200,476.  b Buildings  262,201.  262,201.  0.  c Leasehold improvements  d Equipment  e Other  641,569.  536,912.  104,657.		(i) unrelated organizations								3a(i)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (investment)  1a Land  200,476.  200,476.  b Buildings  262,201.  c Leasehold improvements  d Equipment  e Other  Other  641,569.  536,912.  104,657.												
4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (other)  1a Land  200,476.  Buildings  262,201.  C Leasehold improvements  d Equipment  e Other  641,569.  536,912.  104,657.	b											
Part VI         Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.           Description of investment         (a) Cost or other basis (other)         (b) Cost or other basis (other)         (c) Depreciation         (d) Book value           1a Land         200, 476.         200, 476.         200, 476.           b Buildings         262, 201.         262, 201.         0.           c Leasehold improvements         641, 569.         536, 912.         104, 657.	_											
Description of investment   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Depreciation   (d) Book value	Par					), Part X, line 10	0.					
basis (investment)         basis (other)           1a Land         200,476.         200,476.           b Buildings         262,201.         262,201.         0.           c Leasehold improvements         641,569.         536,912.         104,657.								eciatio	on	(d) Bool	k valu	—— е
1a Land       200,476.       200,476.         b Buildings       262,201.       262,201.       0.         c Leasehold improvements       641,569.       536,912.       104,657.					` '	I .	(5) = 5 5.	00.0		(4, 200.		-
b Buildings       262,201.       262,201.       0.         c Leasehold improvements       Equipment       641,569.       536,912.       104,657.	12	Land	<u> </u>	<del>'</del>						2.0	0 4	76.
c Leasehold improvements         d Equipment         e Other       641,569.       536,912.       104,657.				<del>-  </del>			26	2 2	01.	20	<i>-</i> ,	
d Equipment				+		_,_,_		_,_	<del></del>			<u> </u>
e Other				<del>  </del>		+						
				+	6.1	1 569	5.2	6 a	12	10.	4 6	57
				ımn (D) lin		-,5050		<del>5,5</del>	-4.			

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. Se	e Form 990, Part X, line	12.		2090400 Tage 0
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) N	Method of valuation	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. Se	ee Form 990. Part X. line	13		
<u> </u>	(b) Book value		lethod of valuation	on:
(a) Description of investment type	(b) book value		end-of-year marke	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)	45			
Part IX Other Assets. See Form 990, Part X, line	Description		1	(b) Book value
(4)	Boompton			(-,
Total. (Column (b) should equal Form 990, Part X, col (B) li			<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X,	line 25.	(b) A		
(a) Description of liability		(b) Amount		
Federal income taxes	TNT			
MEETINGS AND CONFERENCES PAID ADVANCE	IN	632,831.		
DEFERRED DUES		665,397.		
DELEKKED DOES		003,397.		
Total, (Column (b) should equal Form 990, Part X, col (B) li	ne 25 )	1,298,228.		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2008 ASSOCIATED EQUIPMENT DISTRI	BOLO	RS			3 6 - <u>2</u>	2098486	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to F			emer	nts			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1				
2	Total expenses (Form 990, Part IX, column (A), line 25)		-	2				
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-	3				
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV)			8				
9	Total adjustments (net). Add lines 4-8			9				
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9							
Pai	t XII Reconciliation of Revenue per Audited Financial Statemen	nts Wit	h Reven	ue p	er Re	turn		
1	Total revenue, gains, and other support per audited financial statements				L	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV)							
е	Add lines 2a through 2d					2e		
3	Subtract line 2e from line 1				Г	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV)	-						
С	Add lines <b>4a</b> and <b>4b</b>					4c		
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12.)					5		
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expe	nses	per F	Retu	rn	
1	Total expenses and losses per audited financial statements					1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				·····			
а	Donated services and use of facilities	2a						
b	Prior year adjustments	-			$\neg$			
С	Losses reported on Form 990, Part IX, line 25				$\neg$			
	Other (Describe in Part XIV)							
e	Add lines 2a through 2d					2e		
3	Subtract line <b>2e</b> from line <b>1</b>					3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				·····			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV)	4b			-			
	Add lines <b>4a</b> and <b>4b</b>					4c		
	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18.)					5		
	t XIV Supplemental Information					<u> </u>		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a	and 4: Par	t IV li	nes 1h	and 2	h· Part V. line	.⁄I· Part
	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	iiiles ia	i aiiu 4, i ai		1163 10	and 2	D, I alt v, iiile	4, i ait
	JUNE 2006, THE FINANCIAL ACCOUNTING STANDA	RDS	BOARD	<b>/</b> т	ик в	ים בי	3) ISSU	ED.
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REC	COGNIZED IN AN ENTITY'S FINANCIAL STATEMENT	S AN	D REQ	UIR	ES A	N I	ENTITY	го
REC	COGNIZE THE FINANCIAL STATEMENT IMPACT OF A	TAX	POSI	rio:	N WE	IEN	IT IS	MORE
LIE	KELY THAN NOT THE POSITION WOULD BE SUSTAIN	ED U	PON E	XAM	INAT	OI	N. THE	
FAS	BB HAS DEFERRED THE REQUIRED IMPLEMENTATION	DAT	E OF	THE	INI	ERI	PRETATI	ON
FOI	R THE ASSOCIATION'S FINANCIAL STATEMENTS UN	TIL	NOVEM	BER	30,	20	010, AN	 D
							ule D (Form 9	

Part XIV Supplemental Information (continued)	_
THE ASSOCIATION HAS ELECTED THE DEFERRAL. HOWEVER, THE ASSOCIATION DOES	
NOT EXPECT THE INTERPRETATION WILL HAVE A MATERIAL EFFECT ON ITS FINANCIAL	<u> </u>
POSITION, CHANGE IN NET ASSETS OR CASH FLOWS.	

#### SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. OMB No. 1545-0047 **2008** 

Department of the Treasury Internal Revenue Service ➤ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

Open to Public Inspection

➤ Attach to Form 990. **Employer identification number** Name of the organization ASSOCIATED EQUIPMENT DISTRIBUTORS 36-2098486 General Information on Grants and Assistance Part I 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant 1 (a) Name and address of organization (b) EIN valuation (book. or government if applicable cash grant non-cash non-cash assistance or assistance FMV, appraisal, assistance other) THE AED FOUNDATION, INC. 615 WEST 22ND STREET 0 OAK BROOK, IL 60523 36-3784945 501(C)(3) 50,000 PROFESSIONAL EDUCATION Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to prov	ide the informatio	n required in Part I	, line 2, and any other	r additional information.	
SCHEDULE I, PART I, LINE 2: GRANTS	TO THE	AED FOUND	ATION, INC.	ARE	
MONITORED DIRECTLY AS THE AED FOUR	NDATION,	INC. IS ST	raffed by O	NLY SHARED	
EMPLOYEES FROM THE ORGANIZATION.					

## SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

ASSOCIATED EQUIPMENT DISTRIBUTORS

Employer identification number 36-2098486

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			
	of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a	Х	
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown of W-2 and/or 1099-MISC compensation		SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation		
(A) Name		(i) Base compensation	(ii) Bonus & incentive	(iii) Other compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or	
			compensation					Form 990-EZ	
	(i)	279,500.	34,322.	33,500.	11,500.	7,054.	365,876.	322,322.	
J. TOBY MACK	(ii)	0.	0.	0.	0.	0.	0.	0.	
ROBERT HENDERSON	(i)	150,795.	0.	0.	0.	3,281.	154,076. 0.	134,128.	
KOBEKI HENDEKSON	(ii)	74,583.	85,788.	10,417.	8,977.	7,494.	187,259.	158,234.	
DAVE GORDAN	(i) (ii)	74,303.	0.	0.	0,977.	7,494.	0.	0.	
	(i)	122,599.	0.	12,331.	6,165.	7,974.	149,069.	123,121.	
WILLIAM C HERMANEK	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	118,290.	10,607.	6,510.	6,510.	6,685.	148,602.	125,007.	
MIKE FOTTY	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii) (i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)				+				
	(ii)							1 (5 000) 0000	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: IN ACCORDANCE WITH THE EXECUTIVE DIRECTOR'S EMPLOYMENT

CONTRACT, THE ORGANIZATION WILL PAY FOR OR REIMBURSE THE COST OF A FAMILY

HEALTH CLUB MEMBERSHIP.

PART I, LINE 4A: SEVERANCE PAYMENT TO MIKE FOTTY - \$20,800.

DEFERRED COMPENSATION PROGRAM - THE ASSOCIATION HAS ENTERED INTO A DEFERRED

COMPENSATION AGREEMENT WITH J. TOBY MACK. THE ASSOCIATION SEGREGATES

INVESTMENTS IN THE AMOUNT OF THE TOTAL DEFERRED COMPENSATION BALANCE;

HOWEVER, THESE INVESTMENTS ARE SUBJECT TO THE CLAIMS OF THE ASSOCIATION'S

GENERAL CREDITORS. THE DEFERRED COMPENSATION IS NOT AVAILABLE TO THE

EMPLOYEE UNTIL TERMINATION, RETIREMENT, DEATH OR UNFORESEEABLE EMERGENCY.

TOTAL COMPENSATION EXPENSE RELATED TO THE PROGRAM WAS \$26,009 WHICH

REFLECTS INVESTMENT GAINS FROM SEGREGATED INVESTMENTS ALLOCATED TO THE

PROGRAM OF \$13,009 AND AN ASSOCIATION CONTRIBUTION OF \$13,000.

SEVERANCE AND DEATH BENEFIT PROGRAM - THE ASSOCIATION HAS ENTERED INTO A

SEVERANCE AND DEATH BENEFIT AGREEMENT WITH J. TOBY MACK. THE ASSOCIATION

SEGREGATES INVESTMENTS IN THE AMOUNT OF THE TOTAL SEVERANCE AND DEATH

Schedule J (Form 990) 2008

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
BENEFIT BALANCE; HOWEVER, THESE INVESTMENTS ARE SUBJECT TO THE CLAIMS OF
THE ASSOCIATION'S GENERAL CREDITORS. THIS SEVERANCE SHALL BE PAID OVER A
PERIOD NOT TO EXCEED 24 MONTHS, UPON TERMINATION OR DEATH OF THE EMPLOYEE.
INVESTMENT GAINS FROM SEGREGATED INVESTMENTS ALLOCATED TO THE SEVERANCE AND
DEATH BENEFIT PROGRAM WAS \$15,258.

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

ASSOCIATED EQUIPMENT DISTRIBUTORS

Employer identification number 36-2098486

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RENTAL AND SUPPORT OF EQUIPMENT USED IN CONSTRUCTION, MINING, FORESTRY,

POWER GENERATION, AGRICULTURE AND INDUSTRIAL APPLICATIONS. WE ENHANCE

THE ONGOING SUCCESS AND PROFITABILITY OF OUR MEMBER COMPANIES AND

RELATED CONSTITUENCIES BY CREATING AND PROVIDING HIGH QUALITY PRODUCTS,

SERVICES AND INFORMATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROFITABILITY OF OUR MEMBER COMPANIES AND RELATED CONSTITUENCIES BY

CREATING AND PROVIDING HIGH QUALITY PRODUCTS, SERVICES AND INFORMATION.

THE DUES CHARGED TO MEMBER COMPANIES PROVIDE THE MAJOR SOURCE OF

SUPPORT THAT ENABLES THE ORGANIZATION TO PROVIDE EDUCATIONAL ACTIVITIES

AND BUSINESS SERVICES FOR THE MEMBERS. THE DUES ARE CHARGED TO MEMBERS

ACCORDING TO THEIR RESPECTIVE ANNUAL SALES AND ARE THE MAIN SOURCE OF

FUNDS NEEDED TO CONTINUE OPERATING THE ANNUAL MEETING, PUBLISH INDUSTRY

HANDBOOKS AND SPECIAL REPORTS ON CURRENT BUSINESS ISSUES, AND PROVIDE A

VARIETY OF OTHER SERVICES TO THE 1,200 MEMBER COMPANIES IN THE UNITED

FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION HAS MEMBERS THAT PAY ANNUAL DUES.

FORM 990, PART VI, SECTION A, LINE 7A: THE ASSOCIATION HAS MEMBERS WHO

ELECT MEMBERS OF THE GOVERNING BOARD OF DIRECTORS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

Schedule O (Form 990) 2008

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008
Open to Public Inspection

Name of the organization

ASSOCIATED EQUIPMENT DISTRIBUTORS

Employer identification number 36-2098486

FORM 990, PART VI, SECTION A, LINE 10: IN ORDER TO PROVIDE EACH BOARD

MEMBER AN OPPORTUNITY TO REVIEW THE 990 BEFORE FILING, A DRAFT COPY OF THE

COMPLETED FORM 990 IS SENT TO EACH MEMBER VIA EMAIL. THE 990 WILL NOT BE

FILED UNTIL THE BOARD HAS HAD SUFFICIENT TIME TO COMPLETE THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY
WAS RECENTLY IMPLEMENTED. ON AN ANNUAL BASIS, THE POLICY WILL BE
DISTRIBUTED TO ALL STAFF AND BOARD MEMBERS WITH INSTRUCTIONS TO INFORM
MANAGEMENT OF ANY INTERESTS THAT MAY GIVE RISE TO A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE REVIEW

NON-PROFIT PAYROLL DATA IN DETERMINING THE EXECUTIVE DIRECTORS

COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: AED'S GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC
UPON REQUEST.

FORM 990, PART IV, LINE 12

AUDITED FINANCIAL STATEMENT

THE ORGANIZATION'S FINANCIAL STATEMENTS, AS OF FOR THE YEAR ENDED

NOVEMBER 30, 2009, WERE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS

WITH THE AED FOUNDATION, INC. THESE CONSOLIDATED FINANCIAL STATEMENTS

WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING

PRINCIPLES AND WERE INDEPENDENTLY AUDITED.

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

Schedule O (Form 990) 2008

### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



Name of the organization	ASSOCIATED	EOUIPMENT	DISTRIBUTORS	Employer identification number 36-2098486
		~ -		

#### SCHEDULE R (Form 990)

Part I

Department of the Treasury Internal Revenue Service

#### **Related Organizations and Unrelated Partnerships**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

See separate instructions.

2008
Open to Public Inspection

Name of the organization

**Identification of Disregarded Entities** 

## ASSOCIATED EQUIPMENT DISTRIBUTORS

Employer identification number 36-2098486

(A)	(B)	(C)	(D)	(E)	(F)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
Part II Identification of Related Tax-Exempt Orga	anizations				
(A)	(B)	(C)	(D)	(E)	(F)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity
HE AED FOUNDATION, INC 36-3784945	ENCOURAGES CONTINUOUS				
15 W 22ND ST	LEARNING AND PROVIDES				
AK BROK, IL 60523	EDUCATIONAL OPPORTUNITIES	ILLINOIS	501(C)(3)	9	N/A
				1	

Part III   Identification of Related Organizations Taxable as a Partnershi	Part III	Identification of Related Organizations Taxable as a Partnership
----------------------------------------------------------------------------	----------	------------------------------------------------------------------

(B)	(C)	(D)	(E)	(F)	(G)	(I	<del>1</del> )	(I)	(J)	)	
Primary activity	(state or foreign	Direct controlling entity	Predominant income (related, investment, unrelated)	Share of total income	Share of end-of-year assets	l	cations?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	ging er?	
	country)		a o.a			Yes	No	K-1 (Form 1065)	Yes	No	
									+	—	
									$\vdash$	—	
		Primary activity  Legal domicile (state or	Primary activity  Legal domicile (state or foreign   Direct controlling	Primary activity  Legal domicile (state or foreign for	Primary activity  Legal domicile (state or foreign)  Direct controlling entity  Predominant income (related, investment, unrelated)  Share of total income income	Primary activity  Legal domicile (state or foreign   Direct controlling entity   Predominant income (related, investment, unrelated)  Primary activity  Share of total income end-of-year assets	Primary activity  Legal domicile (state or foreign   Direct controlling entity   Direct controlling entity   Predominant income (related, investment, unrelated)  Primary activity  Share of total income end-of-year assets	Primary activity  Legal domicile (state or foreign)  Legal domicile (state or foreign)  Direct controlling entity  Predominant income (related, investment, unrelated)  Share of total income end-of-year assets	Primary activity  Legal domicile (state or foreign entity)  Legal domicile (state or foreign entity)  Predominant income (related, investment, unrelated)  Predominant income (related, investment, unrelated)  Share of total income end-of-year assets amount in box 20 of Schedule	Primary activity  Legal domicile (state or foreign   Direct controlling entity   Direct controlling entity   Predominant income (related, investment, unrelated)   Predominant income   Share of total income   Share of total income   Disproportion- amount in box 20 of Schedule   Ode V-UBI   General amount in box 20 of Schedule   Ode V-UBI   General amount in box 20 of Schedule   Ode V-UBI   Ode V-UBI	

### Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership

## Part V Transactions With Related Organizations

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	No
	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	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to other organization(s)	1b	Х	
С	Gift, grant, or capital contribution from other organization(s)	1c		Х
d	Loans or loan guarantees to or for other organization(s)	1d		Х
е	Loans or loan guarantees by other organization(s)	1e		Х
f	Sale of assets to other organization(s)	1f		Х
g	Purchase of assets from other organization(s)	1g		Х
h	Exchange of assets	1h		Х
	Lease of facilities, equipment, or other assets to other organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		Х
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		Х
- 1	Performance of services or membership or fundraising solicitations by other organization(s)	11		Х
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		Х
n	Sharing of paid employees	1n	Х	
0	Reimbursement paid to other organization for expenses	10		Х
р	Reimbursement paid by other organization for expenses	1p	Х	
q	Other transfer of cash or property to other organization(s)	1q		Х
r	Other transfer of cash or property from other organization(s)	1r		Х
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 transaction thresholds.			

(A) Name of other organization(s)	<b>(B)</b> Transaction type (a-r)	(C) Amount involved
(1) THE AED FOUNDATION, INC.	P	77,653.
(2) THE AED FOUNDATION, INC.	В	50,000.
(3) THE AED FOUNDATION, INC.	N	329,301.
<u>(4)</u>		
(5)		
(6)		

#### Part VI Unrelated Organizations Taxable as a Partnership

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)	(B)	(B) (C) (D) (E) (F)		(C) (D) (E)		(G)	(1	H)		
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all section organiz	partners 501(c)(3) ations?	artners Share of end-of- 501(c)(3) ations? year assets		opor- nate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	eral or aging tner?
		country)		No		Yes		(Form 1065)	Yes	No
										<u> </u>
										<u> </u>
										<u> </u>
										<del>                                     </del>
										<b>├</b> ──
									_	<del>                                     </del>
								Cabadula D /Fam		Ь

## Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

<ul><li>If yo</li></ul>	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this t complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	form).	
Part			
A corp Part I d	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and comonly	nplete	<b></b> ▶ □
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar ncome tax returns.	exten	sion of time
noted (not au you mi	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronication atomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or conjust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Charities & Nonprofits.	ically if nsolida	(1) you want the additional ated Form 990-T. Instead,
Type o	Name of Exempt Organization	Empl	oyer identification number
-	ASSOCIATED EQUIPMENT DISTRIBUTORS	3	6-2098486
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.  1 615 WEST 22ND STREET		
return. S instruction			
Check	t type of return to be filed (file a separate application for each return):		
	Form 990	227 069	
Tel	TOBY MACK be books are in the care of ► 615 WEST 22ND STREET - OAK BROOK, IL 60 be books are in the care of ► 615 WEST 22ND STREET - OAK BROOK, IL 60 be phone No. ► 630-574-0650  FAX No. ►  The organization does not have an office or place of business in the United States, check this box  This is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  The control of the group is and attach a list with the names and EINs of all	is is fo	r the whole group, check this
	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time under JULY 15, 2010, to file the exempt organization return for the organization named as is for the organization's return for:    calendar year or and ending NOV 30, 2009		The extension
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.  If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	<u> </u>
	tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
C	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>%</b>	\$ N/A
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	1 8879-	EO for payment instructions.

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

	<b>)</b>			
Form 8	8868 (Rev. 4-2009)			Page 2
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check th	is box		► X
Note.	Only complete Part II if you have already been granted an automatic 3-month extension on a previously	filed Fo	rm 8868.	
• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (	no cop	es needed).	
Туре	Name of Exempt Organization	_ E	mployer ide	ntification number
print		`. `		
File by	ASSOCIATED EQUIPMENT DISTRIBUTORS		36-209	
extende	Number, street, and room or suite no. If a P.O. box, see instructions.	`  F	or IRS use o	nly
due dat	e VIS WIST ZZW SIMILI		1 960,43-1.1-140	al nitroffshitha anto-zovasan govas trans h
return.		ver já		
	OAK BROOK, IL 60523		<u> </u>	
	k type of return to be filed (File a separate application for each return):	_	]	
ద	Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	H	Form 5227 Form 6069	
	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720			
STOF	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a pre	viously	filed Form	8868.
	TOBY MACK			
• Th	e books are in the care of ▶ 615 WEST 22ND STREET - OAK BROOK, IL	605	23	
Te	lephone No. ► 630-574-0650 FAX No. ► 630-574-01	.32		
• If t	the organization does not have an office or place of business in the United States, check this box			▶ □
• If t	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this i	s for the who	ole group, check this
box		of all me	embers the e	xtension is for.
4	I request an additional 3-month extension of time until OCTOBER 15, 2010.			
5	For calendar year, or other tax year beginning DEC 1, 2008, and endi	ng <u>N</u>	OV 30,	
6	If this tax year is for less than 12 months, check reason: Initial return Final return	L	Change i	n accounting period
7	State in detail why you need the extension			
	THE ORGANIZATION IS WAITING FOR INFORMATION FROM THE			
	REQUIRES ADDITIONAL TIME TO FILE A COMPLETE AND ACCU	JRAT	E RETU	RN.
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	_	8a \$	
b	If this application is for Form 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 and any amount paid	-	****	
	previously with Form 8868.	_	8b \$	
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		0.5	N/A
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruction  Signature and Verification	ons.	8c   \$	N/A
Unde	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and	to the h	act of my know	ledge and belief
it is tr	ue, correct, and complete, and that I am authorized to prepare this form.			
Signa	ture ▶ M D A Title ▶ CPA		Date ► 7	-14-10

Form 8868 (Rev. 4-2009)

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the 2	007 calendar year, or tax year beginning 📗 🛚	EC 1, 2007	and er	nding	NOV 30	, 20	800	
В	Check if applicable:	Please C Name of organization					D Emp	loyer ic	lentification number
		use IRS							
	Address change	label or print or ASSOCIATED EQUIPMENT	DISTRIBUTORS				3 (	5-20	98486
	Name change	type. See Number and street (or P.O. box if mail is r				Room/suite	E Tele	phone	number
	Initial return	Specific 615 WEST 22ND STREET	1				63	3057	740650
	Termin- ation	Instructions. City or town, state or country, and ZIP + 4					<b>F</b> Accou	nting meth	od: Cash X Accrual
	Amende return	OAK DROOK, ILL 00323						Other specify)	<b>&gt;</b>
	Applicat pending	• Section 501(c)(3) organizations and 4947(a)	(1) nonexempt charitable trus	ts	Hand	l are not app	licable	to sec	tion 527 organizations.
		must attach a completed Schedule A (Form 9	90 OF 990-EZ).		H(a) Is	this a group r	eturn fo	r affiliat	es? Yes X No
G	Website:	►AEDNET.ORG			H(b) If	"Yes," enter nu	ımber o	f affiliat	es▶ <u>N/A</u>
J	Organiza	<b>tion type</b> (check only one) $\blacktriangleright$ $X$ 501(c) ( 6 ) $\blacktriangleleft$ (inse	rt no.) 4947(a)(1) or	527	H(c) A	re all affiliates i	included	i? 1	N/A Yes No
K	Check he	re 🕨 📖 if the organization is not a 509(a)(3) suppo	rting organization <b>and</b> its gros	S		f "No," attach a s this a separat		filed by	/ an or
		re normally <b>not</b> more than \$25,000. A return is not req	uired, but if the organization		g	anization cover	red by a	group	ruling? Yes X No
	chooses t	o file a return, be sure to file a complete return.				roup Exemptio		-	N/A
				_					ion is <b>not</b> required to attach
		eipts: Add lines 6b, 8b, 9b, and 10b to line 12	6,453,65			ch. B (Form 99	90, 990-	EZ, or 9	990-PF).
P	art I	Revenue, Expenses, and Changes in		Bala	nces				
	1	Contributions, gifts, grants, and similar amounts received	ved:						
	a			1a					
	b	Direct public support (not included on line 1a)		1b					
	C			1c					
	d	Government contributions (grants) (not included on line ${\bf G}$	•	1d					•
	е	Total (add lines 1a through 1d) (cash \$	noncash \$				.)	1e	0.
	2	Program service revenue including government fees a						2	2,982,920.
	3	Membership dues and assessments						3	1,610,942.
	4	Interest on savings and temporary cash investments						4	105 120
	5	Dividends and interest from securities						5	125,130.
	6 a	Gross rents		6a					
	b	Less: rental expenses		6b			-		
ne	_ c	Net rental income or (loss). Subtract line 6b from line	öä					6c	
Revenue	7	Other investment income (describe	(A) Oiti			( <b>D</b> ) OH	)	7	
Вè	8 a	Gross amount from sales of assets other	(A) Securities 1,550,020.	0-		( <b>B</b> ) Other	-		
	[	than inventory Less: cost or other basis and sales expenses	1,560,406.	8a			-		
	"			8b 8c			-		
	ا ا	Gain or (loss) (attach schedule)		00			_	8d	-10,386.
	9	Special events and activities (attach schedule). If any a	mount is from gaming chack	horo l				ou	10,3001
			of contributions reported on line 1b)	9a	1				
		Less: direct expenses other than fundraising expenses		9b			$\neg$		
	C	Net income or (loss) from special events. Subtract line						9c	
		Gross sales of inventory, less returns and allowances		10a					
	1	Less: cost of goods sold		10b			$\neg$		
	C	Gross profit or (loss) from sales of inventory (attach s	chedule). Subtract line 10b fro		10a			10c	
	11	Other revenue (from Part VII, line 103)					-	11	184,638.
	12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1						12	4,893,244.
	13	Program services (from line 44, column (B))						13	· · ·
Expenses	14	Management and general (from line 44, column (C))						14	
en	15						Г	15	
Ä	16						г	16	
	17	Total expenses. Add lines 16 and 44, column (A)						17	4,932,375.
	18	Excess or (deficit) for the year. Subtract line 17 from li	ne 12					18	-39,131.
Net	19	Net assets or fund balances at beginning of year (from	line 73, column (A))					19	2,747,336.
Z	20	Other changes in net assets or fund balances (attach e	xplanation) S	EE	STAT	EMENT	2 [	20	-955,108.
	21	Net assets or fund balances at end of year. Combine li	nes 18, 19, and 20					21	1,753,097.
7230	001	HA For Privacy Act and Panerwork Reduction Act	Notice and the concrete inst						Form <b>990</b> (2007)

36-2098486 All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but ontional for others. Part II Statement of

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	( <b>B</b> ) Program services	(C) Management and general	( <b>D)</b> Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •	)				
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule	)			STATEMENT 4	
(cash \$ 39,164. noncash \$ 0.	)				
If this amount includes foreign grants, check here	22b	39,164.			
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key		200 000			
employees, etc. listed in Part V-A	25a	380,208.			
<b>b</b> Compensation of former officers, directors, key		•			
employees, etc. listed in Part V-B	25b	0.			
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not		1 670 443			
included on lines 25a, b, and c	26	1,678,443.			
27 Pension plan contributions not included on	_	70 011			
lines 25a, b, and c	27	78,811.			
28 Employee benefits not included on lines		106 220			
25a - 27	28	196,239. 162,302.			
29 Payroll taxes	29 30	102,302.			
No. 2012 Assessment of the second sec	<del></del>	24,748.			
31 Accounting fees	31	2,800.			
32 Legal fees	33	14,617.			
33 Supplies	34	22,143.			
34 Telephone	35	10,814.			
75 Postage and shipping	36	10,014.			
36 Occupancy	37	7,929.			
	38	335,967.			
38 Printing and publications	39	333,307•			
40 Conferences, conventions, and meetings	40	887,332.			
- · · · · · · · · · · · · · · · · · · ·	41	001,332.			
41 Interest	42	61,170.			
43 Other expenses not covered above (itemize):	1	01/1/00			
a	43a				
b	43b				
	43c			1	
d	43d				
e	43e				
<u>-</u>	43f				
g SEE STATEMENT 3	43g	1,029,688.			
44 Total functional expenses. Add lines 22a through		, , , , , , , , ,			
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	4,932,375.			
Joint Costs. Check I if you are following				_ <b>.</b>	
Are any joint costs from a combined educational campai			ported in <b>(B)</b> Program se	ervices?	Yes X No
f "Yes," enter (i) the aggregate amount of these joint cos	-		(ii) the amount allocated		N/A ;
(iii) the amount allocated to Management and general \$	-		(iv) the amount allocated		N/A
23011 12-27-07		•		<u>.</u>	Form <b>990</b> (200

#### Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose? ▶ SEE STATEMENT 9	Program Service
		Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of nts served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	SEE STATEMENT 5	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
b	SEE STATEMENT 6	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
С	SEE STATEMENT 7	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
d	SEE STATEMENT 8	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule)	
-	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	

Form **990** (2007)

#### Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description column (A) (B) Beginning of year End of year should be for end-of-year amounts only. 200. 200. 45 Cash - non-interest-bearing 45 1,035,733. 712,981. 46 Savings and temporary cash investments 46 246,487. 47a 47 a Accounts receivable 10,000. b Less: allowance for doubtful accounts 221.849. 236,487. 47c 48 a Pledges receivable 48a b Less: allowance for doubtful accounts 48b 48c 49 49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and key employees 50a b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50b 51 a Other notes and loans receivable 51a **b** Less: allowance for doubtful accounts 51c 52 Inventories for sale or use 52 369,911. 267,565. Prepaid expenses and deferred charges 53 53 3,359,794. 54 a Investments - publicly-traded securities STMT 11► [ 2,438,672 Cost Cost b Investments - other securities 54b STMT 10 55 a Investments - land, buildings, and equipment: basis b Less: accumulated depreciation 55b 55c 56 56 Investments - other 1,098,073 **57 a** Land, buildings, and equipment; basis 57a 754,875. 374,830. 343,198. b Less: accumulated depreciation STMT 12 57b 57c 58 Other assets, including program-related investments (describe > 58 Total assets (must equal line 74). Add lines 45 through 58 5,362,317. 59 3,999,103. 59 597,301. 453,235. 60 60 Accounts payable and accrued expenses 61 Grants payable 61 62 Deferred revenue 62 63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond liabilities 64a 64b b Mortgages and other notes payable SEE STATEMENT 13) 1,792,771. 2,017,680. 65 Other liabilities (describe 65 2,614,981. 2,246,006. 66 Total liabilities. Add lines 60 through 65 .... Organizations that follow SFAS 117, check here \( \text{X} \) and complete lines 67 through 69 and lines 73 and 74. Net Assets or Fund Balances 2,747,336. 1,753,097. 67 Unrestricted 67 Temporarily restricted 68 68 69 Permanently restricted Organizations that do not follow SFAS 117, check here complete lines 70 through 74. 70 70 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equipment fund ..... 71 71 Retained earnings, endowment, accumulated income, or other funds 72 72 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. 2,747,336. 1,753,097. (Column (A) must equal line 19 and column (B) must equal line 21) 5,362,317. 3,999,103.

Total liabilities and net assets/fund balances. Add lines 66 and 73

Form 990 (200)	7) ASSOCIATED	EQUIPMENT	DISTRIBUTORS	36-2098486	Page
Part IV-A	Reconciliation of Revenue	per Audited Fina	ancial Statements Witl	n Revenue per Return (See the	

-Or	M 990 (2007) ASSOCIATED EQUIPMENT					4030		Page 3
Pá	art IV-A Reconciliation of Revenue per Audited Fina instructions.)	ncial Statements V	Vith	Revenue pe	er Re	eturn (S	See the	
а	Total revenue, gains, and other support per audited financial stateme	ents				a 3	,938	,136.
b	Amounts included on line a but not on Part I, line 12:							
1	Net unrealized gains on investments		b1	-955,1	08.			
	Donated services and use of facilities		b2					
3			b3					
4	Other (specify):		b4					
	Add lines <b>b1</b> through <b>b4</b>					b	-955	,108.
C	Subtract line <b>b</b> from line <b>a</b>					c 4	,893	,244.
d	Amounts included on Part I, line 12, but not on line a:							
1	Investment expenses not included on Part I, line 6b		d1					
2	Other (specify):		d2					
	Add lines d1 and d2					d		0.
е	Total revenue (Part I, line 12). Add lines c and d					e 4	,893	,244.
Pa	art IV-B Reconciliation of Expenses per Audited Fin	ancial Statements	With	Expenses	per l	Return	i	•
a	Total expenses and losses per audited financial statements					a 4	,932	,375.
	Amounts included on line <b>a</b> but not on Part I, line 17:							<u>-</u>
1	·		b1					
2	Prior year adjustments reported on Part I, line 20		_					
	Losses reported on Part I, line 20		b3					
	Other (specify):		b4					
	Add lines <b>b1</b> through <b>b4</b>					b		0.
C	Subtract line <b>b</b> from line <b>a</b>					c 4	,932	,375.
	Amounts included on Part I, line 17, but not on line a:						,	,
1	Investment expenses not included on Part I, line 6b		d1					
2	Other (specify):		d2					
	Add lines d1 and d2					d		0.
е	Total expenses (Part I, line 17). Add lines c and d				<b>•</b>	e 4	.932	,375.
	art V-A Current Officers, Directors, Trustees, and Ke							
	or key employee at any time during the year even if they we	ere not compensated.) (S	ee th	e instructions.)				,
	(A) Name and address	(B) Title and average hours per week devoted to position	s (C	) Compensation not paid, enter -0)	(D)Cor emplo plans compe	ntributions byee benefi & deferred nsation pla	to (E) t acc other	Expense ount and allowances
				,			1	
7 E			1 2	10 265	20	0.42	1 2	0.00

SEE STATEMENT 14 348,265. 29,943. 2,	,000.

Form **990** (2007)

	† V-A   Current Officers, Directors, Trustees, and Ke		10d)	30-2090	<del>+</del> 0 0		age o
	·	<del>, , , ,</del>				res	No
/5 a	Enter the total number of officers, directors, and trustees permitted timeetings	· ·	siness at board ▶	19			
b	Are any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional and Part II-A or II-B, related to each other through family or business relatives.	d other independent contr	actors listed in Sc	hedule A,			
	the individuals and explains the relationship(s)				75b		Х
С	Do any officers, directors, trustees, or key employees listed in Form slisted in Schedule A, Part I, or highest compensated professional and Part II-A or II-B, receive compensation from any other organizations,	d other independent contr whether tax exempt or tax	actors listed in Sc	hedule A,			
	organization? See the instructions for the definition of "related organ	nization."			75c		X
	If "Yes," attach a statement that includes the information described $% \left( 1\right) =\left( 1\right) \left( 1\right$	in the instructions.					
	Does the organization have a written conflict of interest policy?  † V-B   Former Officers, Directors, Trustees, and Ke				75d	X	
Pai	<b>TV-B</b> Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key en the year, list that person below and enter the amount of core	nployee received compens	sation or other ben	efits (describe	d belo	w) du	
	(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benefi plans & deferred compensation pla	t a	<b>E)</b> Expe ccount er allow	and
					+		
					$\top$		
					┷		
					+		
					$\bot$		
					+		
Pai	t VI Other Information (See the instructions.)	I	ı	l	—	Yes	No
76	Did the organization make a change in its activities or methods of co	nducting activities? If "Ye	s," attach a detaile	ed			
	statement of each change				76		Х
77	Were any changes made in the organizing or governing documents because of the company of the com	out not reported to the IRS	S?		77		Х
70 -	If "Yes," attach a conformed copy of the changes.	0	a account the state of	0	70-	v	
	Did the organization have unrelated business gross income of \$1,00 If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?				78a 78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contr	action during the year? If			79	25	Х
	Is the organization related (other than by association with a statewid						
	membership, governing bodies, trustees, officers, etc., to any other	exempt or nonexempt orga			80a	Х	
b	If "Yes," enter the name of the organization $\blacktriangleright$ THE AED FOU	NDATION, INC.					
		and check whether it is		nonexempt			
	Enter direct and indirect political expenditures. (See line 81 instruction		81a	0.	041		v
<u> </u>	Did the organization file Form 1120-POL for this year?				81b Form	990	(2007)
					1 01111		(2001)

P	ar	t VI Other Information (continued)		Yes	No
82	a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
		less than fair rental value?	82a		X
	b	If "Yes," you may indicate the value of these items here. Do not include this			
		amount as revenue in Part I or as an expense in Part II.			
		(See instructions in Part III.) 82b N/A			
83	a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
	b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? N/A	83b		
84	a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
		tax deductible? N/A	84b		
85	a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		X
	b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		X
		If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a			
		waiver for proxy tax owed for the prior year.			
		Dues, assessments, and similar amounts from members 85c 1,610,942.			
		Section 162(e) lobbying and political expenditures 85d 199, 635.			
		Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e 467, 173.			
	f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f -267,538.			
	g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
	h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
		to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
		following tax year?	85h		
86		501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
		line 12 86a N/A			
	D	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	_	501(c)(12) organizations. Enter: a Gross income from members or shareholders			
	D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  87b  N/A			
00	•				
00	а	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
		If "Yes," complete Part IX	88a		Х
	h	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	000		
	•	section 512(b)(13)? If "Yes," complete Part XI	88b		Х
89	a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
		section 4911 $\blacktriangleright$ N/A ; section 4912 $\blacktriangleright$ N/A ; section 4955 $\blacktriangleright$ N/A			
	b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
		transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
		If "Yes," attach a statement explaining each transaction N/A	89b		
	C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
		sections 4912, 4955, and 4958 <b>O</b> .			
	d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		Х
	f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		Х
	g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			
		or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
		List the states with which a copy of this return is filed ▶ NONE			
		Number of employees employed in the pay period that includes March 12, 2007 90b	4 -	<u> </u>	26
91	a	The books are in care of ► TOBY MACK  Telephone no. ► 630-57			
		Located at ► 615 WEST 22ND STREET, OAK BROOK, IL			- 14
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
		If "Yes," enter the name of the foreign country   N/A			
		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
		and Financial Accounts.			

**105 Total** (add line 104, columns (B), (D), and (E)) Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). ▼ SEE STATEMENT 17

Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) Name, address, and EIN of corporation, partnership, or disregarded entity Percentage of Nature of activities Total income End-of-year ownership interest N/A%

Part X	Information Regarding Transfers Associated with Personal Benefit Contracts (See the ins	structions.)		
(a) Did the	organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Yes	X	No
(b) Did the	organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Yes	X	No
Note: If "Y	es" to <b>(b).</b> file Form 8870 <b>and</b> Form 4720 (see instructions).			

Form **990** (2007)

4,893,244

104 Subtotal (add columns (B), (D), and (E))

Pa	art XI Information Regarding Transfers To and From C controlling organization as defined in section 512(b)(13).	Controlled Entit N/A	ies. Complete only if the organi	zation is a	
	Controlling organization as defined in Section 312(b)(13).	N/A		Yes	No
106	Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity a complete the schedule below for each controlled entity.	as defined in section	n 512(b)(13) of the Code? If "Yes	,	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount o transfer	
а 					
b					
С					
	Totals				
107	Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled er complete the schedule below for each controlled entity.	ntity as defined in se	ection 512(b)(13) of the Code? If	"Yes,"	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount o transfer	
а 					
b					
С					
	Totals				
108	Did the organization have a binding written contract in effect on August annuities described in question 107 above?  Under penalties of perjury, I declare that I have examined this return, including accompany and complete. Declaration of preparer (other than officer) is based on all information of which	ring schedules and statem	ents, and to the best of my knowledge and	Yes	No rect,
Plea Sigr Here	Signature of officer		Date		
	Type or print name and title		100		
	parer's Firm's name (or SELDEN FOX LTD.	Date	Check if self- employed Figure Preparer's SS	N or PTIN (See Gen.	Inst. X)
Use	only yours if self-employed), address, and ZIP + 4 OAK BROOK, IL 60523-8835		Phone no. ► 630 -	-954-140	

## 2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2 990

Asset No.	Description	Date Acquired	Method	Life	C o n No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	LAND		L		нч	200,476.				200,476.			0.	
12	COMPUTER EQUIPMENT		SL	3.00	ну16	177,533.				177,533.	116,130.		31,012.	147,142.
13	BUILDING	12/01/07	SL	40.00	нү16	262,201.				262,201.	262,201.		0.	262,201.
14	BUILDING IMPROVEMENTS		SL	20.00	нү16	185,774.				185,774.	132,694.		12,029.	144,723.
15	INTERCOM SYSTEM		SL	7.00	нү16	33,861.				33,861.	21,767.		4,837.	26,604.
16	OFFICE FURNITURE & EQUIPMENT		SL	5.00	ну16	238,228.				238,228.	160,913.		13,292.	174,205.
27	(D)OFFICE FURNITURE & EQUIPMENT	12/01/07	SL	5.00	ну16	62,254.				62,254.	62,254.		0.	
	* TOTAL 990 PAGE 2 DEPR					1,160,327.				1,160,327.	755,959.		61,170.	754,875.

FORM 990 GAIN (	LOSS) FF	ROM PUBLIC	LY TR	ADED SEC	URITIE	ls	STATEMEN'	г 1 ———
DESCRIPTION		GROSS SALES PR		COST OF		EXPENSE OF SALE	NET GA	
COMMON STOCK		64,5	88.	76,3	70.	0.	-11	,782.
FEDERAL SECURITIES		1,091,3		1,089,9		0.	1	,419.
REITS			11.	6,28		0.		26.
FOREIGN ASSETS		7,5		7,5		0.		0.
CORPORATE BONDS MUTUAL FUNDS		180,1 200,0		180,1! 200,0		0. 0.		21. -70.
TO FORM 990, PART I, L	INE 8	1,550,0	20.	1,560,40	06.	0.	-10	,386.
FORM 990 OTHER	CHANGES	IN NET AS	SETS	OR FUND I	BALANC	EES	STATEMEN'	г 2
DESCRIPTION							AMOUN'	Г
		S IN MUTUA	т			_		
UNREALIZED GAIN ON INV FUNDS AND COMMON STOCK		5 IN MOIOA	.11				-955	,108.
			.11			_		,108. ,108.
FUNDS AND COMMON STOCK TOTAL TO FORM 990, PAR		NE 20				_ 	-955	,108.
FUNDS AND COMMON STOCK TOTAL TO FORM 990, PAR				SES		=		,108.
FUNDS AND COMMON STOCK		NE 20 OTHER	EXPEN	)	(C)		-955	,108.
FUNDS AND COMMON STOCK TOTAL TO FORM 990, PAR FORM 990	T I, LIN	OTHER	EXPEN (B	RAM I	(C) MANAGE AND GE	MENT	-955	,108. r 3
FUNDS AND COMMON STOCK TOTAL TO FORM 990, PAR FORM 990  DESCRIPTION ADMINISTRATIVE	TO1	OTHER A)	EXPEN (B	RAM I	MANAGE	MENT	-955 STATEMEN	,108. r 3
FUNDS AND COMMON STOCK TOTAL TO FORM 990, PAR FORM 990  DESCRIPTION ADMINISTRATIVE EXPENSES	TO1	OTHER	EXPEN (B	RAM I	MANAGE	MENT	-955 STATEMEN	,108. r 3
FUNDS AND COMMON STOCK TOTAL TO FORM 990, PAR FORM 990  DESCRIPTION ADMINISTRATIVE EXPENSES AED COMMITTEE	TOT	OTHER A) TAL 58,155.	EXPEN (B	RAM I	MANAGE	MENT	-955 STATEMEN	,108. r 3
FUNDS AND COMMON STOCK TOTAL TO FORM 990, PAR FORM 990  DESCRIPTION  ADMINISTRATIVE EXPENSES AED COMMITTEE EXPENSE	TOT	OTHER A)	EXPEN (B	RAM I	MANAGE	MENT	-955 STATEMEN	,108. r 3
FUNDS AND COMMON STOCK  FOTAL TO FORM 990, PAR  FORM 990  DESCRIPTION  ADMINISTRATIVE  EXPENSES  AED COMMITTEE  EXPENSE  BOARD COMMITTEE	TOT	OTHER A) 58,155. 23,955.	EXPEN (B	RAM I	MANAGE	MENT	-955 STATEMEN'	,108. r 3
FUNDS AND COMMON STOCK TOTAL TO FORM 990, PAR  FORM 990  DESCRIPTION  ADMINISTRATIVE EXPENSES AED COMMITTEE EXPENSE BOARD COMMITTEE EXPENSE	TOT	OTHER A) 58,155. 23,955. 9,805.	EXPEN (B	RAM I	MANAGE	MENT	-955 STATEMEN'	,108. r 3
FUNDS AND COMMON STOCK TOTAL TO FORM 990, PAR  FORM 990  DESCRIPTION  ADMINISTRATIVE EXPENSES AED COMMITTEE EXPENSE BOARD COMMITTEE EXPENSE BOARD COMMITTEE EXPENSE BAD DEBT EXPENSE	TOT	OTHER  A)  FAL  58,155.  23,955.  9,805. 7,251.	EXPEN (B	RAM I	MANAGE	MENT	-955 STATEMEN'	,108. r 3
FUNDS AND COMMON STOCK TOTAL TO FORM 990, PAR  FORM 990  DESCRIPTION  ADMINISTRATIVE EXPENSES AED COMMITTEE EXPENSE BOARD COMMITTEE	TO 1	OTHER A) 58,155. 23,955. 9,805.	EXPEN (B	RAM I	MANAGE	MENT	-955 STATEMEN'	,108. r 3
FUNDS AND COMMON STOCK TOTAL TO FORM 990, PAR  FORM 990  DESCRIPTION  ADMINISTRATIVE EXPENSES AED COMMITTEE EXPENSE BOARD COMMITTEE EXPENSE BUILDING INSURANCE BUILDING MAINTENANCE	TOT	OTHER  OTHER  58,155.  23,955.  9,805. 7,251. 5,789.	EXPEN (B	RAM I	MANAGE	MENT	-955 STATEMEN'	,108.
FUNDS AND COMMON STOCK TOTAL TO FORM 990, PAR  FORM 990  DESCRIPTION  ADMINISTRATIVE EXPENSES AED COMMITTEE EXPENSE BOARD COMMITTEE EXPENSE BOARD COMMITTEE EXPENSE BUILDING INSURANCE BUILDING MAINTENANCE DIRECTORS MEETINGS	TOT	OTHER  A)  FAL  58,155.  23,955.  9,805. 7,251. 5,789. 55,232. 48,230. 43,734.	EXPEN (B	RAM I	MANAGE	MENT	-955 STATEMEN'	,108.
FUNDS AND COMMON STOCK TOTAL TO FORM 990, PAR  FORM 990  DESCRIPTION  ADMINISTRATIVE EXPENSES AED COMMITTEE EXPENSE BOARD COMMITTEE EXPENSE BOARD COMMITTEE EXPENSE BUILDING INSURANCE BUILDING INSURANCE BUILDING MAINTENANCE DIRECTORS MEETINGS DUES & SUBSCRIPTIONS EDP EXPENSES	TOT	OTHER A) FAL 58,155. 23,955. 9,805. 7,251. 5,789. 55,232. 48,230.	EXPEN (B	RAM I	MANAGE	MENT	-955 STATEMEN'	,108. r 3
TOTAL TO FORM 990, PAR FORM 990  DESCRIPTION	TO1 (#	OTHER  A)  FAL  58,155.  23,955.  9,805. 7,251. 5,789. 55,232. 48,230. 43,734.	EXPEN (B	RAM I	MANAGE	MENT	-955 STATEMEN'	,108. r 3

ASSOCIATED EQUIPMENT I	DISTRIBUTORS	36-2098486
INSURANCE & BONDS	31,410.	
MEMBER RECOGNITION	7,303.	
MEMBER RECRUITMENT	15,075.	
OFFICER/DIRECTOR	•	
TRAVEL	2,360.	
PUBLIC POLICY	•	
EXPENSES	14,601.	
REAL ESTATE TAXES	24,000.	
STAFF TRAINING	,	
EXPENSES	7,844.	
STAFF TRAVEL	•	
EXPENSES	142,761.	
SURVEYS	48,306.	
PREFERRED PROVIDER	•	
EXPENSES	2,924.	
UTILITIES	57,889.	
WASHINGTON COUNSEL		
FEES	366,900.	
WEB SERVICE COSTS	16,474.	
LESS OVERHEAD		
RECOVERY	-79,040.	
BANK FEES	6,312.	
AED TRADE MISSIONS	52,362.	
PUBLIC RELATIONS	1,545.	
TOTAL TO FM 990, LN 43	1,029,688.	 

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 4
CLASS OF ACTIVITY	//DONEE'S NAME AND ADDRESS	AMOUNT
THE AMERICAN COUN 1750 K STREET NW, WASHINGTON, DC 2		5,000.
THE ROAD INFORMAT 1726 M STREET NW, WASHINGTON, DC 2	SUITE 401	10,000.
U.S. CHAMBER OF C P.O. BOX 1200 WASHINGTON, DC 2		20,000.
THE BUREAU OF NAT 1801 S. BELL ST. ARLINGTON, VA 222	CIONAL AFFAIRS INC.	4,164.
TOTAL INCLUDED ON	FORM 990, PART II, LINE 22B	39,164.

5 FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT

### DESCRIPTION OF PROGRAM SERVICE ONE

THE ANNUAL MEETING IS CONDUCTED AS AN EDUCATIONAL AND NETWORKING SERVICE FOR MEMBERS OF THE ASSOCIATION. OVER A FOUR-DAY PERIOD, THE ANNUAL MEETING PROVIDES UNIQUE SERVICES FOR OVER 3,000 EMPLOYEES OF THE ORGANIZATION'S 1,200 MEMBER DURING THE CONVENTION, THE PARTICIPANTS CAN TAKE ADVANTAGE OF APPROXIMATELY 25 HOURS OF EDUCATIONAL PROGRAMMING AND AN EQUAL NUMBER OF HOURS FOR NETWORKING WITH PEERS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		

6

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT

#### DESCRIPTION OF PROGRAM SERVICE TWO

THE EXECUTIVE FORUM BRINGS TOGETHER THE EQUIPMENT INDUSTRIES TOP EXECUTIVES AND EXPERTS TO DISCUSS TRENDS AND ISSUES THAT ARE SHAPING THE FUTURE OF EQUIPMENT DISTRIBUTION. THE FORUM PROVIDES PARTICIPATING EXECUTIVES WITH MANAGEMENT CONCEPTS DIRECTLY APPLICABLE TO THE SUCCESS OF THEIR BUSINESS, AN UNPARALLELED OPPORTUNITY TO DELVE INTO CHALLENGING ISSUES WITH INDUSTRY LEADERS, ACTIONABLE STRATEGIES FOR THE ISSUES THEY ARE FACING AND VALUABLE NETWORKING AND CONSULTATIVE OPPORTUNITIES WITH BOTH SPEAKERS AND FELLOW PARTICIPANTS. APPROXIMATELY 300 EXECUTIVES PARTICIPATED IN THIS EVENT.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		

7 FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT

#### DESCRIPTION OF PROGRAM SERVICE THREE

THE ASSOCIATION PROVIDES A VARIETY OF PUBLISHED MATERIALS WHICH ARE AIMED AT HELPING OVER 1,200 MEMBER COMPANIES UNDERSTAND CONTEMPORARY MANAGEMENT ISSUES IN ORDER TO OPERATE THEIR BUSINESSES MORE EFFECTIVELY. OFTEN THE PUBLISHED SERVICES (MANUALS, WORKBOOKS, SPECIAL REPORTS, NEWSLETTERS, ETC.) ARE THE RESULTS OF SURVEYS OR DEDICATED RESEARCH ON MANAGEMENT ISSUES SUCH AS SALES, PRODUCT SUPPORT, SAFETY, ETC.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

#### DESCRIPTION OF PROGRAM SERVICE FOUR

THE DUES CHARGED TO MEMBER COMPANIES PROVIDE THE MAJOR SOURCE OF SUPPORT THAT ENABLES THE ORGANIZATION TO PROVIDE EDUCATIONAL ACTIVITIES AND BUSINESS SERVICES FOR THE MEMBERS. THE DUES ARE CHARGED TO MEMBERS ACCORDING TO THEIR RESPECTIVE ANNUAL SALES AND ARE THE MAIN SOURCE OF FUNDS NEEDED TO CONTINUE OPERATING THE ANNUAL MEETING, PUBLISH INDUSTRY HANDBOOKS AND SPECIAL REPORTS ON CURRENT BUSINESS ISSUES, AND PROVIDE A VARIETY OF OTHER SERVICES TO THE 1,200 MEMBER COMPANIES IN THE UNITED STATES AND CANADA.

			GRANTS	EXPENSES
TO FORM 990	, PART III,	LINE D		
FORM 990	STATEMENT O		RIMARY EXEMPT PURPOSE	STATEMENT 9
		PART III		

#### **EXPLANATION**

TRADE ASSOCIATION SERVING THE CONSTRUCTION EQUIPMENT DISTRIBUTIO INDUSTRY.

FORM 990	NON-G	OVERNMENT SE		STATEMENT 10	
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCK MUTUAL FUNDS CORPORATE BONDS REITS FOREIGN INVESTMENTS	FMV FMV FMV FMV	720,035.	1,146,726.	209,123. 69,480. 193,011.	1,146,726. 69,480.
TO FORM 990, LINE 547	A, COL B	720,035.	1,146,726.	471,614.	2,338,375.

FORM 990 GOVERN	NMENT SEC	URITIES		STATEMENT 11
DESCRIPTION CO	OST/FMV	U.S. GOVERNMEN	STATE AND T LOCAL GOV'T	
FEDERAL AGENCY SECURITIES	FMV	100,297	•	100,297.
TOTAL TO FORM 990, LINE 54A, COI	L B	100,297	•	100,297.
				= =====================================
FORM 990 DEPRECIATION OF AS	SSETS NOT	HELD FOR I	NVESTMENT	STATEMENT 12
DESCRIPTION  LAND COMPUTER EQUIPMENT BUILDING BUILDING IMPROVEMENTS INTERCOM SYSTEM OFFICE FURNITURE & EQUIPMENT TOTAL TO FORM 990, PART IV, LN 5	OTHER		CCUMULATED EPRECIATION  0. 147,142. 262,201. 144,723. 26,604. 174,205.  754,875.	BOOK VALUE  200,476. 30,391. 0. 41,051. 7,257. 64,023.  343,198.
FORM 990 OTH	HER LIABI	LITIES		STATEMENT 13
DESCRIPTION  DEFERRED DUES/ANNUAL MEETING			BEGINNING OF YEAR 2,017,680.	END OF YEAR 1,792,771.

2,017,680. 1,792,771.

TOTAL TO FORM 990, PART IV, LINE 65

14

STATEMENT

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,

NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
J. TOBY MACK 615 W. 22ND ST. OAK BROOK, IL 60523	EXECUTIVE DIRE 50.00	ECTOR 348,265.	29,943.	2,000.
PAUL W. CAMPBELL 615 W. 22ND ST. OAK BROOK, IL 60523	CHAIR 5.00	0.	0.	0.
G. BENNETT CLOSNER 615 W. 22ND ST. OAK BROOK, IL 60523	VICE CHAIR 5.00	0.	0.	0.
DENNIS VANDER MOLEN 615 W. 22ND ST. OAK BROOK, IL 60523	SENIOR VICE PR 5.00	RESIDENT 0.	0.	0.
LES BEBCHICK 615 W. 22ND ST. OAK BROOK, IL 60523	IMMEDIATE PAST 5.00	CHAIR 0.	0.	0.
MICHAEL D. BRENNAN 615 W. 22ND ST. OAK BROOK, IL 60523	AT-LARGE DIREC	CTOR 0.	0.	0.
WHIT D. PERRYMAN 615 W. 22ND ST. OAK BROOK, IL 60523	AT-LARGE DIREC	CTOR 0.	0.	0.
CHRISTOPHER R. WILMOT 615 W. 22ND ST. OAK BROOK, IL 60523	AT-LARGE DIREC	CTOR 0.	0.	0.
TIMOTHY J. WATTERS 615 W. 22ND ST. OAK BROOK, IL 60523	DIRECTOR 5.00	0.	0.	0.
MIKE QUIRK 615 W. 22ND ST. OAK BROOK, IL 60523	DIRECTOR 5.00	0.	0.	0.
GALE PLUMMER 615 W. 22ND ST. OAK BROOK, IL 60523	DIRECTOR 5.00	0.	0.	0.

ASSOCIATED EQUIPMENT DIS	TRIBUTO	RS			36	-2098486
MONTY BOYD 615 W. 22ND ST. OAK BROOK, IL 60523		DIRECTOR 5.00		0.	0.	0.
JOHN RIGGS IV 615 W. 22ND ST. OAK BROOK, IL 60523		DIRECTOR 5.00		0.	0.	0.
MIKE CHRISTODOULOU 615 W. 22ND ST. OAK BROOK, IL 60523		VICE PRESI 5.00	DENT	0.	0.	0.
DENNIS E. KRUEPKE 615 W. 22ND ST. OAK BROOK, IL 60523		VICE PRESI 5.00	DENT	0.	0.	0.
DENNIS G. ROMANSON 615 W. 22ND ST. OAK BROOK, IL 60523		VICE PRESI 5.00	DENT OF	FINANCE 0.	0.	0.
JAMES P. COWIN 615 W. 22ND ST. OAK BROOK, IL 60523		AT-LARGE I 5.00	DIRECTOF	0.	0.	0.
MARK HARBAUGH 615 W. 22ND ST. OAK BROOK, IL 60523		AT-LARGE I 5.00	DIRECTOF	0.	0.	0.
DIANE BENCK 615 W. 22ND ST. OAK BROOK, IL 60523		DIRECTOR 5.00		0.	0.	0.
TOTALS INCLUDED ON FORM 99	0, PART	V-A		348,265.	29,943.	2,000.
FORM 990	PROGRA	AM SERVICE F	REVENUE		STATE	MENT 15
DESCRIPTION	BUS CODE	UNRELATED BUSINESS IN	EXCI		ED EXEM	TED OR PT FUNC-
ANNUAL MEETING EXECUTIVE FORUM FUTURE LEADERS CONFERENCE INDUSTRY PUBLICATION WEB SERVICE INCOME	541511	65,613	3.		1,	611,833. 205,451. 32,530. 91,759.
JOHN DEER INSURANC PROGRAM CED PUBLICATION ONLINE NEWSLETTER	524298 541800 541800	10,000 902,092 37,150	). 2.			26,492.
TO FORM 990, PART VII, LIN	Е 93	1,014,855	 5. =		1,	968,065.

FORM	990	O':	THER REVENUE			STATEMENT	16
DESCR	IPTION	BUS CODE			EXCLUDED AMOUNT		JNC-
ROYAL'	TIES INCOME			15 01	40,000. 27,157.		
	RRED PROVIDER TIES	561500	55,600.	01	9,147.		
AED T	RADE MISSIONS			01	52,734.		
TO FO	RM 990, PART VII,	LINE 103	55,600.	•	129,038.		
LINE	EXPLANATION OF R	ELATIONSHI	P OF ACTIVITIE	ES			
LINE 93A	THE ANNUAL MEETII	NG PROVIDE:	S A FORUM FOR	— THE EX			
93B	INFORMATION AMONG EQUIPMENT DISTRIBUTE EXECUTIVE FOR TOP EXECUTIVES AND ARE SHAPING THE	BUTION IND RUM BRING ' ND EXPERTS	USTRY. TOGETHER THE E TO DISCUSS TR	EQUIPME RENDS A	NT INDUSTRIE ND ISSUES TH		
93C	THE FUTUTE LEADED INVOLVING YOUNG DEVELOPMENT WORKS	RS CONFEREI DISTRIBUTOI SHOPS AND I	NCE IS AN ANNU R EXECUTIVES I DISCUSSIONS RE	JAL CON IN PROF ELATED	FERENCE ESSIONAL		
93D	THE ORGANIZATION CONTAIN INFORMAT: MEMBERS AND ENCOUNTIES OF THE CONSTI	PUBLISHES ION THAT FAURAGES THE	A NUMBER OF F ACILITATES COM EXCHANGE OF I	PUBLICA MUNICA DEAS A	TION AMONG T ND EXPERTISE		
94	THE ORGANIZATION						

CONSIDERATION FOR PROVIDING SUCH MEMBERS INFORMATION AND SERVICES IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PURPOSE

AS AN ASSOCIATION PROMOTING THE INTERESTS OF THE CONSTRUCTION EQUIPMENT DISTRIBUTION INDUSTRY.

# Form **8868** (Rev. April 2008)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If yo	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box			<b>▼</b> X
• If yo	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).		
Do no	complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed Fom	n 8868.	
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
A corp Part I d	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and comonly			▶ □
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ncome tax returns.	extens	ion of time	
noted (not au you m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronication atomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or conjust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Charities & Nonprofits.	cally if ( nsolidat	1) you want the ed Form 990-T	e additional
Туре		Emplo	yer identificat	ion number
print	ASSOCIATED EQUIPMENT DISTRIBUTORS	36	-209848	6
File by the due date filing you return. S	for Number, street, and room or suite no. If a P.O. box, see instructions.  1 615 WEST 22ND STREET			
instruction				
Check	t type of return to be filed(file a separate application for each return):			
	Form 990	227 069		
Tel	books are in the care of TOBY MACK ephone No. • 630-574-0650  The organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the	s is for	the whole grou	
,	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto JULY 15, 2009, to file the exempt organization return for the organization named a is for the organization's return for:    Calendar year or tax year beginningDEC _ 1,2007, and endingNOV _ 30,2008		he extension	
2	If this tax year is for less than 12 months, check reason:		Change in acco	unting period
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	1		
С	tax payments made. Include any prior year overpayment allowed as a credit.  Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).  See instructions.	3b 3c	\$	N/A
	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form			
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form <b>886</b>	8 (Rev. 4-2008)