

**Critical Messages**

None

**Electronic Filing**

None

**Informational Messages**

- Force field entered with data "4" on Screen SchM
- Force field entered with data "931,439" on Screen PSA
- Force field entered with data "58,022" on Screen Exp-2
- Historical Report (990 Return) does not display 2019 column if Tax Projection has not been selected.
- If Schedule B is required, enter data in View > Contributor/Officer > Contributor Information instead of Screen Income
- Books in Care of is using officer marked in the officer window; Organization phone number is used for contact
- Form 8868 for Form 990/990-EZ extension previously printed; verify extended due date in Screen Ext
- 990, Part III total program service revenue does not match 990, Part VIII, line 2g total program service revenue
- Form 990, Part X, line 27 end of year unrestricted net asset balance is calculated
- Preparer 'Darrel H. Flaspohler, CPA'

**Missing Data**

Prior Year Data

Related Organizations and Unrelated Partnerships

- Related TE or taxable entity X

Governance, Management, and Disclosure

- local chapters or affiliates X
- Copy provided to members X

## Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning **07/01/18** , and ending **06/30/19**

**AMERICAN WATCHMAKERS-CLOCKMAKERS  
INSTITUTE** **31-0731708**

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><b>7,647,434</b></u>
<b>Revenue</b>		
Contributions	<u>266,279</u>	
Program service revenue	<u>413,770</u>	
Investment income	<u>197,399</u>	
Capital gain / loss	<u>187,185</u>	
Fundraising / Gaming:		
Gross revenue _____		
Direct expenses _____		
Net income _____		
Other income	<u>48,238</u>	
<b>Total revenue</b>		<u><b>1,112,871</b></u>
<b>Expenses</b>		
Program services _____		
Management and general _____		
Fundraising _____		
<b>Total expenses</b>		<u><b>989,461</b></u>
<b>Excess / (deficit)</b>		<u><b>123,410</b></u>
Changes		<u><b>327,245</b></u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><u><b>8,098,089</b></u></u>

**Reconciliation of Revenue**

Total revenue per financial statements _____	
Less:	
Unrealized gains _____	
Donated services _____	
Recoveries _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
<b>Total revenue per return</b>	<u><u><b>1,112,871</b></u></u>

**Reconciliation of Expenses**

Total expenses per financial statements _____	
Less:	
Donated services _____	
Prior year adjustments _____	
Losses _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
<b>Total expenses per return</b>	<u><u><b>989,461</b></u></u>

	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u>7,805,807</u>	<u>8,680,754</u>	
Liabilities	<u>158,373</u>	<u>582,665</u>	
Net assets	<u><u>7,647,434</u></u>	<u><u>8,098,089</u></u>	<u><u>450,655</u></u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date **05/15/20**  
 Failure to file penalty \_\_\_\_\_

**FLASPOHLER CPA, INC.**  
**1151-11 Stone Dr.**  
**Harrison, OH 45030**  
**513-367-5115**

January 4, 2020

**CONFIDENTIAL**

AMERICAN WATCHMAKERS-CLOCKMAKERS  
INSTITUTE  
701 ENTERPRISE DRIVE  
HARRISON, OH 45030

Dear DIRECTORS:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

FLASPOHLER CPA, INC.

## Filing Instructions

### AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE

#### Exempt Organization Tax Return

#### Taxable Year Ended June 30, 2019

**Date Due:** May 15, 2020

**Remittance:** None is required. Your Form 990 for the tax year ended 6/30/19 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

FLASPOHLER CPA, INC.  
1151-11 Stone Dr.  
Harrison, OH 45030

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-EO**

**IRS e-file Signature Authorization for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19

**2018**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

**AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE**

Employer identification number

**31-0731708**

Name and title of officer

**JORDAN FICKLIN  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,112,871</u>
2a Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize FLASPOHLER CPA, INC. to enter my PIN 17080 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } \_\_\_\_\_ Date } 01/04/20

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**31942811050**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature } \_\_\_\_\_ Date } 01/04/20

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**For Paperwork Reduction Act Notice, see back of form.**

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 private foundations)

**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>701 ENTERPRISE DRIVE</b> City or town, state or province, country, and ZIP or foreign postal code <b>HARRISON OH 45030</b>	<b>D</b> Employer identification number <b>31-0731708</b> <b>E</b> Telephone number <b>513-367-9800</b> <b>G</b> Gross receipts \$ <b>3,340,548</b>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>F</b> Name and address of principal officer: <b>JORDAN FICKLIN</b> <b>701 ENTERPRISE DR</b> <b>HARRISON OH 45030</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>WWW.AWCI.COM</b> <b>H(c)</b> Group exemption number <b>u</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>	<b>L</b> Year of formation: <b>1964</b> <b>M</b> State of legal domicile: <b>OH</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Promote the horology profession through a range of education, certification, communications, and business services and provide a member directory of professional clockmakers/watchmakers to connect with repair/retail sources</b>																			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>																		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>																		
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>																		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>																		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <b>0</b>																		
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b> <b>0</b>																		
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;"><b>214,290</b></td> <td style="text-align: right;"><b>266,279</b></td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;"><b>243,028</b></td> <td style="text-align: right;"><b>413,770</b></td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;"><b>668,607</b></td> <td style="text-align: right;"><b>384,584</b></td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;"><b>63,204</b></td> <td style="text-align: right;"><b>48,238</b></td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;"><b>1,189,129</b></td> <td style="text-align: right;"><b>1,112,871</b></td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>214,290</b>	<b>266,279</b>	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>243,028</b>	<b>413,770</b>	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>668,607</b>	<b>384,584</b>	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>63,204</b>	<b>48,238</b>	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,189,129</b>	<b>1,112,871</b>
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**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.

<b>Sign Here</b>	Signature of officer <b>JORDAN FICKLIN</b> Type or print name and title	Date <b>EXECUTIVE DIRECTOR</b>
------------------	-------------------------------------------------------------------------------	-----------------------------------

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Darrel H. Flaspohler, CPA</b>	Preparer's signature Date <b>01/04/20</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00096247</b>
	Firm's name } <b>FLASPOHLER CPA, INC.</b> <b>1151-11 Stone Dr.</b> Firm's address } <b>Harrison, OH 45030</b>	Firm's EIN } <b>20-1288925</b> Phone no. <b>513-367-5115</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

**ASSOCIATION OF WATCHMAKERS AND CLOCKMAKERS**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **931,439** including grants of \$ ) (Revenue \$ **1,120,044** )

**PROMOTE THE TIMEKEEPING OR HOROLOGY PROFESSION THROUGH A RANGE OF EDUCATION, CERTIFICATION, COMMUNICATIONS, AND BUSINESS SERVICES AND PROVIDE A MEMBER DIRECTORY OF PROFESSIONAL CLOCKMAKERS AND WATCHMAKERS TO CONNECT CONSUMERS WITH REPAIR AND RETAIL SOURCES.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 931,439**

**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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X



**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
25a			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
25b			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			X
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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	
38		X	

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

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			20
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> <b>6</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

**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. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>X</b>	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>X</b>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?		<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

**JORDAN FICKLIN**  
**HARRISON**

**701 ENTERPRISE DR**

**OH 45030**

**513-367-9800**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER PRONKO	2.00									
DIRECTOR	0.00	X					0	0	0	
(2) AARON RECKSIEK	2.00									
PRESIDENT	0.00	X		X			0	0	0	
(3) JACK KURDZIONAK	2.00									
DIRECTOR	0.00	X					0	0	0	
(4) CRAIG STONE	2.00									
DIRECTOR	0.00	X					0	0	0	
(5) HENRY KESSLER	2.00									
DIRECTOR	0.00	X					0	0	0	
(6) JUSTIN HARRELL	2.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(7) DENNIS WARNER	2.00									
SECRETARY	0.00	X		X			0	0	0	
(8) NICK BUTT	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) JORDAN FICKLIN	40.00									
EXECUTIVE DIRECTOR	0.00			X			0	0	0	
(10)										
(11)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....							<b>u</b>			
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>u</b>			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>	<b>193,620</b>			
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>	<b>25,300</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>47,359</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		<b>27,359</b>			
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>266,279</b>			
	<b>Program Service Revenue</b>		<b>Busn. Code</b>			
<b>2a</b> ACADEMY TUITION		<b>611430</b>	<b>346,508</b>	<b>346,508</b>		
<b>b</b> DISPLAY ADVERTISING		<b>541800</b>	<b>67,262</b>	<b>67,262</b>		
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		<b>u</b>	<b>413,770</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>197,399</b>	<b>197,399</b>		
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	<b>2,407,689</b>			
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.	<b>2,220,504</b>				
	<b>c</b> Gain or (loss)	<b>187,185</b>				
	<b>d</b> Net gain or (loss)	<b>u</b>	<b>187,185</b>	<b>187,185</b>		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
		<b>b</b> Less: direct expenses	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	<b>48,729</b>				
	<b>b</b> Less: cost of goods sold	<b>7,173</b>				
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>	<b>41,556</b>	<b>41,556</b>			
Miscellaneous Revenue		<b>Busn. Code</b>				
<b>11a</b> MISCELLANEOUS INCOME			<b>6,682</b>	<b>6,682</b>		
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	<b>u</b>		<b>6,682</b>			
<b>12 Total revenue.</b> See instructions.	<b>u</b>		<b>1,112,871</b>	<b>846,592</b>	<b>0</b>	<b>0</b>

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	<b>354,360</b>			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	<b>41,109</b>			
10 Payroll taxes	<b>27,096</b>			
11 Fees for services (non-employees):				
a Management				
b Legal	<b>2,093</b>			
c Accounting	<b>26,413</b>			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	<b>33,206</b>			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>56,433</b>			
12 Advertising and promotion	<b>13,257</b>			
13 Office expenses	<b>59,878</b>			
14 Information technology	<b>11,679</b>			
15 Royalties	<b>3,648</b>			
16 Occupancy	<b>69,824</b>			
17 Travel	<b>65,323</b>			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	<b>7,200</b>			
20 Interest	<b>4,928</b>			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>58,022</b>			
23 Insurance	<b>12,714</b>			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MAGAZINE PUBLISHING</b>	<b>57,700</b>			
b <b>BAW SUPPLIES</b>	<b>26,214</b>			
c <b>EDUCATION CERTIFICATION</b>	<b>17,888</b>			
d <b>WRITER FEE</b>	<b>16,534</b>			
e All other expenses	<b>23,942</b>			
25 Total functional expenses. Add lines 1 through 24e	<b>989,461</b>	<b>0</b>	<b>0</b>	<b>0</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	2,143	1	10,780
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12,759	4	21,955
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	80,938	8	142,094
	9	Prepaid expenses and deferred charges	2,573	9	7,213
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,056,325		
	b	Less: accumulated depreciation	10b 820,845	10c 784,036	1,235,480
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	6,918,358	13	7,258,232
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,000	15	5,000
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	7,805,807	16	8,680,754	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	48,614	17	53,366
	18	Grants payable		18	
	19	Deferred revenue	51,357	19	22,794
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	58,402	23	506,505
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	158,373	26	582,665
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	1,335,433	27	1,786,088
	28	Temporarily restricted net assets	6,312,001	28	6,312,001
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	7,647,434	33	8,098,089	
34	<b>Total liabilities and net assets/fund balances</b>	7,805,807	34	8,680,754	



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,112,871</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>989,461</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>123,410</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>7,647,434</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>327,245</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>8,098,089</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

Name of the organization

**AMERICAN WATCHMAKERS-CLOCKMAKERS  
INSTITUTE**

Employer identification number

**31-0731708**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( **6** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**AMERICAN WATCHMAKERS-CLOCKMAKERS**

Employer identification number

**31-0731708**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 25,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 27,359	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**AMERICAN WATCHMAKERS-CLOCKMAKERS**

Employer identification number

**31-0731708**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	<b>EQUIPMENT</b>	\$ 27,359	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**SCHEDULE C  
(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is described below.  Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

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

Name of organization **AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE** Employer identification number **31-0731708**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions)  \$
- 3 Volunteer hours for political campaign activities (see instructions)

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955  \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955  \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  \$
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions 1 through 2d regarding lobbying activities.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 3 regarding dues and lobbying expenditures.

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

Table with 3 columns: Question, (a) Yes, (a) No. Rows include questions 1 through 5 regarding dues and political expenditures.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Series of horizontal dotted lines for providing supplemental information.





SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE

Employer identification number

31-0731708

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$. 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 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on 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
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u** %
  - b Permanent endowment **u** %
  - c Temporarily restricted endowment **u** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                            | Yes    | No |
|--------------------------------------------------------------------------------------------|--------|----|
| (i) unrelated organizations                                                                | 3a(i)  |    |
| (ii) related organizations                                                                 | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		237,566		237,566
b Buildings		1,142,519	696,447	446,072
c Leasehold improvements				
d Equipment		676,240	124,398	551,842
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>u 1,235,480</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) <b>STOCKS AND BONDS</b>	<b>7,127,034</b>	<b>Market</b>
(2) <b>MONEY MARKET FUNDS</b>	<b>110,541</b>	<b>Market</b>
(3) <b>ACCRUED INCOME</b>	<b>20,657</b>	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>	<b>7,258,232</b>	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . <i>(This must equal Form 990, Part I, line 12.)</i>		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . <i>(This must equal Form 990, Part I, line 18.)</i>		<b>5</b>

**Part XIII Supplemental Information.**

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**AMERICAN WATCHMAKERS-CLOCKMAKERS  
INSTITUTE**

Employer identification number

**31-0731708**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( <b>EQUIPMENT</b> )	<b>X</b>	<b>4</b>	<b>27,359</b>	<b>FAIR MARKET VALUE</b>
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018****Open to Public  
Inspection**

Name of the organization

**AMERICAN WATCHMAKERS-CLOCKMAKERS  
INSTITUTE**

Employer identification number

**31-0731708****Form 990, Part VI, Line 6 - Classes of Members or Stockholders**

THE ORGANIZATION HAS MEMBERS WHO RECEIVE BENEFITS ACCORDING TO THE  
ORGANIZATIONS MISSION.

**Form 990, Part VI, Line 7a - Election of Members and Their Rights**

INDIVIDUAL MEMBERS HAVE THE RIGHT TO VOTE FOR UP TO THREE DIRECTORS ON THE  
AWCI BOARD. COMPANIES, SCHOOLS, AND AFFILIATES DO NOT HAVE THE RIGHT TO  
VOTE.

**Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members**

GOVERNING BODY DECISIONS CONCERNING GOVERNING DOCUMENTS ARE SUBJECT TO VOTE  
APPROVAL BY THE MEMBERS.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

DRAFT OF 990 WAS SENT TO THE MANAGEMENT AND BOARD PRESIDENT

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

THE ORGANIZATION INVESTIGATES AND ENFORCES VIOLATIONS OF THE CONFLICT OF  
INTEREST POLICY.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

RESEARCH IS UNDERTAKEN TO ARRIVE AT THE CORRECT COMPENSATION FOR  
MANAGEMENT. RESULTS ARE REVIEWED BY THE BOARD. THIS PROCESS WAS LAST  
UNDERTAKEN IN 2012.



Name of the organization

Employer identification number

**AMERICAN WATCHMAKERS-CLOCKMAKERS**

**31-0731708**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

**COPIES OF POLICIES ARE AVAILABLE UPON REQUEST**

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2018**

Attachment  
Sequence No. **179**

Name(s) shown on return **AMERICAN WATCHMAKERS-CLOCKMAKERS  
INSTITUTE**

Identifying number  
**31-0731708**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,000,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,500,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>58,022</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>58,022</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

31-0731708

## Federal Asset Report

FYE: 6/30/2019

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
6	ACER G233HBMLD	8/29/12	1,041				1,041	5	MQ200DB	1,041	0
7	HP MXL248172F	4/15/13	1,214				1,214	5	MQ200DB	1,214	0
12	AV SYSTEM	6/24/11	42,953			X	0	5	HY 200DB	42,953	0
			<u>45,208</u>				<u>2,255</u>			<u>45,208</u>	<u>0</u>
<b>Other Depreciation:</b>											
1	LAND	6/30/95	237,566				237,566	0	-- Land	0	0
2	BUILDING	6/30/95	1,105,466				1,105,466	40	MO S/L	635,923	27,637
3	PENDULUM	6/30/96	1,719				1,719	40	MO S/L	988	43
4	CLOCK TOWER	6/30/96	4,032				4,032	4	MO S/L	4,032	0
5	IMPROVEMENTS	3/16/06	31,302				31,302	15	MO S/L	25,737	2,087
16	TENKOTTE BENCHES	8/31/11	3,724				3,724	7	MO S/L	3,680	44
17	KAISER CLASSROOM REMODEL	9/12/11	12,103				12,103	15	MO S/L	5,477	807
18	ADT CLASSROOM	9/22/11	2,630				2,630	7	MO S/L	2,567	63
20	CASKER BENCHES	10/18/11	3,355				3,355	7	MO S/L	3,235	120
24	ROOFTOP A/C	9/03/13	7,515				7,515	10	MO S/L	3,632	752
25	NEC PHONE SYSTEM	10/31/13	7,058				7,058	7	MO S/L	4,705	1,009
26	HDD SURVEILLANCE SYSTEM	8/08/13	319				319	7	MO S/L	224	45
27	DVR SECURITY SYSTEM	11/15/13	1,281				1,281	7	MO S/L	854	183
28	DUST COLLECTORS MOTORS	2/28/14	2,801				2,801	7	MO S/L	1,734	400
29	REFRIGERATOR	1/13/14	430				430	7	MO S/L	277	61
30	POWERSPORT DESKTOP	8/08/13	686				686	5	MO S/L	674	12
31	APPLE TABLET	6/06/14	533				533	5	MO S/L	435	98
32	2 POWERED SPEAKERS	8/31/14	896				896	7	MO S/L	490	128
33	ROOFTOP A/C UNIT	1/22/15	7,527				7,527	10	MO S/L	2,572	752
34	DIGITAL MICROSCOPE	1/28/15	4,945				4,945	7	MO S/L	2,413	707
35	CELL PHONE	2/06/15	801				801	5	MO S/L	547	160
36	2 600GB HARD DRIVES	12/05/14	1,695				1,695	5	MO S/L	1,215	339
37	DELL 5810 DESKTOP	1/08/15	1,408				1,408	5	MO S/L	985	282
38	DELL PRECISION M3800	1/08/15	1,808				1,808	5	MO S/L	1,266	361
39	DELL T SHOMAKER	4/07/15	976				976	5	MO S/L	635	195
40	DIABOLIC-E TESTER	7/15/15	2,175				2,175	7	MO S/L	932	311
41	NATATOR-125 TESTER	7/15/15	3,848				3,848	7	MO S/L	1,649	550
42	REVELATOR-R1 TESTER	7/15/15	3,373				3,373	7	MO S/L	1,446	482
43	HAND PRESS	10/06/15	807				807	7	MO S/L	317	115
44	ELMA WINDER	10/06/15	1,990				1,990	7	MO S/L	782	284
45	DRAGON STEAMER	4/07/16	694				694	7	MO S/L	223	99
46	LG 43" TV	5/31/16	479				479	7	MO S/L	142	69
47	PARKING LOT	4/13/15	6,500				6,500	15	MO S/L	1,300	433
48	EXEC DIR LAPTOP	10/04/15	813				813	5	MO S/L	447	163
49	MYCLOUD NETWORK STORAGE	1/08/16	826				826	5	MO S/L	413	165
50	SCREWDRIVER BLADE SHARPENER	9/19/16	765				765	7	MO S/L	191	110
51	2 PROJECTORS EX3240	9/19/16	856				856	7	MO S/L	214	122
52	SECURITY SYSTEM	9/30/16	4,500				4,500	7	MO S/L	1,125	643
53	RAY FOSTER MOTORS	12/28/16	1,274				1,274	7	MO S/L	273	182
54	BATTERY BACKUP HARDWARE	1/31/17	613				613	7	MO S/L	124	88
55	CAMERA	3/31/17	751				751	7	MO S/L	134	107
56	LANIER COPY MACHINE	4/26/17	9,166				9,166	7	MO S/L	1,528	1,309
57	BRYANT AIR CONDITIONER	5/11/17	6,677				6,677	7	MO S/L	1,113	954
58	LG TV 43LJ5000	5/31/17	468				468	7	MO S/L	72	67
59	3 TIMER & ANALYZERS	12/20/17	4,631				4,631	7	MO S/L	331	661
60	2 S1 TIMERS	12/20/17	4,495				4,495	7	MO S/L	321	642
61	QUARTZ TESTER	12/20/17	3,374				3,374	7	MO S/L	241	482
62	8 HAND PRESSES BUS	7/01/18	6,385				6,385	7	MO S/L	0	912
63	MC 28 WATCHMAKING KIT	10/22/18	16,292				16,292	7	MO S/L	0	1,552
64	MC VARIOUS EQUIP	12/17/18	24,261				24,261	7	MO S/L	0	1,733
65	EPSON DC-2 HI-DEF DOCUMENT CAM	12/31/18	526				526	7	MO S/L	0	38
66	3 VISE'S WERTHER COMPRESSOR	2/28/19	2,122				2,122	7	MO S/L	0	101
67	VACUUM PUMP	2/28/19	2,174				2,174	7	MO S/L	0	104
68	9 VISE'S	3/13/19	1,607				1,607	7	MO S/L	0	77
69	LAWN MOWER	4/12/19	3,209				3,209	7	MO S/L	0	115
70	WEED WACKER, BLOWER, WHEELBAI	4/12/19	372				372	7	MO S/L	0	13
71	MC PRESS	4/18/19	722				722	7	MO S/L	0	17
72	BERGEON CASE OPENER	5/16/19	733				733	7	MO S/L	0	9
73	2-JANETTE BAW	8/31/18	2,140				2,140	7	MO S/L	0	255
74	6 LENOVO LAPTOPS	2/28/19	4,941				4,941	7	MO S/L	0	235
75	MEMBERCLICKS SOFTWARE	2/28/19	6,895				6,895	7	MO S/L	0	328

31-0731708

**Federal Asset Report**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
76	ROOFTOP BRYANT HVAC	2/15/19	9,420			9,420	7 MO S/L	0	561
77	MOBILE CLASSROOM VEHICLE	4/29/19	400,308			400,308	10 MO S/L	0	6,672
78	MC GREINER VIBRO	4/15/19	5,680			5,680	7 MO S/L	0	203
79	MC BECO TECHNIC	4/15/19	5,000			5,000	7 MO S/L	0	179
80	MC BERGEON	4/15/19	6,900			6,900	7 MO S/L	0	246
81	MC ELMA	4/15/19	9,779			9,779	7 MO S/L	0	349
	<b>Total Other Depreciation</b>		<u>2,011,117</u>			<u>2,011,117</u>		<u>717,615</u>	<u>58,022</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,011,117</u>			<u>2,011,117</u>		<u>717,615</u>	<u>58,022</u>
	<b>Grand Totals</b>		2,056,325			2,013,372		762,823	58,022
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>2,056,325</u>			<u>2,013,372</u>		<u>762,823</u>	<u>58,022</u>

31-0731708

**Bonus Depreciation Report**

FYE: 6/30/2019

**Form 990, Page 1**

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
12	AV SYSTEM	6/24/11	42,953		0	0	42,953	0
<b>Grand Total</b>			<u>42,953</u>		<u>0</u>	<u>0</u>	<u>42,953</u>	<u>0</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

31-0731708

**Future Depreciation Report****FYE: 6/30/20**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
6	ACER G233HBMULD	8/29/12	1,041	0	0
7	HP MXL248172F	4/15/13	1,214	0	0
12	AV SYSTEM	6/24/11	42,953	0	0
			<u>45,208</u>	<u>0</u>	<u>0</u>

**Other Depreciation:**

1	LAND	6/30/95	237,566	0	0
2	BUILDING	6/30/95	1,105,466	27,637	0
3	PENDULUM	6/30/96	1,719	43	0
4	CLOCK TOWER	6/30/96	4,032	0	0
5	IMPROVEMENTS	3/16/06	31,302	2,087	0
16	TENKOTTE BENCHES	8/31/11	3,724	0	0
17	KAISER CLASSROOM REMODEL	9/12/11	12,103	806	0
18	ADT CLASSROOM	9/22/11	2,630	0	0
20	CASKER BENCHES	10/18/11	3,355	0	0
24	ROOFTOP A/C	9/03/13	7,515	751	0
25	NEC PHONE SYSTEM	10/31/13	7,058	1,008	0
26	HDD SURVEILLANCE SYSTEM	8/08/13	319	46	0
27	DVR SECURITY SYSTEM	11/15/13	1,281	183	0
28	DUST COLLECTORS MOTORS	2/28/14	2,801	400	0
29	REFRIGERATOR	1/13/14	430	62	0
30	POWERSPORT DESKTOP	8/08/13	686	0	0
31	APPLE TABLET	6/06/14	533	0	0
32	2 POWERED SPEAKERS	8/31/14	896	128	0
33	ROOFTOP A/C UNIT	1/22/15	7,527	753	0
34	DIGITAL MICROSCOPE	1/28/15	4,945	706	0
35	CELL PHONE	2/06/15	801	94	0
36	2 600GB HARD DRIVES	12/05/14	1,695	141	0
37	DELL 5810 DESKTOP	1/08/15	1,408	141	0
38	DELL PRECISION M3800	1/08/15	1,808	181	0
39	DELL T SHOMAKER	4/07/15	976	146	0
40	DIABOLIC-E TESTER	7/15/15	2,175	311	0
41	NATATOR-125 TESTER	7/15/15	3,848	549	0
42	REVELATOR-R1 TESTER	7/15/15	3,373	481	0
43	HAND PRESS	10/06/15	807	115	0
44	ELMA WINDER	10/06/15	1,990	284	0
45	DRAGON STEAMER	4/07/16	694	100	0
46	LG 43" TV	5/31/16	479	68	0
47	PARKING LOT	4/13/15	6,500	434	0
48	EXEC DIR LAPTOP	10/04/15	813	163	0
49	MYCLOUD NETWORK STORAGE	1/08/16	826	166	0
50	SCREWDRIVER BLADE SHARPENER	9/19/16	765	109	0
51	2 PROJECTORS EX3240	9/19/16	856	123	0
52	SECURITY SYSTEM	9/30/16	4,500	643	0
53	RAY FOSTER MOTORS	12/28/16	1,274	182	0
54	BATTERY BACKUP HARDWARE	1/31/17	613	87	0
55	CAMERA	3/31/17	751	108	0
56	LANIER COPY MACHINE	4/26/17	9,166	1,310	0
57	BRYANT AIR CONDITIONER	5/11/17	6,677	954	0
58	LG TV 43LJ5000	5/31/17	468	67	0
59	3 TIMER & ANALYZERS	12/20/17	4,631	662	0
60	2 SI TIMERS	12/20/17	4,495	642	0
61	QUARTZ TESTER	12/20/17	3,374	482	0
62	8 HAND PRESSES BUS	7/01/18	6,385	912	0
63	MC 28 WATCHMAKING KIT	10/22/18	16,292	2,327	0
64	MC VARIOUS EQUIP	12/17/18	24,261	3,466	0
65	EPSON DC-2 HI-DEF DOCUMENT CAMERA	12/31/18	526	75	0
66	3 VISE'S WERTHER COMPRESSOR	2/28/19	2,122	303	0
67	VACUUM PUMP	2/28/19	2,174	310	0
68	9 VISE'S	3/13/19	1,607	229	0
69	LAWN MOWER	4/12/19	3,209	458	0
70	WEED WACKER, BLOWER, WHEELBARRO	4/12/19	372	53	0
71	MC PRESS	4/18/19	722	103	0
72	BERGEON CASE OPENER	5/16/19	733	104	0

31-0731708

**Future Depreciation Report****FYE: 6/30/20**

FYE: 6/30/2019

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
73	2-JANETTE BAW	8/31/18	2,140	305	0
74	6 LENOVO LAPTOPS	2/28/19	4,941	706	0
75	MEMBERCLICKS SOFTWARE	2/28/19	6,895	985	0
76	ROOFTOP BRYANT HVAC	2/15/19	9,420	1,345	0
77	MOBILE CLASSROOM VEHICLE	4/29/19	400,308	40,031	0
78	MC GREINER VIBRO	4/15/19	5,680	811	0
79	MC BECO TECHNIC	4/15/19	5,000	714	0
80	MC BERGEON	4/15/19	6,900	986	0
81	MC ELMA	4/15/19	9,779	1,397	0
	<b>Total Other Depreciation</b>		<u>2,011,117</u>	<u>98,973</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,011,117</u>	<u>98,973</u>	<u>0</u>
	<b>Grand Totals</b>		<u>2,056,325</u>	<u>98,973</u>	<u>0</u>



Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2018</b>
Name <b>AMERICAN WATCHMAKERS-CLOCKMAKERS</b>		Taxpayer Identification Number <b>31-0731708</b>
Description <b>MERCHANDISE</b>		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.		<b>48,729</b>
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. <b>Total revenue.</b> Add lines 1 through 6	7.		<b>48,729</b>
8. Cost of Goods Sold	8.		<b>7,173</b>
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. <b>Total expenses.</b> Add lines 8 through 14	15.		<b>7,173</b>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.		<b>41,556</b>

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
<b>Total Fundraising Expense</b>	

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	<b>7,173</b>
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	<b>7,173</b>

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Information is indicated for use on Form 990-T schedule:**

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

Form <b>990</b>		<b>Two Year Comparison Report</b>		<b>2017 &amp; 2018</b>	
Name		For calendar year 2018, or tax year beginning		, ending	
<b>AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE</b>		07/01/18		06/30/19	
		Taxpayer Identification Number		31-0731708	
		2017	2018	Differences	
Revenue	1. Contributions, gifts, grants	1. 100	72,659	72,559	
	2. Membership dues and assessments	2. 214,190	193,620	-20,570	
	3. Government contributions and grants	3.			
	4. Program service revenue	4. 243,028	413,770	170,742	
	5. Investment income	5. 223,689	197,399	-26,290	
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7. 444,918	187,185	-257,733	
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10. 40,650	41,556	906	
	11. Other revenue	11. 22,554	6,682	-15,872	
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 1,189,129	1,112,871	-76,258	
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16. 421,132	422,565	1,433	
	17. Professional fundraising fees	17.			
	18. Other professional fees	18. 106,289	118,145	11,856	
	19. Occupancy, rent, utilities, and maintenance	19. 74,780	69,824	-4,956	
	20. Depreciation and Depletion	20. 44,835	58,022	13,187	
	21. Other expenses	21. 299,520	320,905	21,385	
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 946,556	989,461	42,905	
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. 242,573	123,410	-119,163	
Other Information	24. Total exempt revenue	24. 1,189,129	1,112,871	-76,258	
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26. 974,839	846,592	-128,247	
	27. Total assets	27. 7,805,807	8,680,754	874,947	
	28. Total liabilities	28. 158,373	582,665	424,292	
	29. Retained earnings	29. 7,647,434	8,098,089	450,655	
	30. Number of voting members of governing body	30. 9	9		
	31. Number of independent voting members of governing body	31. 9	9		
	32. Number of employees	32. 8	6		
33. Number of volunteers	33.				

<b>Form 990</b>	<b>Tax Return History</b>	<b>2018</b>
Name <b>AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE</b>		Employer Identification Number <b>31-0731708</b>

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants .....	45,500	6,650		100	72,659	
Membership dues .....	268,723	255,376	233,419	214,190	193,620	
Program service revenue .....	294,049	251,795	275,862	243,028	413,770	
Capital gain or loss .....	275,389	52,898	223,175	444,918	187,185	
Investment income .....	180,040	202,263	173,266	223,689	197,399	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....	31,332	19,059	25,169	63,204	48,238	
<b>Total revenue</b> .....	<b>1,095,033</b>	<b>788,041</b>	<b>930,891</b>	<b>1,189,129</b>	<b>1,112,871</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....	294,420	411,721	417,387	421,132	422,565	
Professional fees .....	141,207	97,756	88,503	106,289	118,145	
Occupancy costs .....	51,710	55,284	57,641	74,780	69,824	
Depreciation and depletion .....	51,001	48,531	42,466	44,835	58,022	
Other expenses .....	311,213	253,180	255,960	299,520	320,905	
<b>Total expenses</b> .....	<b>849,551</b>	<b>866,472</b>	<b>861,957</b>	<b>946,556</b>	<b>989,461</b>	
<b>Excess or (Deficit)</b> .....	<b>245,482</b>	<b>-78,431</b>	<b>68,934</b>	<b>242,573</b>	<b>123,410</b>	
<b>Total exempt revenue</b> .....	<b>1,095,033</b>	<b>788,041</b>	<b>930,891</b>	<b>1,189,129</b>	<b>1,112,871</b>	
Total unrelated revenue .....						
Total excludable revenue .....	780,810	526,015	697,472	974,839	846,592	
Total Assets .....	7,666,386	7,368,785	7,729,778	7,805,807	8,680,754	
Total Liabilities .....	250,841	227,118	155,715	158,373	582,665	
Net Fund Balances .....	7,415,545	7,141,667	7,574,063	7,647,434	8,098,089	

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 80,425					
Total	\$ 80,425					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDEND INCOME	\$ 116,974					
Total	\$ 116,974					

31-0731708

**Federal Statements**

FYE: 6/30/2019

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
SUBCONTRACTORS	\$ 950	\$ 950	\$	\$
BANK CHARGES	316	316		
CERTIFICATION PREP & TESTING	6,300	6,300		
FINANCING FEES	1,289	1,289		
OH ANNUAL REPORT	200	200		
CREDIT CARD FEES	20,523	20,523		
INSTRUCTOR	26,160	26,160		
STAFF TRAINING	695	695		
Total	\$ 56,433	\$ 56,433	\$ 0	\$ 0

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
EDITING	\$ 15,830	\$ 15,830	\$	\$
STUDENT MEALS	4,574	4,574		
LICENSES & FEES	1,396	1,396		
VEHICLE REPAIRS	1,012	1,012		
COMPLIMENTARY SERVICES	585	585		
SHIPPING SUPPLIES	545	545		
Total	\$ 23,942	\$ 23,942	\$ 0	\$ 0