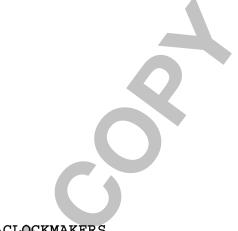
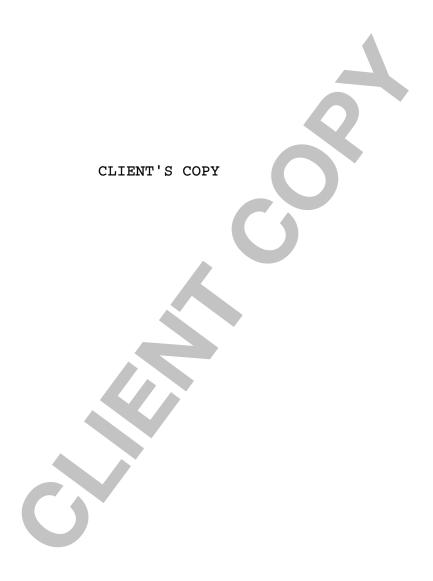
ATLAS CPAS & ADVISORS PLLC 1230 SPRINGFIELD PIKE CINCINNATI, OH 45215



AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE 701 ENTERPRISE DR. HARRISON, OH 45030

Idadaldilaaalldlaaladd





ATLAS CPAs & Advisors PLLC

1230 Springfield Pike Cincinnati, OH 45215

It's about time.

January 24, 2024

American Watchmakers-Clockmakers Institute 701 Enterprise Dr. Harrison, OH 45030



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

2022 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Since you have final responsibility for the tax returns, 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.

Also 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.

This office is committed to using safeguards that protect your information from data theft. To further protect your identity, you can also take steps to stop thieves. IRS publication 4524 outlines simple steps that help you keep your computer secure, avoid phishing and malware, and protect your personal information.

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

Our bill for services rendered is also enclosed. Payment for services is due upon receipt. Tax returns are filed upon receipt of signature forms and payment of your invoice.

If you have any questions, or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

ATLAS CPAs & Advisors PLLC



ATLAS CPAs & Advisors PLLC

1230 Springfield Pike Cincinnati, OH 45215

It's about time.

January 24, 2024

American Watchmakers-Clockmakers Institute 701 Enterprise Dr. Harrison, OH 45030

Dear Jack:

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

2022 Form 990

2022 State Annual Report

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Since you have final responsibility for the tax returns, 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.

Also 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.

This office is committed to using safeguards that protect your information from data theft. To further protect your identity, you can also take steps to stop thieves. IRS publication 4524 outlines simple steps that help you keep your computer secure, avoid phishing and malware, and protect your personal information.

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

Our bill for services rendered is also enclosed. Payment for services is due upon receipt. Tax returns are filed upon receipt of signature forms and payment of your invoice.

If you have any questions, or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

ATLAS CPAs & Advisors PLLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

American Watchmakers-Clockmakers Institute 701 Enterprise Dr. Harrison, OH 45030

Prepared By:

ATLAS CPAS & ADVISORS PLLC 1230 Springfield Pike Cincinnati, OH 45215

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

022, or fiscal year beginning	\mathtt{JUL}	1	, 2022, and ending	JUN	30	, 20 2 3

3

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

For calendar year 2 Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

AMERICAN WATCHMAKERS-CLOCKMAKERS

EIN or SSN 31-0731708

JACK KURDZIONAK Name and title of officer or person subject to tax TREASURER

Type of Return and Return Information Part I

INSTITUTE

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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

iui oi	io iii io ii i ait i.			
1a	Form 990 check here	X b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	ль <u>1,081,420</u> .
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b
За	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here		Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here		Amount of credit payment requested (Form 8038-CP, Part III, li	
Part Part	II Declaration and S	ignatur	Authorization of Officer or Person Subject to Tax	
Inder p	penalties of perjury, I declare th	at 🗓 Ia	m an officer of the above entity or 🔲 I am a person subject to ta	ax with respect to (name
f entity	y)		, ,(EIN) and	that I have examined a copy of the
022 el	ectronic return and accompany	ing sched	ules and statements, and, to the best of my knowledge and belief, t	hey are true, correct, and

complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 federal taxes owed on this return, and the processing the restriction account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes of the payment of the federal taxes 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN	1:	check	one	box	only
-----	----	-------	-----	-----	------

X I authorize	ATLAS	CPAS	δc	ADVISORS PLLC	to enter my PIN	TTTT
				ERO firm name		Enter five numbers, but

as my signature on the tax year 2022 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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.

Date

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.

31031145247 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return 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.

01/24/24 TYLER M. SCOTT ERO's signature Date

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Comparison Com	<u>A</u>	For the	e 2022 calendar year, or tax year beginning 00L 1, 2022 and	enaing L	<u>JUN 30, 2023</u>			
Design business as 31-0731708 Total number of independent voting markets for PL box if mail is not delivered to street address) Roumysulf Total response number Total ENTERPRISE DR. City of town, state or province, country, and ZIP or foreign postal code Government Total ENTERPRISE DR. City of town, state or province, country, and ZIP or foreign postal code Hope Total ENTERPRISE DR. Total ENTERPRISE DR. Total Enterprise DR. Harris SID (18) Market SID (18) Marke	В		* AMERICAN WATCHMAKERS-CLOCKMAKERS		D Employer identifi	cation number		
Disrig Dusiness as Disrig Dusiness as Number and street (or P.O. box if mail is not delivered to street address) Room/Sulle Telephone number To1 ENTERPRISE DR.			SS INSTITUTE					
Number and street (of P.U. box if frail is not delived to street adoress) Contributions and street (of P.U. box if frail is not delived to street adoress)		chang	Doing business as		31-07317	08		
City or town, state or province, country, and ZIP or foreign postal code Part City or town, state or province, country, and ZIP or foreign postal code Part		return		Room/suite				
HARRISON, OH 45030 Ho) to this a group return Fame and address of principal officer JACK KURDZIONAK To 1 ENTERPRISE DR, HARRISON, OH 45030 Ho) Available promote process of principal officer JACK KURDZIONAK To 1 ENTERPRISE DR, HARRISON, OH 45030 Ho) Available promote process of principal officer JACK KURDZIONAK To 2 ENTERPRISE DR, HARRISON, OH 45030 Ho) Available promote process of the proce		lreturn			513-367-			
PARKALSUN, OH					G Gross receipts \$	3,135,501.		
Personner of address of propaga directed voltage and address of propaga directed with address of propaga and address of propaga directed voltage and address of prop		return	HARRISON, OH 45050		7			
Total Entries Display Total To		tion	F Name and address of principal officer: UACK KOKDZIONAK		for subordinates	? Yes X No		
J Website: WWW - AWCI . COM Form of organization: X Corporation Trust Association Other L Year of formation: 1964 M State of legal demiclic; OH Part Summary 1 Briefly describe the organization's mission or most significant activities: PROMOTE THE HORLOGY PROFESSION 2 PROFUGIH A RANGE OF EDUCATION, CERTIFICATION, COMMUNICATIONS, AND 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 8 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 8 5 Total number of orlindviduals employed in calendar year 2022 (Part VI, line 1a) 4 8 8 6 Total number of orlindviduals employed in calendar year 2022 (Part VI, line 1a) 4 8 8 6 Total number of orlindviduals employed in calendar year 2022 (Part VI, line 1a) 4 8 8 6 Total number of orlindviduals employed in calendar year 2022 (Part VI, line 1a) 4 8 8 7 Total number of orlindviduals employed in calendar year 2022 (Part VI, line 1a) 4 8 8 8 Contributions and grants (Part VIII, column (I), line 11 7 7 0 0 9 Program service revenue (Part VIII, column (I), line 11 7 7 0 0 18 Contributions and grants (Part VIII, line 1h) 163, 478 158, 430 9 Program service revenue (Part VIII, column (I), line 20 240, 496 301, 865 10 Investment Income (Part VIII, column (I), line 14 4 409 63, 397 10 Total revenue - add lines 8 through 11 (must equal Part VIII, column (I), line 12 1,097, 129 1,081, 420 13 Grants and similar amounts paid (Part XI, column (I), line 14 0 0 0 0 14 Benefits paid to or for members (Part XI, column (I), line 14 0 0 0 0 0 15 Salaries, other compensation, employee benefits (Part XI, column (I), line 14 0 0 0 0 0 0 0 0 0	_	pendii	701 ENTERPRISE DR, HARRSTON, OH 45030		H(b) Are all subordinates in	ncluded? Yes No		
Part Summary	<u>T</u>	Tax-ex		or 527	If "No," attach a	list. See instructions		
Part Summary								
Briefly describe the organization's mission or most significant activities: PROMOTE THE HOROLOGY PROFESSION THROUGH A RANGE OF EDUCATION, CERTIFICATION, COMMUNICATIONS, AND 2 Check this box				L Year	of formation: 1964 r	M State of legal domicile: OH		
THROUGH A RANGE OF EDUCATION, CERTIFICATION, COMUNICATIONS, AND	P		-					
Solution	Φ	1						
Solution	Succession							
Solution	ž	2			A	1 -		
Solution	ŏ	3						
Solution	ص ص	4						
Solution	es	5				3		
Solution	<u>₹</u>	6						
Solution	Act	7 a						
8 Contributions and grants (Part VIII, line 1h) 163,478 158,430 240,496 301,865 240,496 301,865 301,865 10 Investment income (Part VIII, column (A), lines 3,4, and 7d) 648,546 557,728 44,609 63,397 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,097,129 1,081,420 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 246,587 253,618 16a Professional fundraising etes (Part IX, column (A), line 11e) 0 0 0 0 0 0 0 0 0	_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11					
9				7 –				
12 Total revenue (Part VIII, column (A), lines 5, 6c, 2c, 5c, 10c, 10c, 10c, 10c, 10c, 10c, 10c, 10	ē	8						
12 Total revenue (Part VIII, column (A), lines 5, 6c, 2c, 5c, 10c, 10c, 10c, 10c, 10c, 10c, 10c, 10	ē	9						
12 Total revenue (Part VIII, column (A), lines 5, 6c, 2c, 5c, 10c, 10c, 10c, 10c, 10c, 10c, 10c, 10	že	10						
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 .	_	יין						
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 .	_							
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 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. Signature of officer Primt/Type preparer's name TYLER M. SCOTT Firm's address 1230 SPRINGFIELD PIKE CINCINNATI, OH 45215 Phone no.513-771-4100								
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 0 . b Total fundraising expenses (Part IX, column (D), line 25) 0 . 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4.97 , 2.97 . 5.38 , 8.75 . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 743 , 8.84 . 7.92 , 4.93 . 19 Revenue less expenses. Subtract line 18 from line 12 353 , 2.45 . 2.88 , 9.27 . 20 Total assets (Part X, line 16) 8 , 5.79 , 5.80 . 8 , 8.00 , 1.33 . 21 Total liabilities (Part X, line 26) 4.42 , 1.35 . 2.58 , 3.08 . 22 Net assets or fund balances. Subtract line 21 from line 20 8 , 1.37 , 4.45 . 8 , 5.41 , 8.25 . Part II Signature Block Signature Block Signature Block Date Da								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Reginning of Current Year End of Year 26 End of Year 27 Firm's name ATLAS CPAS & ADVISORS PLLC 27 Firm's address 1230 SPRINGFIELD PIKE CINCINNATI, OH 45215 Phone no.513-771-4100	es	15						
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Reginning of Current Year End of Year 26 End of Year 27 Firm's name ATLAS CPAS & ADVISORS PLLC 27 Firm's address 1230 SPRINGFIELD PIKE CINCINNATI, OH 45215 Phone no.513-771-4100	ens	16a		_	0.	0.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Reginning of Current Year 26 End of Year 27 Firm's name 28 Reginning of Current Year 29 Beginning of Current Year 29 End of Year 20 Total assets (Part X, line 26) 20 Total assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Revenue less expenses. Subtract line 21 from line 20 24 42 , 135 . 258 , 308 . 8, 800 , 133 . 258 , 308 . 8, 800 , 133 . 258 , 308 . 8, 800 , 133 . 258 , 308 . 8, 800 , 133 . 258 , 308 . 8, 800 , 133 . 258 , 308 . 8, 800 , 133 . 258 , 308 . 8, 800 , 133 . 258 , 308 . 8, 800 , 133 . 258 , 308 . 8, 800 , 133 . 258 , 308 . 8, 800 , 133 . 258 , 308 . 8, 800 , 133 . 258 , 308 . 8, 800 , 133 . 258 , 308 . 8, 800 , 133 . 258 , 308 . 8, 800 , 133 . 258 , 308 . 8, 800 , 133 . 258 , 308 . 8, 800 , 133 . 258 , 308 . 8, 800 , 133 . 258 , 308 . 258 ,	Ž.X	b			407 207	F20 07F		
19 Revenue less expenses. Subtract line 18 from line 12 353, 245. 288, 927.	ш	''						
Beginning of Current Year End of Year		1				792,493.		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date JACK KURDZIONAK, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date TYLER M. SCOTT TYLER M. SCOTT 01/24/24 self-employed P01047519 Preparer Use Only Firm's name ATLAS CPAS & ADVISORS PLLC Firm's EIN 47-2544071 Firm's address 1230 SPRINGFIELD PIKE CINCINNATI, OH 45215 Phone no.513-771-4100		19	Revenue less expenses. Subtract line 18 from line 12					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date JACK KURDZIONAK, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date TYLER M. SCOTT TYLER M. SCOTT 01/24/24 self-employed P01047519 Preparer Use Only Firm's name ATLAS CPAS & ADVISORS PLLC Firm's EIN 47-2544071 Firm's address 1230 SPRINGFIELD PIKE CINCINNATI, OH 45215 Phone no.513-771-4100	is or		T. 1. 1. (D. 1.) (D. 1.) (1.)	В				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date JACK KURDZIONAK, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date TYLER M. SCOTT TYLER M. SCOTT 01/24/24 self-employed P01047519 Preparer Use Only Firm's name ATLAS CPAS & ADVISORS PLLC Firm's EIN 47-2544071 Firm's address 1230 SPRINGFIELD PIKE CINCINNATI, OH 45215 Phone no.513-771-4100	Ssel	g 20			442 125			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date JACK KURDZIONAK, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date O1/24/24 self-employed P01047519 Preparer Firm's name ATLAS CPAS & ADVISORS PLLC Firm's EIN 47-2544071 Use Only Firm's address 1230 SPRINGFIELD PIKE CINCINNATI, OH 45215 Phone no. 513-771-4100	et A	21						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here JACK KURDZIONAK, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Date PTYLER M. SCOTT PYLER M. SCOTT D1/24/24 Firm's name ATLAS CPAS & ADVISORS PLLC Firm's EIN 47-2544071 Firm's address 1230 SPRINGFIELD PIKE CINCINNATI, OH 45215 Phone no.513-771-4100					0,13/,443.	0,341,023.		
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date JACK KURDZIONAK, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Preparer's signature Polotype preparer Self-employed Polotype Polot				and statem	ante and to the heet of m	/ knowledge and helief it is		
Sign Signature of officer Date Here JACK KURDZIONAK, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature TYLER M. SCOTT TYLER M. SCOTT Date O1/24/24 Firm's name ATLAS CPAS & ADVISORS PLLC Firm's EIN 47-2544071 When the second is a signature Date Check PTIN Firm's name Preparer's signature TYLER M. SCOTT TYLER M. SCOTT O1/24/24 Firm's address 1230 SPRINGFIELD PIKE CINCINNATI, OH 45215 Phone no.513-771-4100						Kilowieuge allu bellei, it is		
Here JACK KURDZIONAK, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature TYLER M. SCOTT O1/24/24 if print/Type preparer's name Preparer's signature Prim's name ATLAS CPAS & ADVISORS PLLC Firm's elin 47-2544071 Use Only Firm's address 1230 SPRINGFIELD PIKE CINCINNATI, OH 45215 Phone no.513-771-4100	truc	,	t, and complete. Declaration of preparer (other than officer) is based on an information of win	ποτι ρι σραισι	nas any knowicage.			
Here JACK KURDZIONAK, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature TYLER M. SCOTT O1/24/24 if print/Type preparer's name Preparer's signature Prim's name ATLAS CPAS & ADVISORS PLLC Firm's elin 47-2544071 Use Only Firm's address 1230 SPRINGFIELD PIKE CINCINNATI, OH 45215 Phone no.513-771-4100	Sia	n	Signature of officer		Date			
Type or print name and title Print/Type preparer's name Print/Type preparer's name Preparer Print/Type preparer's name Preparer Preparer's signature TYLER M. SCOTT TYLER M. SCOTT O1/24/24 Firm's name ATLAS CPAS & ADVISORS PLLC Firm's address 1230 SPRINGFIELD PIKE CINCINNATI, OH 45215 Phone no.513-771-4100								
Print/Type preparer's name	He							
Paid TYLER M. SCOTT TYLER M. SCOTT O1/24/24 if P01047519					Date Check [PTIN		
Preparer Use Only Firm's name ATLAS CPAS & ADVISORS PLLC Firm's EIN 47-2544071 Use Only Firm's address 1230 SPRINGFIELD PIKE CINCINNATI, OH 45215 Phone no.513-771-4100	Paid	d		la	l if			
Use Only Firm's address 1230 SPRINGFIELD PIKE CINCINNATI, OH 45215 Phone no.513-771-4100								
CINCINNATI, OH 45215 Phone no. 513-771-4100					THIII S LIN T			
		,			Phone no 51	3-771-4100		
	Ma	y the IF	-		1. 110110 11010 =			

Par	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:
	PROMOTE THE HOROLOGY PROFESSION THROUGH A RANGE OF EDUCATION,
	CERTIFCATION, COMMUNICATIONS, AND BUSINESS SERVICES AND PROVIDE A
	MEMBER DIRECTORY OF PROFESSIONAL CLOCKMAKERS/WATCHMAKERS TO CONNECT
	WITH REPAIR/RETAIL SOURCES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$615, 252. including grants of \$) (Revenue \$)
	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.
41.	
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 615, 252.
4e	Total program service expenses 615, 252. Form 990 (2022)
	FOIII 666 (2022)

Page 3

Form 990 (2022) INSTITUTE 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)?			v
_	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Λ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
_	Schedule D, Part III	8		
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?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			Х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
D		11b		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		21
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
А	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.74		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	, (,, ii roo, complete concease i, i arto i and ii			

Page 4

AMERICAN WATCHMAKERS-CLOCKMAKERS

Form 990 (2022) INSTITUTE
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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			, v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	000		X
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	,	28c		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
UZ.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				_
	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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

022) INSTITUTE
Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2022)
Part V Sta

22 Enter the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, field of the tocalendar year enforced by the results in the section of the se					Yes	No
b If a least one is reported on line 22, did the organization file all required featorial employment tax returns? 2a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If Yes, the sit filed a Form 990 T for this year? If Yes' to line 3b, provide an explanation on Schedule 0 3b If Yes, the sit filed a Form 990 T for this year? If Yes' to line 3b, provide an explanation on Schedule 0 3b If Yes, and the organization are country gued as a bank account, securities account, or different instead accountry 3c instead or the country seems as a bank account, securities account, or different instead accountry 3c instead organization and the foreign country gued as a bank account, securities account, or different instead accounts (FBAP). 5c Was the organization aparty to a prohibitod tax shelter transaction at any time during the tax year? 5c If Yes' to line 5a or 5b, did the organization file Form 8886 T? 5c If Yes' to line 5a or 5b, did the organization file Form 8886 T? 5c If Yes' to line 5a or 5b, did the organization file Form 8886 T? 6c If Yes' to line 5a or 5b, did the organization file Form 8886 T? 6d Does the organization have accounted by the year solution and party for goods and services provided any contributions that twee not tax deductible as charitable contributions under section 170(c). 6d If Yes, and the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7b If Yes, and the organization include with every solicitation and express statement that such contributions or grifts were not tax deductible? 8c If Yes, and the organization include with every solicitation and party for goods and services provided? 9c If Yes, and the organization and party for a prime that such contributions or grifts were not tax deductible? 9c If Yes, and the organization include with every solicitation and party for goods and services provided? 9c If Yes, and the organization organization include th	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Sample S			-		7.7	
b If Yes, "Italia filled a Form 890.T for this year? If No.1 to file 3b, provide an explanation on Schedule O At any time during the calendary 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 tank account, securities account, or other financial accountry? 4a					X	37
4a Al 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 accounts? b if 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (*BAÑ). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If 'Yes' of the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes' of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions are expressed to the organization than any receive deductible contributions under section 170(b). b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 Coganizations that may receive deductible contributions under section 170(b). b If 'Yes,' indicate the number of Forms 8282? Ifted during the year 10 If the organization receive a contribution of quality property for which it was required to file Form 8282? 7 Coganization received a contribution of care, boats, airplanes, or other vehicles, gid the organization received a contribution of care, boats, airplanes, or other vehicles, gid the organization file a Form 1998 C? 8 Sponsoring organizations maintaining donor advised funds. Did a cone advised fund maintained by the sponsoring organizations makes at taxisfied intellectual property, did the organization file a Form 1998 C? 9 Sponsoring organizations makes at taxisfied intellectual property, did the organization file a Form 1998 C? 10 If the organization received a contribution						<u> </u>
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," other the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAñ). 5a Was the organization a party to a prohibitor tax shelter transaction at any time during the tax year? 5b Dd any taxable party notify the organization file Form 88887? 6c If "Yes" to line Sa or Sb, did the organization file Form 888861? 6d Does the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 6 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 c If If If I was required to the foreign time to the services growted? 7 c If I was required to the foreign contribution of the value of the goods or services provided? 7 c If I was required to the organization notify the donor of the value of the goods or services provided? 7 c If I was required to the foreign contribution of the value of the goods or services provided? 7 c I was required to the organization notify the donor of the value of the goods or services provided to the payor? 7 c I was required to the organization of the value of the goods or services provided to the payor? 7 d If I was required to the contribution of the value of the good of the value of the good of the services of the good of the goo				3b		
b if Yes," reter the name of the foreign country See instructions of liting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction? 5b Was the organization to be a problem of the second of the problem of the probl	4a					v
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the diganization solicit any contributions was enough and a properly of the design and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Different organization receive a payment in exciss of \$75 made partily as a contribution and partly for goods and services provided to the payor? 9 Different organization receive a payment in exciss of \$75 made partily as a contribution and partly for goods and services provided to the payor? 10 Did the organization neceive a payment in exciss of \$75 made partily as a contribution and partly for goods and services provided to the payor? 10 Did the organization neceive any funds, directly or indirectly, or payments or services provided? 11 Did the organization seceive any funds, directly or indirectly, to pay premiums or a personal benefit contract? 12 Did the organization received a contribution of qualified intellectual property, of different payments of the organization file Form 8899 as required? 13 If the organization received a contribution of qualified intellectual property, of different payments of the organization file Form 1098-C7 Sponsoring organization have excess business holdings at any time during the year? 13 Sponsoring organization have excess business holdings at any time during the year? 14 Sponsoring organization have excess business holdings at any time during the year? 15 Section 501(c)(7) organization make a distribution to a donor, divider, or related person? 16 Grass recome from members or shareholders 17 July 19 Different from 19 Di			unt)?	<u>4a</u>		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or Sb, did the organization file Form 88861? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). 8 If If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organizations sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 88867. 6 If Yes, "indicate the number of Forms 88262 filed during the year 7 Organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization received any funds, directly or indirectly, to a personal benefit contract? 7 Organization received any funds, directly or indirectly, to a personal benefit contract? 7 Organization received any funds, directly or indirectly, or a personal benefit contract? 7 Organization received any funds, directly or indirectly, or a personal benefit contract? 7 Organization received any funds, directly or indirectly, or a personal benefit contract? 7 Organization received any funds, directly or indirectly, or a personal benefit contract? 7 Organization received any funds, directly or indirectly, or a personal benefit contract? 7 Organization received any contribution of cares, boats, and partitions	D	• • —	unto (ERAD)			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5 or 55, did the organization file Form 8886-T? 8 Obest 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? 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 1 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Do If "Yes," indicate the particular of the value of the goods or services provided of the payor? 7 Do If "Yes," indicate the number of Forms 8282 filed during the year 1 Did the organization receive any funds, directly or indirectly, to pay premiums of a personal benefit contract? 7 Do If the organization received a contribution of qualified intellectual property did the organization file Form 8892 as required? 1 Did the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file a Form 1098-C? 1 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 2 Sponsoring organization make any taxable distributions under section 4966? 3 Sponsoring organization make any taxable distributions under section 4966? 4 Section 501(c)(12) organizations. Erfor: 4 If the organization received a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 5 Section 501(c)(12) organizations. Erfor: 1 Did Section 501(c)(12) organizations included on Part VIII, line 12, for public use of club facilities 1 Did Section 501(c)(12) organiz	E o			5 0		x
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the diganization solicit any contributions that were not tax deductibles of any contributions that were not tax deductibles of the special solicity of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization static may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8828? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property of the organization file Form 8899 as required? 7 This is the organization received a contribution of cases, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations make any traxable distributions under section 4986? b Did the sponsoring organization make any traxable distributions under section 4986? b Did the sponsoring organization make any traxable distribution for a diviser, or related person? 9 b Did the sponsoring organizations. Enter: a Gross income from members or shareholders Gross income from their sources. (Do not rei smourts due or paid to other sources against amounts due or received from them.) 10b		· · · · · · · · · · · · · · · · · · ·				
6a X b If "Yes," did the organization have amoual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twen on tax deductible as charitable contributions are very ent tax deductible? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization setul receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 Did The organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization creaved a contribution of qualified intellectual property, did the organization file a Form 1098-C? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(C)(7) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 6 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 9 Did the sponsoring organization make any taxable distributions under section 4967 (2) organization. Enter: a finitiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 10 Did 19 Did 1						- 21
any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization suppress in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the clonor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 d Did the organization funds a contribution of qualified intellectual property, did the organization file Form 8289 as required? 7 h If the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required? 7 h If the organization received a contribution of acis, boats, implease, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization have excess business holdings at any time duming the year? 9 Sponsoring organization make any taxable distributions under section 49667 9 Did the sponsoring organization make any taxable distributions under section 49667 9 Did the sponsoring organization make a distribution to a denor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross received from them) 10 Gross received from them) 11 Section 501(c)(12) organizations. Di						
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a bid the organization cective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? b if "Yes," fold the organization notify the donor of the value or the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	ou			6a		х
were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? Organization and parity for goods and services provided to the payor? Organization services and parity the donor of the value of the goods or services provided? Organization receives and parity the donor of the value of the goods or services provided? Organization received and parity the donor of the value of the goods or services provided? Organization received and parity the donor of the value of the goods or services provided? Organization received and parity the donor of the value of the goods or services provided? Organization received and good organization developed by the organization donor that the organization donor that the organization donor that the organization received a contribution of qualified intellectual property, did the organization file Form 1098-07 Organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 Organization prograpization make and valued funds. Organization prograpization make and valued funds. Organization gorganization make and sistribution to a donor advised fund maintained by the sponsoring organization make and sistribution to a defore, defore advisor, or related person? Organization organization make and sistribution to a defore, defore advisor, or related person? Organization organization and part organization filing Form 990 in lieu of Form 10417 Organization organization and part organization filing Form 990 in lieu of Form 10417 Organization organization and part organization is received or accrued during the year 12b 10a	b					
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Tid g If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Tid g If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Tid g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7 The Sponsoring organizations maintaining donor advised funds. Did a donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distribution sunder section 4966? 9 Section 501(c)(T) organizations make a distribution to a denor, donor advised via fund maintained by the sponsoring organization make any taxable distribution sunder section 4966? 9 Section 501(c)(T) organizations. Enter: a linitation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 c Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 B 12 Section 501(c)(T) organizations. Enter: a lit **Yes,** in the the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization is licensed				6b		
b if "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Id If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? I Did the organization received a contribution of qualified intellectual property, did the organization in file Form 8289 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a chorer advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a define, donor advisor, or related person? Section 501(c/X) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Do Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Did be sponsoring organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources. (Do not rise amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is cliensed to issue	7					
b if "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Id If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? I Did the organization received a contribution of qualified intellectual property, did the organization in file Form 8289 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a chorer advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a define, donor advisor, or related person? Section 501(c/X) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Do Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Did be sponsoring organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources. (Do not rise amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is cliensed to issue	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	provided to the payor?	7a		
to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 77				7b		
d If "Yes," indicate the number of Forms 8282 filed during the year e) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f) Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f) If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f) If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f) If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f) If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? Sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(12) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b) Gross receipts, included on Form 990, Part VIII, line 12 c) Gross income from members or shareholders b) Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 501(c)(21) qualified nonprofit health insurance issuers. a) Is the organization incomested to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b) Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? If "Yes," is at filed a Form 720 to report these payments? If No, "provide a	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re	quired			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 72 73 74 75 76 77 77 77 78 78 79 18 19 18 the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 88 89 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 90 91 92 105 93 94 106 95 96 96 97 107 107 108 109 109 109 109 109 109 109		to file Form 8282?		7c		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h If the organization received a contribution of cars, bosts, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10 Gross income from members or shareholders 11 Section 501(c)(12) organizations. Enter: 12 Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization fling Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization ilcensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 If "Yes," has it flied a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(g) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 49	d	If "Yes," indicate the number of Forms 8282 filed during the year	t l			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization make and soldings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 8 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 1 Section 501(c)(2) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization in equired to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 17 Exet the amount of reserves on hand 18 Even organization subject to the section 4960 tax on payments(s) of more than \$1,000,000 in remuneration or excess parachute payments of indoor tanning services during the tax year? 15 X 17 Yes," complete Form 47	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	act?	7e		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4960? 9 Did the sponsoring organization make any taxable distributions under section 4960 and the section 4963? 10 Did the sponsoring organization in secures any taxable distributions under section 4960 and the section 4963? 11 Did the sponsoring organization in tomation the organization on the section 4968 excise tax on net investment income? 12 Did the sponsoring organization of an excise tax under section 4951, 4952 or 4953? 12 Did the sponsoring organization on the section 4963 excise tax on the investment income? 13 Did the sponsoring organization of an excise tax under section 4951, 4952 or 4953? 14 Did the sponsoring organization on the section 4963 excise tax on the investment income? 15 Did the sponsoring organization of an excise tax under section 4951, 4952 or 4953	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9b Did the sponsoring organizations make any taxable distributions under section 4966? 9b Did the sponsoring organization make any taxable distributions under section 4966? 9b Did the sponsoring organization make any taxable distribution on a donor, donor advisor, or related person? 9b Did the sponsoring organizations make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4960 and the sponsoring organization make any taxable distributions under section 4961 and the sponsoring organization is included on Part VIII; line 12 10a Did the sponsoring organizations included on Part VIII; line 12 11b Did	g			7g		
sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule 0. 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 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? 15 If "Yes," see the instructions and file Form 4720, Schedule N. 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	h			7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 112a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c 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 c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 15a 15 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? 15 X 17 If "Yes," see the instructions and file Form 4720, Schedule N. 18 Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of	8		the	_		
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax exempt interest received or accrued during the year 1 Ib Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Ital Did the organization receive any payments for indoor tanning services during the tax year? Ital Did 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 the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under sect				8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section \$01(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section \$01(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section \$4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section \$01(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 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? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 16 X Y Section \$01(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?						
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	_					
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule 0. 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule 0 15 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? 15 X 16 If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4953? 17				90		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			اء			
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization receive any payments for indoor tanning services during the tax year? 15 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? 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	_					
a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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 the instructions and file Form 4720, Schedule N. 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			<u> </u>			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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 the instructions and file Form 4720, Schedule N. If "Yes," see the instructions and file Form 4720, Schedule N. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		Cycon income from members or charakelders	a			
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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 the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 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? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	_		ь			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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 the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	12a		_	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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 the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17			1			
Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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 the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 Enter the amount of reserves the organization is required to maintain by the states in which the organization which the organization or necesser tax on payment (s) that would result in the imposition of an excise tax under section 4963 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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 the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 In the imposition of an excise tax under section 4951, 4952 or 4953? 19 In the imposition of an excise tax under section 4951, 4952 or 4953?	а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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 the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 In the imposition of an excise tax under section 4951, 4952 or 4953? 18 In the imposition of an excise tax under section 4951, 4952 or 4953?		Note: See the instructions for additional information the organization must report on Schedule O.				
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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 the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 In the organization and educational institution subject to the section 4968 excise tax on net investment income? 18 In the organization and educational institution subject to the section 4968 excise tax on net investment income? 19 In the imposition of an excise tax under section 4951, 4952 or 4953?	b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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 the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 Yan Andrew And			b			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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 the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 In "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 18 In "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 18 In "Yes," complete Porm 4720, Schedule N. 19 In "Yes," complete Form 4720, Schedule O. 10 In "Yes," complete Form 4720, Schedule O. 11 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	С		С			
15 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 the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 X X X If "Yes," see the instructions and file Form 4720, Schedule N. 19 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If X If "Yes," complete Form 4720, Schedule O. If "Yes," complete				14a		X
excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 X 19 X 10 X 11 X 12 X 13 X 14 X 15 X 16 X 17 In				14b		
If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 Yes," see the instructions and file Form 4720, Schedule N. 19 Yes," see the instructions and file Form 4720, Schedule N. 10 Yes, "see the instructions and file Form 4720, Schedule N. 10 Yes, "see the instructions and file Form 4720, Schedule N. 11 Yes, "see the instructions and file Form 4720, Schedule N. 12 Yes, "see the instructions and file Form 4720, Schedule N. 13 Yes, "see the instructions and file Form 4720, Schedule N. 14 Yes, "see the instructions and file Form 4720, Schedule N. 15 Yes, "see the instructions and file Form 4720, Schedule N. 16 Yes, "see the instructions and file Form 4720, Schedule N. 16 Yes, "see the instructions and file Form 4720, Schedule N. 16 Yes, "see the instructions and file Form 4720, Schedule N. 16 Yes, "see the instructions and file Form 4720, Schedule N. 17 Yes, "see the instructions and file Form 4720, Schedule N. 18 Yes, "see the instructions and file Form 4720, Schedule N. 19 Yes, "see the instruction and educational institution subject to the section 4968 excise tax on net investment income? 18 Yes, "see the instruction and educational institution subject to the section 4968 excise tax on net investment income? 19 Yes, "see the instruction and educational institution subject to the section 4968 excise tax on net investment income? 10 Yes, "see the instruction and education	15					v
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 YES, "Complete Form 4720, Schedule O. 19 In the imposition of an excise tax under section 4968 excise tax on net investment income? 10 In the imposition of an excise tax under section 4968 excise tax on net investment income? 11 In the imposition of an excise tax under section 4968 excise tax on net investment income? 12 In the imposition of an excise tax under section 4968 excise tax on net investment income? 13 In the imposition of an excise tax under section 4968 excise tax on net investment income? 14 In the imposition of an excise tax under section 4968 excise tax on net investment income? 15 In the imposition of an excise tax under section 4968 excise tax on net investment income? 16 In the imposition of an excise tax under section 4968 excise tax on net investment income? 17 In the imposition of an excise tax under section 4968 excise tax on net investment income?				15		Λ
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	10		0	40		v
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	16	· · · · · · · · · · · · · · · · · · ·	ome?	16		
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		00			
	17			17		
				- ''		

Form 990 (2022)

INSTITUTE

31-0731708

Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
	This state 2 logistic members as as particle for a specific members as a specific member		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed OH			
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 onlv)	availal	ole
. =	for public inspection. Indicate how you made these available. Check all that apply.	,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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			
_5	JACK KURDZIONAK - 513-367-9800			
	701 ENTERPRISE DRIVE , HARRISON, OH 45030			

Page 7

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization no	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week (list any		T an			17 11 43		from the	from related organizations	other compensation
	hours for	direct				l _e		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related
	below	vidua	itutio	cer	Key employee	hest c	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig	Fori			
(1) JACK KURDZIONAK	4.00									
TREASURER		Х		Х				0.	0.	0.
(2) JUSTIN HARRELL	2.00									
DIRECTOR		Х			4			0.	0.	0.
(3) MIKE CREASY	2.00									
DIRECTOR		Х	4					0.	0.	0.
(4) NICK BUTT	2.00									
DIRECTOR	4 00	X						0.	0.	0.
(5) CHRISTOPHER CAREY	4.00					ŀ				
SECRETARY	4 00	X		X				0.	0.	0.
(6) DAVID LINDOW	4.00								_	•
PRESIDENT	0 00	X		X		_		0.	0.	0.
(7) SCOTT WALTERS	2.00								_	•
DIRECTOR	4 00	X	_					0.	0.	0.
(8) AARON RECKSIEK	4.00	77		3,7					0	0
VICE PRESIDENT		X	_	Х		_		0.	0.	0.
										_
		-								
		•								
		•								
										_
		1								
		1								
								1		

(C)

(D)

(B)

(A)

(E)

Page 8

(F)

	Name and title	Average hours per week Average hours do not check more than one box, unless person is both an officer and a director/trustee)							Reportable Reportable compensation compensati					
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer 6		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	s	comp fro orga	m the inizat relat	e ion ed
							4							
С	Subtotal Total from continuation sheets to Part VI	I, Section A		4					0.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n) wh	o re	0 • ceived more than \$100,	000 of reportable	0.			0.
	compensation from the organization		4		Z,								Yes	0 No
3	Did the organization list any former officer,	director, trust	ee, k	ey e	mpl	oye	e, or	higl	hest compensated emp	loyee on			162	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
_	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com		_			-			-			5		Х
	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for		-							· · · · · · · · · · · · · · · · · · ·	ensat	ion froi	m	
	(A) Name and business	•		ONE					(B) Description of s		С	(C) ompen		n
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organizati	•	ot lin	nited	l to t	thos C		ted	above) who received mo	ore than				
												Form 9	$\alpha \alpha \alpha$	

Page 9

AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE

Form 990 (2022)
Part VIII

Statement of Revenue

		Check if Schedule O c	ontains a i	response (or note to any lin	e 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
ts ts	1 a	Federated campaigns		1a					
ir a	b	Membership dues		1b	156,430.				
S, G	С	Fundraising events		1c					
a ii	d	Related organizations		1d					
s, C	е	Government grants (contri	butions)	1e				A	
Sign	f	All other contributions, gifts, g	grants, and						
the		similar amounts not included		1f	2,000.				
Ē	g	Noncash contributions included in li	ines 1a-1f	1g \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f				158,430.			
					Business Code				
ø	2 a	ACADEMY TUITION			611519	226,064.	226,064.	7	
Ş.	b				541800	75,801.	75,801.		
Program Service Revenue	c								
E B	d								
gra Re	ت ه								
Pr	f	All other program service r	revenue						
		Total. Add lines 2a-2f				301,865.			
	3	Investment income (includ							
	J					187,373.	187,373.		
	4	Income from investment or							
	5	Royalties							
	3	noyaliles		Real	(ii) Personal				
	6 -	Cross routs	l - ''	ricai	(ii) i crooriai				
		Gross rents	6a						
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)		ecurities	(ii) Othor				
	/ a	Gross amount from sales of	_ · · ·		(ii) Other				
		assets other than inventory	7a 2,4	08,699.					
	b	Less: cost or other basis		20 244					
Revenue				38,344.					
e e		, ,		70,355.		270 255	270 255		
Ř		Net gain or (loss)				370,355.	370,355.		
ther	8 a	Gross income from fundraisin							
0		including \$							
		contributions reported on							
	_	Part IV, line 18	,						
					1				
		Net income or (loss) from f							
	9 a	Gross income from gaming							
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from (
	10 a	Gross sales of inventory, le							
		and allowances							
		Less: cost of goods sold			15,737.				
\longrightarrow	С	Net income or (loss) from s	sales of inv	entory	I	62,934.	62,934.		
g					Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME			900099	463.	463.		
ane	b								
SeV Sev	С								
Ais	d	All other revenue							
	е	Total. Add lines 11a-11d				463.			
	12	Total revenue. See instruction	ns			1,081,420.	922,990.	0.	0.

INSTITUTE 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).

Secu	on 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	
	Check if Schedule O contains a respon		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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			A	
	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	232,466.	162,726.	69,740.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	506.	354.	152.	
10	Payroll taxes	20,646.	14,452.	6,194.	
11	Fees for services (nonemployees):			7	
а	Management				
b	Legal				
С	Accounting	20,077.		20,077.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	36,111.		36,111.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	1,067.	1,067.		
13	Office expenses	49,517.	47,871.	1,646.	
14	Information technology	11,477.	7,460.	4,017.	
15	Royalties	4,531.	4,531.		
16	Occupancy	65,355.	65,355.	07.000	
17	Travel	30,371.	3,368.	27,003.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 601	0 001	2 700	
19	Conferences, conventions, and meetings	12,601.	8,881.	3,720.	
20	Interest	15,881.	15,881.		
21	Payments to affiliates	06 611	06 611		
22	Depreciation, depletion, and amortization	96,611.	96,611.		
23	Insurance	6,820.	6,820.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	12 607	12 607		
a	MAGAZINE PUBLISHING BAW SUPPLIES	42,687. 41,613.	42,687. 41,613.		
b	WRITER FEE	36,753.	36,753.		
C	INSTRUCTOR	23,920.	23,920.		
d		43,483.	34,902.	Q 5Q1	
	All other expenses Add lines 1 through 24s	792,493.	615,252.	8,581. 177,241.	0.
25	Total functional expenses. Add lines 1 through 24e	134,433•	013,434.	111,441.	U •
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 following SOP 98-2 (ASC 958-720)				
	11 IOIIOWING SOP 98-2 (ASC 958-720)				Form 990 (2022)

Form 990 (2022)
Part X Balance Sheet

Pai	LA	Dalatice Stieet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			154,146.	1	29,995.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			16,145.	4	116,069.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
ts	6	Loans and other receivables from other disqualif	ied per	rsons (as defined			
		under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			75,750.	8	80,611.
Ř	9	Prepaid expenses and deferred charges			0.	9	4,870.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,097,410.	254 252		225 425
	b				954,053.	10c	887,485.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			T (254 406	12	E 685 840
	13	Investments - program-related. See Part IV, line 1			7,374,486.	13	7,675,713.
	14	Intangible assets			F 000	14	F 200
	15	Other assets. See Part IV, line 11	5,000.	15	5,390.		
	16	Total assets. Add lines 1 through 15 (must equa			8,579,580.	16	8,800,133.
	17	Accounts payable and accrued expenses	38,331.	17	38,879.		
	18	Grants payable	2 705	18	12 502		
	19	Deferred revenue			2,785.	19	43,503.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
jlit		trustee, key employee, creator or founder, subst				00	
Liabilities	22	controlled entity or family member of any of thes Secured mortgages and notes payable to unrela		al a salia	401,019.	22	175,926.
	23 24	Unsecured notes and loans payable to unrelated			1 01,017•	24	113,3200
	25	Other liabilities (including federal income tax, pay				24	
	23	parties, and other liabilities not included on lines					
		of Schedule D	17-24)	2. Complete Fait X		25	
	26	Total liabilities. Add lines 17 through 25			442,135.	26	258,308.
	20	Organizations that follow FASB ASC 958, che	$\overline{}$		112,1001	20	230,3000
es		and complete lines 27, 28, 32, and 33.					
anc	27		,		8,137,445.	27	8,541,825.
3ala	28	Net assets with donor restrictions			., . , .	28	, , , , , , , , , , , , , , , , , , , ,
μ		Organizations that do not follow FASB ASC 9					
Fu		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			8,137,445.	32	8,541,825.
_	33				8,579,580.	33	8,800,133.

Form 990 (2022)

INSTITUTE

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

31-0731708 Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,081,420. Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 792,493. 2 2 288,927. Revenue less expenses. Subtract line 2 from line 1 3 3 8,137,445 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 115,453 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 9 0. 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 8,541,825. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Nο X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis X Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b 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: Separate basis Consolidated basis Both consolidated and separate basis c 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? Х **2**c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? Х За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2022)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE

Employer identification number 31-0731708

Pai	organizations maintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		Fullus of A	Complete if the
	3	(a) Donor advised funds		(b) Funds and other accounts
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 and donor advisors in v		nor advised fun	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant fund	s can be used o	only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other	purpose confer	ring
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Fo	orm 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education) Prese	rvation of a hist	orically important land area
	Protection of natural habitat	Prese	rvation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in	the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
				2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminate	ed by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri		-	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enfor	cing conservation	on easements during the year
_	Accorded to the state of the st	Proved a lateral and a set or for a large		and the state of t
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing	conservation ea	sements during the year
•	Door and appropriation account was at all the O(s) above		tian 170/b)/4)/D	\(\frac{1}{2}\)
8	Does each conservation easement reported on line 2(d) above	, ,	(/ (/ (···
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
9	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.	ote to the organization's linancia	ai statements tri	at describes the
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures	s. or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form		-,	
	If the organization elected, as permitted under FASB ASC 958		tement and hal	ance sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			noc of public
b	If the organization elected, as permitted under FASB ASC 958			e sheet works of
_	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	_		\$
	Assats included in Form 900, Part V			······ +

	dule D (Form 990) 2022 INSTITU		t Historiaal Tu		. 041)731703		age 2
Par	t III Organizations Maintaining C							nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	make si	gnificant use of i	ts		
	collection items (check all that apply):								
а	Public exhibition	d	I Loan or ex	change progra	ım				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organizatio	n's exen	npt purpose in Pa	art XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	asures, or othe	r similar	assets			
	to be sold to raise funds rather than to be ma						Yes		No
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organization	on answered "	Yes" on	Form 990, Part I	V, line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributior	ns or other ass	ets not i	ncluded			
	on Form 990, Part X?						Yes		☐ No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or c	custodial accou	unt liabili	ty?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on F	Part XIII				
Par	t V Endowment Funds. Complete	if the organization an	swered "Yes" on F	orm 990, Part	IV, line 1	0.			
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three years ba	ck (e) Four	years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	and administer	ed for th	e			
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?	•			3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr	` '	st or other s (other)	` '	ccumulated oreciation	(d) Boo	k valu	ie
1a	Land		23	37,566.			23	7,5	66.
	Buildings			7,185.	-	775,310.			75.
	Leasehold improvements								
	Equipment								
	Other		75	52,659.	4	134,615.	31	8,0	44.
	. Add lines 1a through 1e. (Column (d) must e		•					_	85.
					_		_		_

INSTITUTE

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1		1 0/31/00 Page
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			~
Part VIII Investments - Program Related. Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	1c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1) STOCKS AND BONDS	7,581,793.	END-OF-YEAR MARKET	<u> </u>
(2) MONEY MARKET FUND	69,275.	END-OF-YEAR MARKET	
(3) ACCRUED INCOME	24,645.	COST	. 111101
` '	21,013.	CODI	
(4) (5)			
(6)			
(7)			
		/	
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	7,675,713.		
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			1
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide			that reports the
organization's liability for uncertain tax positions under l			

AMERICAN WATCHMAKERS-CLOCKMAKERS

Schedule D (Form 990) 2022

INSTITUTE

31-0731708 Page 4

Par	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Rev	venue per Returr) .
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	1 4 . 1		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	t XII Reconciliation of Expenses per Audited Financial State		penses per Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information.		5	
		Land IV Construction	Oh David V. Para da Dav	LV Par Or Dark VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P			t X, line 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	logitional information	on.	
			·	
			· · · · · · · · · · · · · · · · · · ·	
				_

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE

Employer identification number 31-0731708

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BUSINESS SERVICES AND PROVIDE A MEMBER DIRECTORY OF PROFESSIONAL CLOCKMAKERS/WATCHMAKERS TO CONNECT WITH REPAIR/RETAIN SOURCES. FORM 990, PART VI, SECTION A, LINE 6: CLASSES OF MEMBERS OR STOCKHOLDERS OF THE ORGANIZATION HAS MEMBERS WHO RECEIVE BENEFITS ACCORDING TO THE ORGANIZATION'S MISSION. FORM 990, PART VI, SECTION A, LINE 7A: ELECTION OF MEMBERS AND THEIR RIFHTS INDIVIDUAL MEMBERS HAVE THE RIGHT TO VOTE FOR UP TO THREE DIRECTORS ON THE AWCI BOARD. COMPANIES, SCHOOLS, AFFILIATES DO NOT HAVE THE RIGHT TO VOTE. FORM 990, PART VI, SECTION A, 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, SECTION B, LINE 11B: ORGANIZATION'S PROCESS TO REVIEW FORM 990 DRAFT OF 990 WAS SENT TO THE MANAGEMENT AND BOARD PRESIDENT. FORM 990, PART VI, SECTION B, LINE 12C:

ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATION INVESTIGATE AND ENFORCES

VIOLATIONS OF THE CONFLICT OF THE INTEREST POLICY.

Schedule O (Form 990) 2022 Page 2 AMERICAN WATCHMAKERS-CLOCKMAKERS Name of the organization **Employer identification number** INSTITUTE 31-0731708 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. FORM 990, PART VI, SECTION C, LINE 19: COPIES OF POLICIES ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

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

(c)

(d)

(e)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

(a)

AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 31-0731708

(f)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total incon	ne End-of-yea	r assets Direct co	_	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization ar	nswered "Yes" on Form 990, F	Part IV, line 34, be	ecause it had one	or more related tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr	rolled
		ŭ ,,		501(c)(3))		Yes	No
AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE - 23-7160387, 701 ENTERPRISE DR., HARRISON, OH		277.0		TND 7	AMERICAN WATCHMAKERS-CLOCKM	v	
45030		DHIO		LINE 7	AKERS INSTITUTE	X	

INSTITUTE

Page 2

		0 1. (1) 5 10 5 10 5 10 5 10 5 10 5 10 5 10 5	
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had	one or more related
raitiii	organizations treated as a partnership during the tax year.		

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

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

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

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

1a

Page 3

X

Yes No

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

b Gift, grant, or capital contribution to related organization(s)				1b		_X_		
					Х			
d Loans or loan guarantees to or for related organization(s)				1d		X		
e Loans or loan guarantees by related organization(s)				1e		X		
f Dividends from related organization(s)				1f		<u>X</u>		
g Sale of assets to related organization(s)				1g		<u>X</u>		
h Purchase of assets from related organization(s)				1h		X		
i Exchange of assets with related organization(s)						<u>X</u>		
j Lease of facilities, equipment, or other assets to related organization(s)						<u>X</u>		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		_X		
I Performance of services or membership or fundraising solicitations for related org						X		
m Performance of services or membership or fundraising solicitations by related org	anization(s)			1m		X		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
Sharing of paid employees with related organization(s)				1o		_X_		
						X		
p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses				1q		<u>X</u>		
r Other transfer of cash or property to related organization(s)				1r		_X_		
s Other transfer of cash or property from related organization(s)				1s		<u>X</u>		
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete th	nis line, including covered i	relationships and transaction thresholds.					
(a) Name of related organization	(b)	(c)	(d)					
Name of related organization	Transaction	Amount involved	Method of determining amo	ount involved				
	type (a-s)							
AMERICAN WATCHMAKERS INSTITUTE EDUCATION		0 000	a. a					
(1) LIBRARY & MUSEUM TRUST	С	2,000.	CASH					
(2)								
(3)								
(4)								
(4)								
(E)								
(5)	+							
(6)								
232163 09-14-22	1	l	Sch	edule R (Forn	1 9901	2022		
302 100 00° 17° 22			Juli	cade II (I OIII	. 555)	_0_2		

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

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

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec.	Share of	Share of	Dispre tion	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec. 501(c)(3) orgs.?	total	end-of-year	allocat	ate ions?	amount in box 20	managir	ownership
		country)	sections 512-514)	Yes No		assets	Yes	Nο	(Form 1065)	Yes N	<u></u>
			,	100 110			1.00	110	,	10011	+
							М				
								,			
							\vdash			\vdash	
							\vdash			\vdash	+
							\vdash			\vdash	
		The state of the s									
											T
							\vdash			\vdash	+

AMERICAN WATCHMAKERS-CLOCKMAKERS

Schedule R	(Form 990) 2022	INSTITUTE	31-0731708	Page 5
Part VII	(Form 990) 2022 Supplementa	I Information		
	Provide additiona	l information for responses to q	uestions on Schedule R. See instructions.	

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER													
1	ACER G223	08/29/12	200DB	5.00	НУ17	1,041.			521.	520.	520.		0.	520.
2	HP MXL248	04/15/13	200DB	5.00	HY17	1,214.			607.	607.	607.		0.	607.
3	AV SYSTEM	06/24/11	200DB	5.00	HY17				42,953.				0.	
4	LAND	06/30/95		.000		237,566.				237,566.			0.	
5	BUILDING	06/30/95		40.00	1.6	1,105,466.				1,105,466.	746,470.		27,637.	774,107.
6	PENDULUM	06/30/96		40.00	16					1,719.	1,160.		43.	1,203.
7	CLOCK TOWER	06/30/96		4.00	16					4,032.	4,032.		0.	4,032.
8	IMPROVEMENTS	03/16/06		15.00	16					31,302.	31,302.		0.	31,302.
9	TENKOTTE BENCHES	08/31/11	SL	7.00	16					3,724.	3,724.		0.	3,724.
10	KAISER CLASSROOM REMODEL	09/12/11	SL	15.00	16	12,103.				12,103.	8,705.		807.	9,512.
11	ADT CLASSROOM	09/22/11	SL	7.00	16	2,630.				2,630.	2,630.		0.	2,630.
12	CASKER BENCHES	10/18/11	SL	7.00	16	3,355.				3,355.	3,355.		0.	3,355.
13	ROOFTOP A/C	09/03/13	SL	10.00	16	7,515.				7,515.	6,639.		752.	7,391.
14	NEC PHONE SYSTEM	10/31/13	SL	7.00	16	7,058.				7,058.	7,058.		0.	7,058.
15	HDD SURVEILEANCE SYSTEM	08/08/13	SL	7.00	16	319.				319.	319.		0.	319.
16	DVR SECURITY SYSTEM	11/15/13	SL	7.00	16	1,281.				1,281.	1,281.		0.	1,281.
17	DUST COLLECTION MOTORS	02/28/14	SL	7.00	16	2,801.				2,801.	2,801.		0.	2,801.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	ine No. C	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	REFRIGERATOR	01/13/14	SL	7.00	1	.6	430.				430.	430.		0.	430.
19	POWERSPORT DESKTOP	08/08/13	SL	5.00	1	.6	686.				686.	686.		0.	686.
20	APPLE TABLET	06/06/14	SL	5.00	1	.6	533.				533.	533.		0.	533.
21	2 POWERED SPEAKERS	08/31/14	SL	7.00	1	.6	896.				896.	896.		0.	896.
22	ROOFTOP A/C UNIT	01/22/15	SL	10.00	1	.6	7,527.				7,527.	5,583.		753.	6,336.
23	DIGITAL MICROSCOPE	01/28/15	SL	7.00	1	.6	4,945.				4,945.	4,945.		0.	4,945.
24	CELL PHONE	02/06/15		5.00	1		801.				801.	801.		0.	801.
25	2 600GB HARD DRIVES	12/05/14		5.00		.6	1,695.				1,695.	1,695.		0.	1,695.
26	DELL5810 DESKTOP	01/08/15		5.00		.6	1,408.				1,408.	1,408.		0.	1,408.
27	DELL PRECISION M3800	01/08/15		5.00		.6	1,808.				1,808.	1,808.		0.	1,808.
						.6					976.	976.			976.
28	DELL T SHOMOAKER	04/07/15		5.00		T	976.							0.	
29	DIABOLIC-E TESTER	07/15/15	SL	7.00	1	.6	2,175.				2,175.	2,175.		0.	2,175.
30	NATAR-125 TESTER	07/15/15	SL	7.00	1	.6	3,848.				3,848.	3,848.		0.	3,848.
31	REVELATOR-R1 TESTER	07/15/15	SL	7.00	1	.6	3,373.				3,373.	3,373.		0.	3,373.
32	HAND PRESS	10/06/15	SL	7.00	1	.6	807.				807.	778.		29.	807.
33	ELMA WINDER	10/06/15	SL	7.00	1	.6	1,990.				1,990.	1,919.		71.	1,990.
34	DRAGON STEAMER	04/07/16	SL	7.00	1	.6	694.				694.	619.		74.	694.
35	LG 43' TV	05/31/16	SL	7.00	1	.6	479.				479.	416.		63.	479.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o Lii	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
36	PARKING LOT	04/13/15	SL	15.00	10	6,500.				6,500.	3,033.		433.	3,466.
37	EXEC DIR LAPTOP	10/04/15	SL	5.00	10	813.				813.	813.		0.	813.
38	MYCLOUDNETWORK STORAGE	01/08/16	SL	5.00	10	826.				826.	826.		0.	826.
39	SCREWDRIVER BLADE SHARPENER	09/19/16	SL	7.00	10	765.				765.	629.		109.	738.
40	2 PROJECTORS EX3240	09/19/16	SL	7.00	10	856.				856.	703.		122.	825.
41	SECURITY SYSTEM	09/30/16	SL	7.00	10	4,500.				4,500.	3,697.		643.	4,340.
42	RAY FOSTER MOTORS	12/28/16	SL	7.00	10					1,274.	1,001.		182.	1,183.
43	BATTERY BACKUP HARDWARE	01/31/17	SL	7.00	10					613.	475.		88.	563.
44	CAMERA	03/31/17	SL	7.00	10					751.	563.		107.	670.
45	LANIER COPY MACHINE	04/26/17		7.00	10					9,166.	6,765.		1,309.	8,074.
46	BRYANT AIR CONDITIONER	05/11/17		7.00	10					6,677.	4,929.		954.	5,883.
47	LG TV 43LJ5000	05/31/17		7.00	10					468.	340.		67.	407.
					10									
48	3 TIMER & ANALYZERS	12/20/17		7.00						4,631.	2,977.		662.	3,639.
49	2 S1 TIMERS	12/20/17	SL	7.00	10					4,495.	2,889.		642.	3,531.
50	QUARTZ TESTER	12/20/17	SL	7.00	10	3,374.				3,374.	2,169.		482.	2,651.
51	8 HAND PRESSES BUS	07/01/18	SL	7.00	10	6,385.				6,385.	3,648.		912.	4,560.
52	MC 28 WATCHMAKING KIT	10/22/18	SL	7.00	10	16,292.				16,292.	8,534.		2,327.	10,861.
53	MC VARIOUS EQUIP	12/17/18	SL	7.00	10	24,261.				24,261.	12,131.		3,466.	15,597.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	unadjuste Cost Or Bas	Bus is % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
54	EPSON DC-2 HI-DEF DOCUMENT CAM	12/31/18	SL	7.00	1	5 526				526.	263.		75.	338.
55	3 VISE'S WERTHER COMPRESSOR	02/28/19	SL	7.00	1	2,122				2,122.	1,010.		303.	1,313.
56	VACUUM PUMP	02/28/19	SL	7.00	1	5 2,174				2,174.	1,036.		311.	1,347.
57	9 VISE'S	03/13/19	SL	7.00	1	1,607				1,607.	766.		230.	996.
58	LAWN MOWER	04/12/19	SL	7.00	1	3,209				3,209.	1,490.		458.	1,948.
59	WEED WACKER, BLOWER, WHEEL	04/12/19	SL	7.00	1	372				372.	172.		53.	225.
60	MC PRESS	04/18/19	SL	7.00	1	722				722.	326.		103.	429.
61	BERGEON CASE OPENER	05/16/19	SL	7.00	1	733				733.	323.		105.	428.
62	2-JANETTE BAW	08/31/18	SL	7.00	1	2,140				2,140.	1,172.		306.	1,478.
63	6 LENOVO LAPTOPS	02/28/19	SL	7.00	1	4,941				4,941.	2,353.		706.	3,059.
64	MEMBERCLICKS SOFTWARE	02/28/19	SL	7.00	1	6,895				6,895.	3,283.		985.	4,268.
65	ROOFTOP BRYANT HVAC	02/15/19	SL	7.00	1	9,420				9,420.	4,598.		1,346.	5,944.
66	MOBILE CLASSROOM VEHICLE	04/29/19	SL	10.00	1	400,308				400,308.	126,764.		40,031.	166,795.
67	MC GREINER VIBRO	04/15/19	SL	7.00	1	5,680				5,680.	2,637.		811.	3,448.
68	MC BECO TECHNIC	04/15/19	SL	7.00	1	5,000				5,000.	2,322.		714.	3,036.
69	MC BERGEON	04/15/19	SL	7.00	1	6,900	•			6,900.	3,203.		986.	4,189.
70	MC ELMA	04/15/19	SL	7.00	1	9,779				9,779.	4,540.		1,397.	5,937.
71	PORTABLE FRIDGE	07/12/19	SL	7.00	1	330				330.	141.		47.	188.

FORM 990 PAGE 10 990

	70 FAGE 10							220							
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
72	REFRIGERATOR	03/10/20	SL	7.00		16	499.				499.	166.		71.	237.
73	NEC SV8100	07/11/19	SL	5.00		16	1,815.				1,815.	1,089.		363.	1,452.
74	EPSON DC20	04/07/20	SL	5.00		16	431.				431.	194.		86.	280.
75	POWERSPEC	08/01/19	SL	5.00		16	482.				482.	281.		96.	377.
76	EXTERIOR SIGN	11/27/19	SL	15.00		16	851.				851.	147.		57.	204.
77	LEICA STEREOZOOM MICROSCOPE	02/10/21	SL	7.00		16	6,634.				6,634.	1,343.		948.	2,291.
78	TRANSPORTABLE BENCHES	07/01/22	SL	7.00		16	13,196.				13,196.			1,885.	1,885.
79	NEW HVAC	09/01/22	SL	10.00		16	16,847.				16,847.			1,404.	1,404.
	* 990 PAGE 10 TOTAL OTHER						2,097,410.			44,081.	2,053,329.1	,069,233.		96,611.	L,165,845.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,097,410.			44,081.	2,053,329.1	,069,233.		96,611.	L,165,845.
					4										
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,067,367.			44,081.	2,023,286.1	,069,233.			L,162,556.
	ACQUISITIONS						30,043.			0.	30,043.	0.			3,289.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						2,097,410.			44,081.	2,053,329.1	,069,233.			L,165,845.
	ENDING ACCUM DEPR										1	,209,926.			
	ENDING BOOK VALUE											887,484.			

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

AMERICAN WATCHMAKERS-CLOCKMAKERS

Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates Identifying number

IN	STI	TUTE			FOR	M 9	90 P	AGE 10		31-0731708
Pa	art I	Election To Expense Certain Propert	y Under Section 17	79 Note: If yo	u have any lis	sted pr	operty,	complete Part	V before	you complete Part I.
1	Maxin	num amount (see instructions)							1	1,080,000.
2	Total	cost of section 179 property place								
		hold cost of section 179 property b								2,700,000.
		ction in limitation. Subtract line 3 fr			•				4	
5	Dollar lii	mitation for tax year. Subtract line 4 from line 1	. If zero or less, enter -	0 If married filing	g separately, see i	nstructio	ns		5	
6		(a) Description of prop	perty		(b) Cost (busin	ess use o	only)	(c) Elected	ost	
										_
7	Listed	property. Enter the amount from I	line 29				7			
8	Total	elected cost of section 179 proper	ty. Add amounts	in column (c	, lines 6 and	7			8	
		tive deduction. Enter the smaller of								
10	Carry	over of disallowed deduction from	line 13 of your 20	021 Form 456	32				10	
11	Busin	ess income limitation. Enter the sm	naller of business	income (not	less than zer	o) or lir	ne 5		11	
12	Section	on 179 expense deduction. Add lin	es 9 and 10, but	don't enter r	nore than line	11		<u></u>	12	
		over of disallowed deduction to 20					13			
_		n't use Part II or Part III below for li	sted property. In:	stead, use Pa	art V.	<u> </u>				
P	art II	Special Depreciation Allowan	ce and Other De	epreciation (Don't includ	le listed	d proper	ty.)		
14	Specia	al depreciation allowance for quality	fied property (oth	er than listed	l property) pla	aced in	service	during		
		x year								
15	Prope	erty subject to section 168(f)(1) elec	ction						15	
		depreciation (including ACRS)							16	96,611.
P	art III	MACRS Depreciation (Don't	include listed pro							
_					ction A					T
17	MACF	RS deductions for assets placed in	service in tax ye	ars beginning	before 2022	· · · · · · · ·			17	
<u>18</u>	If you ar	re electing to group any assets placed in servic		$\overline{}$						
		Section B - Assets I				Using t	he Gen	eral Deprecia	ion Syst	em T
		(a) Classification of property	(b) Month and year placed in service	(business/ir	depreciation vestment use instructions)	(d)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<u> 19a</u>	3-	year property								
b	5-	year property								
	7-	year property		Ť						
	10	0-year property								
<u> </u>	15	5-year property								
f	20	0-year property								
	25	5-year property				2	5 yrs.		S/L	
ł		esidential rental property	/			27	'.5 yrs.	MM	S/L	
	. 110	esidential rental property	/			27	'.5 yrs.	MM	S/L	
i	NI	onresidential real property	/			3	9 yrs.	MM	S/L	
			/					MM	S/L	
		Section C - Assets PI	aced in Service	During 2022	Tax Year U	sing th	e Alterr	native Depreci	ation Sys	stem
<u>20a</u>		lass life							S/L	
t		2-year					2 yrs.		S/L	
		0-year	/			1	0 yrs.	MM	S/L	
_		0-year	/			4	0 yrs.	MM	S/L	
	art IV	,							_	T
		d property. Enter amount from line							21	
22		Add amounts from line 12, lines 1							_	0.0 011
		have and an the annuanciate lines.							22	. 46 611
		here and on the appropriate lines				ions - s	see instr	•	22	96,611.
23	For as	riere and on the appropriate lines of seets shown above and placed in section of the basis attributable to section	service during the	current year	, enter the		ee instr	·	22	30,011.

Form 4562 (2022)

Part V

INSTITUTE

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns	. , 													
			n and Other			ution: 3	See the i	nstruct	tions for li	mits for p	oasseng	er auton	nobiles.)	
24a	Do you have evidence to s	T		nt use cl	aimed?	<u> </u>	es	No	24b If "Y	es," is th	ne evide	nce writt	en?	_ Yes ∟	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		(d) Cost or other basis	l (bu	(e) sis for depre siness/inve use only	stment	(f) Recovery period	Me	g) thod/ ention	Depre	h) ciation iction	Ele sectio	(i) cted on 179 ost
 25	Special depreciation alle	owance for q	ualified listed	property	y placed	in servic	e during	the ta	x year and	i					
	used more than 50% in	a qualified bu	usiness use								25				
26	Property used more tha	ın 50% in a qı	ualified busine	ss use:											
		: :		%											
		1 1	(%											
		: :	(%						<u></u>					
27	Property used 50% or le	ess in a qualit	ied business	ıse:											
		: :	(%						S/L -	\checkmark				
		1 1	(%						S/L -					
		: :	(%						S/L -					
	Add amounts in column										28				
29	Add amounts in column	ı (i), line 26. E	nter here and	on line	7, page	1							29		
	mplete this section for verous rour employees, first ans		•								-			T	
				1	(a)		(b)		(c)	1	d)	-	e)	(1	
30	Total business/investment		-	Ve	hicle	Ve	<u>hicle</u>	V	<u>'ehicle</u>	Ver	nicle	Veh	icle	Veh	icle
	year (don't include commu														
	Total commuting miles								<u> </u>						
32	Total other personal (no	-													
~~	driven														
33	Total miles driven during														
24	Add lines 30 through 32			Van	Na	Yes	No	Yes	. I No	Yes	Na	Yes	No	Voc	Na
34	Was the vehicle availab			Yes	No	res	No	Yes	No No	Yes	No	res	No	Yes	No
25	during off-duty hours? Was the vehicle used p														
33	than 5% owner or relate		nore												
36	Is another vehicle availa		nal												
-	use?	ibio ioi poioo	i iui												
		Section C	- Questions 1	or Emp	loyers V	Vho Pro	vide Veh	icles f	or Use by	Their E	mploye	es			
	swer these questions to or related than 5% owners or related to the second seco	determine if y	ou meet an e										ren't	_	_
37	Do you maintain a writte													Yes	No
	employees?														+
38	Do you maintain a writte			-				-			our				
	employees? See the ins				_										
	Do you treat all use of v														
40	Do you provide more th														
44	the use of the vehicles, Do you meet the require														
41	Note: If your answer to														
Pa	art VI Amortization	37, 36, 39, 4	0,014115 16	s, uon	t comple	ete Secti	011 101	trie co	vereu veri	icies.					
	(a) Description o	f costs	Date	(b) amortization begins	n	(c) Amortizal amoun	ble t		(d) Code section		(e) Amortiza period or per	ition	Ai fo	(f) mortization or this year	
 42	Amortization of costs th	nat begins du	ring your 2022		ar:					I	-21100 01 h01			,	
<u> </u>		J 200	3,	: :											
 43	Amortization of costs th	at began bef	ore your 2022		ar			•				43			
	Total Add amounts in	ū	•	•		roport						44			

31-0731708 Page 2

- CURRENT YEAR FEDERAL - AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE

						11101	TIOIF		-			
Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OTHER											
1	ACER G223	082912	200DB	5.00	17	1,041.		521.	520.	520.		0.
2	HP MXL248	041513	200DB	5.00	17	1,214.		607.	607.	607.		0.
3	AV SYSTEM	062411	200DB	5.00	17	42,953.		42,953.				0.
4	LAND	063095	L	.000		237,566.			237,566.			0.
5	BUILDING	063095	SL	40.00	16	1105466.			1105466.	746,470.		27,637.
6	PENDULUM	063096	SL	40.00	16	1,719.			1,719.	1,160.		43.
7	CLOCK TOWER	063096	SL	4.00	16	4,032.			4,032.	4,032.		0.
8	IMPROVEMENTS	031606	SL	15.00	16	31,302.			31,302.	31,302.		0.
	TENKOTTE BENCHES KAISER CLASSROOM	083111	SL	7.00	16	3,724.			3,724.	3,724.		0.
		091211	SL	15.00	16	12,103.			12,103.	8,705.		807.
11	ADT CLASSROOM	092211	SL	7.00	16	2,630.			2,630.	2,630.		0.
12	CASKER BENCHES	101811	SL	7.00	16	3,355.			3,355.	3,355.		0.
13	ROOFTOP A/C	090313	SL	10.00	16	7,515.			7,515.	6,639.		752.
	NEC PHONE SYSTEM HDD SURVEILEANCE	103113	SL	7.00	16	7,058.			7,058.	7,058.		0.
		080813	SL	7.00	16	319.			319.	319.		0.
	DVR SECURITY SYSTEM DUST COLLECTION	111513	SL	7.00	16	1,281.			1,281.	1,281.		0.
		022814	SL	7.00	16	2,801.			2,801.	2,801.		0.

228102 04-01-22

- CURRENT YEAR FEDERAL - AMERICAN WAT

AMERICAN	WATCHMAKERS-CLOCKMAKERS
TNCTTTITI	7

						11101	TIOIE					
Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
18	REFRIGERATOR	011314	SL	7.00	16	430.			430.	430.		0.
19	POWERSPORT DESKTOP	080813	SL	5.00	16	686.			686.	686.		0.
20	APPLE TABLET	060614	SL	5.00	16	533.			533.	533.		0.
21	2 POWERED SPEAKERS	083114	SL	7.00	16	896.			896.	896.		0.
22	ROOFTOP A/C UNIT	012215	SL	10.00	16	7,527.			7,527.	5,583.		753.
23	DIGITAL MICROSCOPE	012815	SL	7.00	16	4,945.			4,945.	4,945.		0.
24	CELL PHONE	020615	SL	5.00	16	801.			801.	801.		0.
25	2 600GB HARD DRIVES	120514	SL	5.00	16	1,695.			1,695.	1,695.		0.
		010815	SL	5.00	16	1,408.			1,408.	1,408.		0.
	DELL PRECISION M3800	010815	SL	5.00	16	1,808.			1,808.	1,808.		0.
28	DELL T SHOMOAKER	040715	SL	5.00	16	976.			976.	976.		0.
29	DIABOLIC-E TESTER	071515	SL	7.00	16	2,175.			2,175.	2,175.		0.
30	NATAR-125 TESTER	071515	SL	7.00	16	3,848.			3,848.	3,848.		0.
31	REVELATOR-R1 TESTER	071515	SL	7.00	16	3,373.			3,373.	3,373.		0.
32	HAND PRESS	100615	SL	7.00	16	807.			807.	778.		29.
33	ELMA WINDER	100615	SL	7.00	16	1,990.			1,990.	1,919.		71.
34	DRAGON STEAMER	040716	SL	7.00	16	694.			694.	619.		74.
35	LG 43' TV	053116	SL	7.00	16	479.			479.	416.		63.

- CURRENT YEAR FEDERAL - AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE

							TMDI	TIOIF					
Asset No.	Description	Dat Acqui		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
36	PARKING LOT	0413	315	SL	15.00	16	6,500.			6,500.	3,033.		433.
		1004	15	SL	5.00	16	813.			813.	813.		0.
38	MYCLOUDNETWORK STORAGE SCREWDRIVER BLADE	0108	16	SL	5.00	16	826.			826.	826.		0.
		0919	16	SL	7.00	16	765.			765.	629.		109.
40	2 PROJECTORS EX3240	0919	16	SL	7.00	16	856.			856.	703.		122.
41	SECURITY SYSTEM	0930	16	SL	7.00	16	4,500.			4,500.	3,697.		643.
	RAY FOSTER MOTORS BATTERY BACKUP	1228	16	SL	7.00	16	1,274.			1,274.	1,001.		182.
		0131	17	SL	7.00	16	613.			613.	475.		88.
44	CAMERA	0331	17	SL	7.00	16	751.			751.	563.		107.
	LANIER COPY MACHINE BRYANT AIR	0426	17	SL	7.00	16	9,166.			9,166.	6,765.		1,309.
		0511	17	SL	7.00	16	6,677.			6,677.	4,929.		954.
47	LG TV 43LJ5000	0531	17	SL	7.00	16	468.			468.	340.		67.
48	3 TIMER & ANALYZERS	1220	17	SL	7.00	16	4,631.			4,631.	2,977.		662.
49	2 S1 TIMERS	1220	17	SL	7.00	16	4,495.			4,495.	2,889.		642.
50	QUARTZ TESTER	1220	17	SL	7.00	16	3,374.			3,374.	2,169.		482.
	8 HAND PRESSES BUS MC 28 WATCHMAKING	0701	18	SL	7.00	16	6,385.			6,385.	3,648.		912.
52	KIT	1022	18	SL	7.00	16	16,292.			16,292.	8,534.		2,327.
53	MC VARIOUS EQUIP	1217	18	SL	7.00	16	24,261.			24,261.	12,131.		3,466.

228102 04-01-22

- CURRENT YEAR FEDERAL - AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE

							11101	TIOIF					
Asset No.	Description	Date Acquii		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
54		1231	18	SL	7.00	16	526.			526.	263.		75.
	3 VISE'S WERTHER COMPRESSOR	0228	19	SL	7.00	16	2,122.			2,122.	1,010.		303.
56	VACUUM PUMP	0228	19	SL	7.00	16	2,174.			2,174.	1,036.		311.
57	9 VISE'S	0313	19	SL	7.00	16	1,607.			1,607.	766.		230.
		0412	19	SL	7.00	16	3,209.			3,209.	1,490.		458.
	WEED WACKER, BLOWER, WHEEL	0412	19	SL	7.00	16	372.			372.	172.		53.
60	MC PRESS	0418	19	SL	7.00	16	722.			722.	326.		103.
61	BERGEON CASE OPENER	0516	19	SL	7.00	16	733.			733.	323.		105.
62	2-JANETTE BAW	0831	18	SL	7.00	16	2,140.			2,140.	1,172.		306.
		0228	19	SL	7.00	16	4,941.			4,941.	2,353.		706.
	MEMBERCLICKS SOFTWARE	0228	19	SL	7.00	16	6,895.			6,895.	3,283.		985.
	ROOFTOP BRYANT HVAC	0215	19	SL	7.00	16	9,420.			9,420.	4,598.		1,346.
	MOBILE CLASSROOM VEHICLE	0429	19	SL	10.00	16	400,308.			400,308.	126,764.		40,031.
67	MC GREINER VIBRO	0415	19	SL	7.00	16	5,680.			5,680.	2,637.		811.
68	MC BECO TECHNIC	0415	19	SL	7.00	16	5,000.			5,000.	2,322.		714.
69	MC BERGEON	0415	19	SL	7.00	16	6,900.			6,900.	3,203.		986.
70	MC ELMA	0415	19	SL	7.00	16	9,779.			9,779.	4,540.		1,397.
71	PORTABLE FRIDGE	0712	19	SL	7.00	16	330.			330.	141.		47.

- CURRENT YEAR FEDERAL - AMERICAN WATCHMAKERS-CLOCKMAKERS

INSTITUTE

						I		11011					
Asset No.	Description	Da Acqu	ate uired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
72	REFRIGERATOR	031	020	SL	7.00	16	499.			499.	166.		71.
73	NEC SV8100	071	119	SL	5.00	16	1,815.			1,815.	1,089.		363.
74	EPSON DC20	040	720	SL	5.00	16	431.			431.	194.		86.
75	POWERSPEC	080	119	SL	5.00	16	482.			482.	281.		96.
		112	719	SL	15.00	16	851.			851.	147.		57.
77		021	021	SL	7.00	16	6,634.			6,634.	1,343.		948.
	TRANSPORTABLE BENCHES	070	122	SL	7.00	16	13,196.			13,196.			1,885.
		090	122	SL	10.00	16	16,847.			16,847.			1,404.
	* 990 PAGE 10 TOTAL OTHER						2097410.		44,081.	2053329.	1069233.		96,611.
	* GRAND TOTAL 990 PAGE 10 DEPR						2097410.		44,081.	2053329.	1069233.		96,611.
	CURRENT YEAR ACTIVITY			(
	BEGINNING BALANCE						2067367.		44,081.	2023286.	1069233.		
	ACQUISITIONS						30,043.		0.	30,043.	0.		
	DISPOSITIONS						0.		0.	0.	0.		
	ENDING BALANCE						2097410.		44,081.	2053329.	1069233.		

- CURRENT YEAR STATE -

								11015					
Asset No.	Description	Date Acquir		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	ACER G223	0829	12	200DB	5.00	17	1,041.		521.	520.	520.		0.
2	HP MXL248	0415	13	200DB	5.00	17	1,214.		607.	607.	607.		0.
3	AV SYSTEM	0624	11	200DB	5.00	17	42,953.		42,953.				0.
4	LAND	0630	95	NC	.000	16	237,566.			237,566.			0.
5	BUILDING	0630	95	SL	40.00	16	1105466.			1105466.	746,470.		27,637.
6	PENDULUM	0630	96	SL	40.00	16	1,719.			1,719.	1,160.		43.
7	CLOCK TOWER	0630	96	SL	4.00	16	4,032.			4,032.	4,032.		0.
8	IMPROVEMENTS	0316	06	SL	15.00	16	31,302.			31,302.	31,302.		0.
		0831	11	SL	7.00	16	3,724.			3,724.	3,724.		0.
	KAISER CLASSROOM REMODEL	0912	11	SL	15.00	16	12,103.			12,103.	8,705.		807.
11	ADT CLASSROOM	0922	11	SL	7.00	16	2,630.			2,630.	2,630.		0.
12	CASKER BENCHES	1018	11	SL	7.00	16	3,355.			3,355.	3,355.		0.
13	ROOFTOP A/C	0903	13	SL	10.00	16	7,515.			7,515.	6,639.		752.
		1031	13	SL	7.00	16	7,058.			7,058.	7,058.		0.
	HDD SURVEILEANCE SYSTEM	0808	13	SL	7.00	16	319.			319.	319.		0.
	DVR SECURITY SYSTEM	1115	13	SL	7.00	16	1,281.			1,281.	1,281.		0.
	DUST COLLECTION MOTORS	0228	14	SL	7.00	16	2,801.			2,801.	2,801.		0.
18	REFRIGERATOR	0113	14	SL	7.00	16	430.			430.	430.		0.

- CURRENT YEAR STATE -

			1			11101				1		
Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	POWERSPORT DESKTOP	080813	SL	5.00	16	686.			686.	686.		0.
20	APPLE TABLET	060614	SL	5.00	16	533.			533.	533.		0.
21	2 POWERED SPEAKERS	083114	SL	7.00	16	896.			896.	896.		0.
22	ROOFTOP A/C UNIT	012215	SL	10.00	16	7,527.			7,527.	5,583.		753.
23	DIGITAL MICROSCOPE	012815	SL	7.00	16	4,945.			4,945.	4,945.		0.
24	CELL PHONE	020615	SL	5.00	16	801.			801.	801.		0.
25	2 600GB HARD DRIVES	120514	SL	5.00	16	1,695.			1,695.	1,695.		0.
		010815	SL	5.00	16	1,408.			1,408.	1,408.		0.
	DELL PRECISION M3800	010815	SL	5.00	16	1,808.			1,808.	1,808.		0.
28	DELL T SHOMOAKER	040715	SL	5.00	16	976.			976.	976.		0.
29	DIABOLIC-E TESTER	071515	SL	7.00	16	2,175.			2,175.	2,175.		0.
30	NATAR-125 TESTER	071515	SL	7.00	16	3,848.			3,848.	3,848.		0.
31	REVELATOR-R1 TESTER	07 15 15	SL	7.00	16	3,373.			3,373.	3,373.		0.
32	HAND PRESS	100615	SL	7.00	16	807.			807.	778.		29.
33	ELMA WINDER	100615	SL	7.00	16	1,990.			1,990.	1,919.		71.
34	DRAGON STEAMER	040716	SL	7.00	16	694.			694.	619.		74.
35	LG 43' TV	05 31 16	SL	7.00	16	479.			479.	416.		63.
36	PARKING LOT	041315	SL	15.00	16	6,500.			6,500.	3,033.		433.

- CURRENT YEAR STATE -

_				т	1		11151						
Asset No.	Description	Date Acquii		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	EXEC DIR LAPTOP MYCLOUDNETWORK	1004	15	SL	5.00	16	813.			813.	813.		0.
38	STORAGE	0108	16	SL	5.00	16	826.			826.	826.		0.
39	SCREWDRIVER BLADE SHARPENER	0919	16	SL	7.00	16	765.			765.	629.		109.
40	2 PROJECTORS EX3240	0919	16	SL	7.00	16	856.			856.	703.		122.
41	SECURITY SYSTEM	0930	16	SL	7.00	16	4,500.			4,500.	3,697.		643.
		1228	16	SL	7.00	16	1,274.			1,274.	1,001.		182.
	BATTERY BACKUP HARDWARE	0131	17	SL	7.00	16	613.			613.	475.		88.
44	CAMERA	0331	17	SL	7.00	16	751.			751.	563.		107.
	LANIER COPY MACHINE BRYANT AIR	0426	17	SL	7.00	16	9,166.			9,166.	6,765.		1,309.
		0511	17	SL	7.00	16	6,677.			6,677.	4,929.		954.
47	LG TV 43LJ5000	0531	17	SL	7.00	16	468.			468.	340.		67.
48	3 TIMER & ANALYZERS	1220	17	SL	7.00	16	4,631.			4,631.	2,977.		662.
49	2 S1 TIMERS	1220	17	SL	7.00	16	4,495.			4,495.	2,889.		642.
50	QUARTZ TESTER	1220	17	SL	7.00	16	3,374.			3,374.	2,169.		482.
	8 HAND PRESSES BUS MC 28 WATCHMAKING	0701	18	SL	7.00	16	6,385.			6,385.	3,648.		912.
		1022	18	SL	7.00	16	16,292.			16,292.	8,534.		2,327.
	MC VARIOUS EQUIP EPSON DC-2 HI-DEF	1217	18	SL	7.00	16	24,261.			24,261.	12,131.		3,466.
		1231	18	SL	7.00	16	526.			526.	263.		75.

- CURRENT YEAR STATE -

AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE

								<u> </u>			1		
Asset No.	Description	Date Acquire	ed M	/lethod	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	3 VISE'S WERTHER COMPRESSOR	0228	19SI	<u>.</u>	7.00	16	2,122.			2,122.	1,010.		303.
56	VACUUM PUMP	0228	19SI	L	7.00	16	2,174.			2,174.	1,036.		311.
57	9 VISE'S	0313	19SI	<u>.</u>	7.00	16	1,607.			1,607.	766.		230.
		0412	19SI	ւ	7.00	16	3,209.			3,209.	1,490.		458.
	WEED WACKER, BLOWER, WHEEL	0412	19SI	<u>.</u>	7.00	16	372.			372.	172.		53.
60	MC PRESS	0418	19SI	<u>.</u>	7.00	16	722.			722.	326.		103.
61	BERGEON CASE OPENER	0516	19SI	<u>.</u>	7.00	16	733.			733.	323.		105.
62	2-JANETTE BAW	0831	18SI	<u>.</u>	7.00	16	2,140.			2,140.	1,172.		306.
		0228	19SI	<u>.</u>	7.00	16	4,941.		•	4,941.	2,353.		706.
	MEMBERCLICKS SOFTWARE	0228	19SI	ւ	7.00	16	6,895.			6,895.	3,283.		985.
	ROOFTOP BRYANT HVAC	0215	19SI	<u>.</u>	7.00	16	9,420.			9,420.	4,598.		1,346.
	MOBILE CLASSROOM VEHICLE	0429	19SI	<u>.</u>	10.00	16	400,308.			400,308.	126,764.		40,031.
67	MC GREINER VIBRO	0415	19SI		7.00	16	5,680.			5,680.	2,637.		811.
68	MC BECO TECHNIC	0415	19SI	i,	7.00	16	5,000.			5,000.	2,322.		714.
69	MC BERGEON	0415	19SI	<u>.</u>	7.00	16	6,900.			6,900.	3,203.		986.
70	MC ELMA	0415	19SI	L	7.00	16	9,779.			9,779.	4,540.		1,397.
71	PORTABLE FRIDGE	0712	19SI	<u>.</u>	7.00	16	330.			330.	141.		47.
72	REFRIGERATOR	0310	20SI	L	7.00	16	499.			499.	166.		71.

228102 04-01-22

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR STATE -

_								TIOIE					
Asset No.	Description	Dat Acqui	e red	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
73	NEC SV8100	0711	19	SL	5.00	16	1,815.			1,815.	1,089.		363.
74	EPSON DC20	0407	720	SL	5.00	16	431.			431.	194.		86.
75	POWERSPEC	0801	19	SL	5.00	16	482.			482.	281.		96.
	EXTERIOR SIGN LEICA STEREOZOOM	1127	719	SL	15.00	16	851.			851.	147.		57.
77		0210	21	SL	7.00	16	6,634.			6,634.	1,343.		948.
		0701	22	SL	7.00	16	13,196.			13,196.			1,885.
79	NEW HVAC TOTAL FORM 199	0901	22	SL	10.00	16	16,847.			16,847.			1,404.
	DEPRECIATION						2097410.			2053329.	1069233.	0.	96,611.
	STATE TOTALS						2097410.			2053329.	1069233.	0.	96,611.
						N							