

American Watchmakers-Clockmakers

6/30/2021

990 Tax Return

May 9, 2022

**CONFIDENTIAL**

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

Dear Jack:

Enclosed please find copies of the following tax returns for the tax year end June 30, 2021.

Return of Organization Exempt from Income Tax (Form 990)  
Ohio Charitable Registration Annual Report

Your federal return has been electronically filed on your behalf, based on your signature on Form 8879-EO, which gives us permission to e-file your return.

The Ohio Charitable Registration Annual Report was submitted on your behalf through the on-line charitable registration system on the Ohio Attorney General website. A confirmation email containing the information submitted is attached for your records. Please follow the enclosed filing instructions to pay the balance due.

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

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

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

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

Sincerely,

ATLAS CPAs & Advisors, PLLC

Form **8879-EO**

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

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 7/01 2020, and ending 6/30 20 21

**2020**

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization or person subject to tax **AMERICAN WATCHMAKERS-CLOCKMAKERS  
INSTITUTE**

Taxpayer identification number  
**31-0731708**

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

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a 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, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,074,558</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the 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 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: check one box only

I authorize ATLAS CPAS & ADVISORS, PLLC to enter my PIN 11111 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ▶

Date ▶ 05/06/22

**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.

**31031145215**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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.

ERO's signature ▶ MARK REDER Date ▶ 05/06/22

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE</b>		<b>D</b> Employer identification number <b>31-0731708</b>
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>701 ENTERPRISE DR.</b>		<b>E</b> Telephone number <b>513-367-9800</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>HARRISON OH 45030</b>		<b>G</b> Gross receipts \$ <b>3,339,020</b>
	<b>F</b> Name and address of principal officer: <b>JACK KURDZIONAK</b> <b>701 ENTERPRISE DRIVE</b> <b>HARRISON OH 45030</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.AWCI.COM</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1964</b>
			<b>M</b> State of legal domicile: <b>OH</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	6
	6	Total number of volunteers (estimate if necessary)	6	25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
<b>Revenue</b>			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	153,606	198,552
	9	Program service revenue (Part VIII, line 2g)	302,462	108,094
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	236,302	733,404
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,875	34,508
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	741,245	1,074,558	
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	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)	449,103	250,185
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
		b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	628,033	416,255
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,077,136	666,440	
19	Revenue less expenses. Subtract line 18 from line 12	-335,891	408,118	
<b>Net Assets or Fund Balances</b>			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	8,476,581	9,717,004
	21	Total liabilities (Part X, line 26)	635,598	635,523
22	Net assets or fund balances. Subtract line 21 from line 20	7,840,983	9,081,481	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	<b>JACK KURDZIONAK</b>		<b>TREASURER</b>		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>MARK REDER</b>	<b>MARK REDER</b>	<b>05/09/22</b>		<b>P00839365</b>
	Firm's name	Firm's EIN			
	<b>ATLAS CPAS &amp; ADVISORS, PLLC</b>	<b>31-1340869</b>			
	Firm's address	Phone no.			
	<b>1230 SPRINGFIELD PIKE</b> <b>CINCINNATI, OH 45215</b>	<b>513-771-4100</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**PROMOTE THE HOROLOGY PROFESSION THROUGH A RANGE OF EDUCATION, CERTIFICATION, COMMUNICATIONS, AND BUSINESS SERVICES AND PROVIDE A MEMBER DIRECTORY OF PROFESSIONAL CLOCKMAKERS/WATCHMAKERS TO CONNECT WITH REPAIR/RETAIL SOURCES.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ **465,339** including grants of \$ ) (Revenue \$ **108,094** )  
**PROMOTE THE TIMEKEEPING OR HOROLOGY PROFESSION THROUGH A RANGE OF EDUCATION, CERTIFICATION, COMMUNICATIONS, AND BUSINESS SERVICES AND PROVIDE A MEMBER DIRECTORY OF PROFESSIONAL CLOCKMAKERS AND WATCHMAKERS TO CONNECT CONSUMERS WITH REPAIR AND RETAIL SOURCES.**

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

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

4d Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **465,339**

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

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

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		
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		
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		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		
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		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 organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		
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?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
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?		
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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
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?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
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.	16	X

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

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

**Section A. Governing Body and Management**

		Yes	No
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.		
1b	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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization		X
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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **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 only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  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 financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records

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**JACK KURDZIONAK** 701 ENTERPRISE DRIVE OH 45030 513-367-9800  
**HARRISON**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NICK BUTT SECRETARY	4.00 0.00	X		X				0	0	0
(2) CHRISTOPHER CAREY DIRECTOR	2.00 0.00	X						0	0	0
(3) ANDREW DEKEYSER DIRECTOR	2.00 0.00	X						0	0	0
(4) JUSTIN HARRELL PRESIDENT	4.00 0.00	X		X				0	0	0
(5) JACK KURDZIONAK TREASURER	4.00 0.00	X		X				0	0	0
(6) DAVID LINDOW DIRECTOR	2.00 0.00	X						0	0	0
(7) AARON RECKSIEK VICE PRESIDENT	4.00 0.00	X		X				0	0	0
(8) CRAIG STONE DIRECTOR	2.00 0.00	X						0	0	0
(9)										
(10)										
(11)										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Subtotal
c Total from continuation sheets to Part VII, Section A
d Total (add lines 1b and 1c)

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b	144,652		
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	53,900		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f	1g	\$		
	<b>h Total. Add lines 1a-1f</b>			<b>198,552</b>		
Program Service Revenue			Business Code			
	2a	DISPLAY ADVERTISING		57,776	57,776	
	b	ACADEMY TUITION		50,318	50,318	
	c					
	d					
	e					
	<b>g Total. Add lines 2a-2f</b>			<b>108,094</b>		
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	170,068	170,068	
	4		Income from investment of tax-exempt bond proceeds			
	5		Royalties			
	6a	6a	(i) Real			
			(ii) Personal			
	b	6b	Less: rental expenses			
	c	6c	Rental inc. or (loss)			
	<b>d Net rental income or (loss)</b>					
	7a	7a	(i) Securities	2,820,364		
			(ii) Other			
	b	7b	Less: cost or other basis and sales exps.	2,257,028		
	c	7c	Gain or (loss)	563,336		
<b>d Net gain or (loss)</b>			<b>563,336</b>	<b>563,336</b>		
8a	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
b	8b	Less: direct expenses				
<b>c Net income or (loss) from fundraising events</b>						
9a	9a	Gross income from gaming activities. See Part IV, line 19				
b	9b	Less: direct expenses				
<b>c Net income or (loss) from gaming activities</b>						
10a	10a	Gross sales of inventory, less returns and allowances	36,881			
b	10b	Less: cost of goods sold	7,434			
<b>c Net income or (loss) from sales of inventory</b>			<b>29,447</b>	<b>29,447</b>		
Miscellaneous Revenue			Business Code			
	11a	MISCELLANEOUS INCOME		5,061	5,061	
	b					
	c					
	<b>e Total. Add lines 11a-11d</b>			<b>5,061</b>		
<b>12 Total revenue. See instructions</b>			<b>1,074,558</b>	<b>876,006</b>	<b>0</b>	<b>0</b>

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	207,406			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	26,004			
10 Payroll taxes	16,775			
11 Fees for services (nonemployees):				
a Management				
b Legal	1,324			
c Accounting	27,025			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	36,365			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	226			
13 Office expenses	39,353			
14 Information technology	21,363			
15 Royalties	1,420			
16 Occupancy	53,885			
17 Travel	8,171			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	435			
20 Interest	33,839			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	97,489			
23 Insurance	28,221			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MAGAZINE PUBLISHING</b>	36,983			
b <b>WRITER FEE</b>	8,348			
c <b>EDITING</b>	6,684			
d <b>REPAIRS AND MAINTENANCE</b>	6,223			
e All other expenses	8,901			
25 Total functional expenses. Add lines 1 through 24e	666,440	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	9,135	1	164,237
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,717	4	3,105
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	104,679	8	91,830
	9	Prepaid expenses and deferred charges	10,351	9	8,175
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,067,367		
	b	Less: accumulated depreciation	1,017,887	10c	1,049,480
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	7,201,364	13	8,395,177
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,000	15	5,000
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	8,476,581	16	9,717,004	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	54,934	17	31,189
	18	Grants payable		18	
	19	Deferred revenue	75,140	19	3,232
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	505,524	23	601,102
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	635,598	26	635,523
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	7,840,983	27	9,081,481
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	7,840,983	32	9,081,481
33	<b>Total liabilities and net assets/fund balances</b>	8,476,581	33	9,717,004	

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,074,558
2	Total expenses (must equal Part IX, column (A), line 25)	2	666,440
3	Revenue less expenses. Subtract line 2 from line 1	3	408,118
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,840,983
5	Net unrealized gains (losses) on investments	5	832,380
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,081,481

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE

Employer identification number

31-0731708

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		237,566		237,566
b Buildings		1,142,519	755,284	387,235
c Leasehold improvements				
d Equipment		687,282	262,603	424,679
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **1,049,480**

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) <b>STOCKS AND BONDS</b>	<b>8,342,236</b>	<b>MARKET</b>
(2) <b>MONEY MARKET FUND</b>	<b>29,578</b>	<b>MARKET</b>
(3) <b>ACCRUED INCOME</b>	<b>23,363</b>	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>8,395,177</b>	

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

Part XIII Supplemental Information.

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

Large area of horizontal dotted lines for providing supplemental information.

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**Part XIII Supplemental Information** *(continued)*

Area with horizontal dotted lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

**AMERICAN WATCHMAKERS-CLOCKMAKERS  
INSTITUTE**

Employer identification number

**31-0731708**

**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

PROMOTE THE HOROLOGY PROFESSION THROUGH A RANGE OF EDUCATION,  
CERTIFICATION, COMMUNICATIONS, AND BUSINESS SERVICES AND PROVIDE A MEMBER  
DIRECTORY OF PROFESSIONAL CLOCKMAKERS/WATCHMAKERS TO CONNECT WITH  
REPAIR/RETAIN SOURCES.

**FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS**

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

**FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS**

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

**FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS**

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

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

DRAFT OF 990 WAS SENT TO THE MANAGEMENT AND BOARD PRESIDENT.

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

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

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Name of the organization

Employer identification number

**AMERICAN WATCHMAKERS-CLOCKMAKERS**

**31-0731708**

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL RESEARCH IS UNDERTAKEN TO ARRIVE AT THE CORRECT COMPENSATION FOR MANAGEMENT. RESULTS ARE REVIEWED BY THE BOARD. THIS PROCESS WAS LASS UNDERTAKIN IN 2012.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION COPIES OF POLICIES ARE AVAILABLE UPON REQUEST.

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**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**31-0731708**

**AMERICAN WATCHMAKERS-CLOCKMAKERS  
INSTITUTE**

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

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(1)	(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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	<b>AMERICAN WATCHMAKERS INSTITUTE</b> 701 ENTERPRISE DR. HARRISON OH 45030 23-7160387				7	AMERICAN		X
(2)								
(3)								
(4)								
(5)								

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Schedule R (Form 990) 2020 AMERICAN WATCHMAKERS-CLOCKMAKERS Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1) .....											
(2) .....											
(3) .....											
(4) .....											

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	(c) 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									

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

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		
i Exchange of assets with related organization(s)		
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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**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.

(1)	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														



Form **4562**

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

OMB No. 1545-0172

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Attachment Sequence No. **179**

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

Identifying number  
**31-0731708**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

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

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

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	97,489

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	97,489
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

31-0731708

## Federal Asset Report

FYE: 6/30/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>										
1	ACER G223	8/29/12	1,041			X	520	5 HY 200DB	1,041	0
2	HP MXL248	4/15/13	1,214			X	607	5 HY 200DB	1,214	0
3	AV SYSTEM	6/24/11	42,953			X	0	5 HY 200DB	42,953	0
			<u>45,208</u>				<u>1,127</u>		<u>45,208</u>	<u>0</u>
<b>Other Depreciation:</b>										
4	LAND	6/30/95	237,566				237,566	0 -- Land	0	0
5	BUILDING	6/30/95	1,105,466				1,105,466	40 MO S/L	691,197	27,636
6	PENDULUM	6/30/96	1,719				1,719	40 MO S/L	1,074	43
7	CLOCK TOWER	6/30/96	4,032				4,032	4 MO S/L	4,032	0
8	IMPROVEMENTS	3/16/06	31,302				31,302	15 MO S/L	29,911	1,391
9	TENKOTTE BENCHES	8/31/11	3,724				3,724	7 MO S/L	3,724	0
10	KAISER CLASSROOM REMODEL	9/12/11	12,103				12,103	15 MO S/L	7,091	807
11	ADT CLASSROOM	9/22/11	2,630				2,630	7 MO S/L	2,630	0
12	CASKER BENCHES	10/18/11	3,355				3,355	7 MO S/L	3,355	0
13	ROOFTOP A/C	9/03/13	7,515				7,515	10 MO S/L	5,136	751
14	NEC PHONE SYSTEM	10/31/13	7,058				7,058	7 MO S/L	6,722	336
15	HDD SURVEILANCE SYSTEM	8/08/13	319				319	7 MO S/L	315	4
16	DVR SECURITY SYSTEM	11/15/13	1,281				1,281	7 MO S/L	1,220	61
17	DUST COLLECTION MOTORS	2/28/14	2,801				2,801	7 MO S/L	2,534	267
18	REFRIGERATOR	1/13/14	430				430	7 MO S/L	399	31
19	POWERSPORT DESKTOP	8/08/13	686				686	5 MO S/L	686	0
20	APPLE TABLET	6/06/14	533				533	5 MO S/L	533	0
21	2 POWERED SPEAKERS	8/31/14	896				896	7 MO S/L	746	128
22	ROOFTOP A/C UNIT	1/22/15	7,527				7,527	10 MO S/L	4,078	752
23	DIGITAL MICROSCOPE	1/28/15	4,945				4,945	7 MO S/L	3,825	707
24	CELL PHONE	2/06/15	801				801	5 MO S/L	801	0
25	2 600GB HARD DRIVES	12/05/14	1,695				1,695	5 MO S/L	1,695	0
26	DELL5810 DESKTOP	1/08/15	1,408				1,408	5 MO S/L	1,408	0
27	DELL PRECISION M3800	1/08/15	1,808				1,808	5 MO S/L	1,808	0
28	DELL T SHOMOAKER	4/07/15	976				976	5 MO S/L	976	0
29	DIABOLIC-E TESTER	7/15/15	2,175				2,175	7 MO S/L	1,554	310
30	NATAR-125 TESTER	7/15/15	3,848				3,848	7 MO S/L	2,749	549
31	REVELATOR-RI TESTER	7/15/15	3,373				3,373	7 MO S/L	2,410	482
32	HAND PRESS	10/06/15	807				807	7 MO S/L	547	116
33	ELMA WINDER	10/06/15	1,990				1,990	7 MO S/L	1,350	285
34	DRAGON STEAMER	4/07/16	694				694	7 MO S/L	421	99
35	LG 43" TV	5/31/16	479				479	7 MO S/L	279	69
36	PARKING LOT	4/13/15	6,500				6,500	15 MO S/L	2,166	434
37	EXEC DIR LAPTOP	10/04/15	813				813	5 MO S/L	773	40
38	MYCLOUDNETWORK STORAGE	1/08/16	826				826	5 MO S/L	743	83
39	SCREWDRIVER BLADE SHARPENER	9/19/16	765				765	7 MO S/L	410	110
40	2 PROJECTORS EX3240	9/19/16	856				856	7 MO S/L	458	123
41	SECURITY SYSTEM	9/30/16	4,500				4,500	7 MO S/L	2,411	643
42	RAY FOSTER MOTORS	12/28/16	1,274				1,274	7 MO S/L	637	182
43	BATTERY BACKUP HARDWARE	1/31/17	613				613	7 MO S/L	300	87
44	CAMERA	3/31/17	751				751	7 MO S/L	348	108
45	LANIER COPY MACHINE	4/26/17	9,166				9,166	7 MO S/L	4,146	1,310
46	BRYANT AIR CONDITIONER	5/11/17	6,677				6,677	7 MO S/L	3,021	954
47	LG TV 43LJ5000	5/31/17	468				468	7 MO S/L	206	67
48	3 TIMER & ANALYZERS	12/20/17	4,631				4,631	7 MO S/L	1,654	661
49	2 SI TIMERS	12/20/17	4,495				4,495	7 MO S/L	1,605	642
50	QUARTZ TESTER	12/20/17	3,374				3,374	7 MO S/L	1,205	482
51	8 HAND PRESSES BUS	7/01/18	6,385				6,385	7 MO S/L	1,824	912
52	MC 28 WATCHMAKING KIT	10/22/18	16,292				16,292	7 MO S/L	3,879	2,328
53	MC VARIOUS EQUIP	12/17/18	24,261				24,261	7 MO S/L	5,199	3,466
54	EPSON DC-2 HI-DEF DOCUMENT CAM	12/31/18	526				526	7 MO S/L	113	75
55	3 vise's werther compressor	2/28/19	2,122				2,122	7 MO S/L	404	303
56	VACUUM PUMP	2/28/19	2,174				2,174	7 MO S/L	415	310
57	9 VISE'S	3/13/19	1,607				1,607	7 MO S/L	307	229
58	LAWN MOWER	4/12/19	3,209				3,209	7 MO S/L	573	459
59	WEED WACKER, BLOWER, WHEEL	4/12/19	372				372	7 MO S/L	66	53
60	MC PRESS	4/18/19	722				722	7 MO S/L	120	103
61	BERGEON CASE OPENER	5/16/19	733				733	7 MO S/L	114	104
62	2-JANETTE BAW	8/31/18	2,140				2,140	7 MO S/L	561	305
63	6 LENOVO LAPTOPS	2/28/19	4,941				4,941	7 MO S/L	941	706
64	MEMBERCLICKS SOFTWARE	2/28/19	6,895				6,895	7 MO S/L	1,313	985

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
65	ROOFTOP BRYANT HVAC	2/15/19	9,420				9,420	7 MO S/L	1,907	1,345
66	MOBILE CLASSROOM VEHICLE	4/29/19	400,308				400,308	10 MO S/L	46,703	40,031
67	MC GREINER VIBRO	4/15/19	5,680				5,680	7 MO S/L	1,014	812
68	MC BECO TECHNIC	4/15/19	5,000				5,000	7 MO S/L	893	715
69	MC BERGEON	4/15/19	6,900				6,900	7 MO S/L	1,232	985
70	MC ELMA	4/15/19	9,779				9,779	7 MO S/L	1,746	1,397
71	PORTABLE FRIDGE	7/12/19	330				330	7 MO S/L	47	47
72	REFRIGERATOR	3/10/20	499				499	7 MO S/L	24	71
73	NEC SV8100	7/11/19	1,815				1,815	5 MO S/L	363	363
74	EPSON DC20	4/07/20	431				431	5 MO S/L	22	86
75	POWERSPEC	8/01/19	482				482	5 MO S/L	88	97
76	EXTERIOR SIGN	11/27/19	851				851	15 MO S/L	33	57
77	Leica Stereozoom Microscope	2/10/21	6,634				6,634	7 MO S/L	0	395
<b>Total Other Depreciation</b>			<u>2,022,159</u>				<u>2,022,159</u>		<u>875,190</u>	<u>97,489</u>
<b>Total ACRS and Other Depreciation</b>			<u>2,022,159</u>				<u>2,022,159</u>		<u>875,190</u>	<u>97,489</u>
<b>Grand Totals</b>			2,067,367				2,023,286		920,398	97,489
<b>Less: Dispositions and Transfers</b>			0				0		0	0
<b>Less: Start-up/Org Expense</b>			0				0		0	0
<b>Net Grand Totals</b>			<u>2,067,367</u>				<u>2,023,286</u>		<u>920,398</u>	<u>97,489</u>

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**Bonus Depreciation Report**

**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	ACER G223	8/29/12	1,041		0	0	521	520
2	HP MXL248	4/15/13	1,214		0	0	607	607
3	AV SYSTEM	6/24/11	42,953		0	0	42,953	0
<b>Grand Total</b>			<u>45,208</u>		<u>0</u>	<u>0</u>	<u>44,081</u>	<u>1,127</u>

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**Federal Statements**

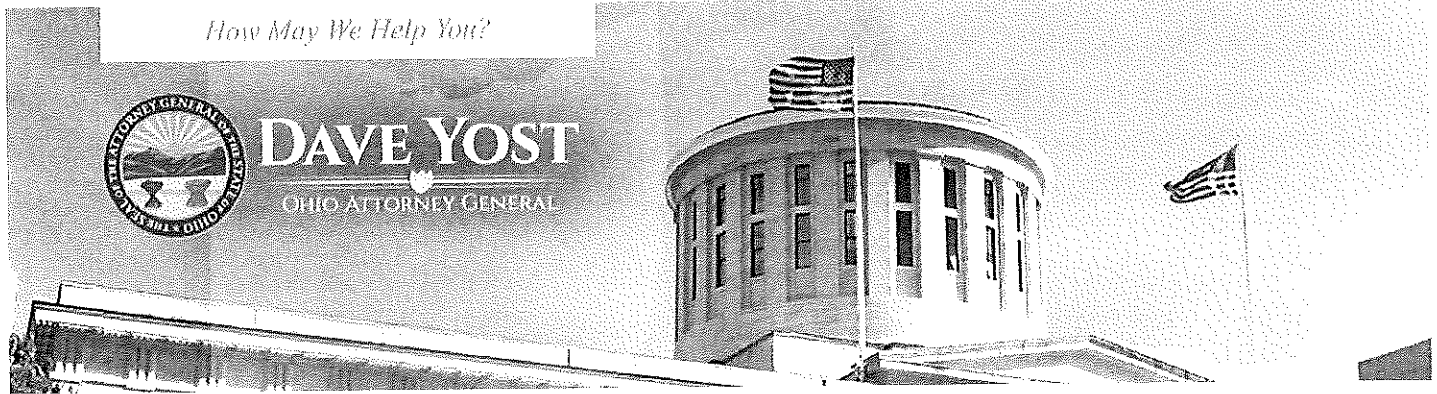
Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
BAW SUPPLIES	\$ 5,980	5,980		
ELECTION BALLOTING	2,244	2,244		
EDUCATION CERTIFICATION	467	467		
INSTRUCTOR	210	210		
<b>TOTAL</b>	<b>\$ 8,901</b>	<b>\$ 8,901</b>	<b>\$ 0</b>	<b>\$ 0</b>

**INSTRUCTIONS FOR COMPLETING  
OHIO CHARITABLE REGISTRATION**

American Watchmakers-Clockmakers Institute  
For Year Ended 6/30/2021

- (1.) Attached e-mail serves as your invoice.
- (2.) Balance Due: \$200.00
- (3.) Payment must be made by credit card or e-check on the Ohio Attorney General website's secure payment portal  
  
<https://charitableregistration.ohioattorneygeneral.gov>
- (4.) Due Date: May 15, 2022



sr.nonprofit@atlasfirms.com Logout  
You have 59:10 left in your session.

Menu

- To Do List
- Add Organization
- Change Organization
- Edit Information
- Request Exemption
- Upload Documents
- Help
- Contact
- Research Charities

Submit Fees

Organization: American Watchmakers-Clockmakers Institute EIN: 31-0731708

The trust registration or financial filing fee amount is based upon the assets held at year end. The term "assets" refers to the total value of the trust's assets which are irrevocably devoted to charitable purposes at the end of the taxable year end.

Value of Assets: \$ 9717004.00

Assets	Fee
Less than \$25,000	\$0.00
\$25,000 or more but less than \$100,000	\$50.00
\$100,000 or more but less than \$500,000	\$100.00
\$500,000 or more	\$200.00

Trust Fee: \$ 200.00

Starting October 1st, 2021, you will need to use one of the web browser versions listed below in order to be able to pay online:

- Internet Explorer 11 or newer
- Microsoft Edge (all versions)
- Mozilla Firefox 27 or newer
- Google Chrome 29 or newer
- Safari 7 or newer

Pay by e-check  
Pay by credit card

**Anne McRae**

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**From:** CharitableRegistration@OhioAGO.gov  
**Sent:** Tuesday, May 3, 2022 9:49 AM  
**To:** Nonprofit  
**Subject:** Submitted: Charitable registration annual report

**[EXTERNAL EMAIL]** DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

---  
Organization: American Watchmakers-Clockmakers Institute  
EIN: 31-0731708  
---

ATLAS CPAs & Advisors has submitted an annual report for fiscal year end 2021 for American Watchmakers-Clockmakers Institute on 5/3/2022 at 9:48 AM. Please review the information listed below and print for your records. If there are any errors, please contact us.

**Not all organizations are required to file a full annual report. If your organization was not required to file a full annual report you will see several blank fields in the filing summary below.**

**Step 1 Details -**

Report Year:	2021
Did you hire a professional solicitor?	No
Did your organization solicit charitable contributions from the general public on its own behalf?	Yes
Gross revenue (does NOT include governmental grants and funding from other 501(c)(3) organizations)	\$1,020,658.00
Total assets:	\$9,717,004.00

**Step 2 Details -**

Name of Organization: American Watchmakers-Clockmakers Institute  
EIN: 31-0731708  
Phone: (513)367-9800  
Fax:  
Web Address: [www.awci.com](http://www.awci.com)  
Secretary of State charter number:  
Bingo License Number:

Business location

Country:	United States
Address Line 1:	701 Enterprise Drive
City:	Harrison

State:	Ohio
Zip:	45030
County:	Hamilton

Mailing address

Country:	United States
Address Line 1:	701 Enterprise Drive
City:	Harrison
State:	Ohio
Zip:	45030
County:	Hamilton

**Step 3 Details -**

Individual contributions:	\$198,552.00
All other revenue:	\$876,006.00
Total revenue:	\$1,074,558.00
Program service expenses:	\$465,339.00
All other expenses:	\$182,525.00
Total expenses:	\$647,864.00
Total assets:	\$9,717,004.00
Total liabilities:	\$616,947.00

**Step 4 Details -**

Directors and trustees information

First Name:	Justin
Last Name:	Harrell
Country:	United States
Address Line 1:	701 Enterprise Drive
City:	HARRISON
State:	Ohio
Zip:	45030
County:	Hamilton
Title/Position:	President
Average Weekly Hours:	4
Compensation:	\$0.00

First Name:	Aaron
Last Name:	Recksiek
Country:	United States
Address Line 1:	701 Enterprise Drive

City: HARRISON  
State: Ohio  
Zip: 45030  
County: Hamilton  
Title/Position: Vice President  
Average Weekly Hours: 4  
Compensation: \$0.00

First Name: Craig  
Last Name: Stone  
Country: United States  
Address Line 1: 701 Enterprise Drive  
City: HARRISON  
State: Ohio  
Zip: 45030  
County: Hamilton  
Title/Position: Director  
Average Weekly Hours: 2  
Compensation: \$0.00

First Name: Nicholas  
Last Name: Butt  
Country: United States  
Address Line 1: 701 Enterprise Drive  
City: HARRISON  
State: Ohio  
Zip: 45030  
County: Hamilton  
Title/Position: Secretary  
Average Weekly Hours: 4  
Compensation: \$0.00

First Name: Jack  
Last Name: Kurdzionak  
Country: United States  
Address Line 1: 701 Enterprise Drive  
City: HARRISON  
State: Ohio  
Zip: 45030  
County: Hamilton  
Title/Position: Treasurer  
Average Weekly Hours: 4  
Compensation: \$0.00

First Name:	Andrew
Last Name:	Dekeyser
Country:	United States
Address Line 1:	701 Enterprise Drive
City:	HARRISON
State:	Ohio
Zip:	45030
County:	Hamilton
Title/Position:	Director
Average Weekly Hours:	2
Compensation:	\$0.00

First Name:	Christopher
Last Name:	Carey
Country:	United States
Address Line 1:	701 Enterprise Drive
City:	Harrison
State:	Ohio
Zip:	45030
County:	Hamilton
Title/Position:	Director
Average Weekly Hours:	2
Compensation:	\$0.00

First Name:	David
Last Name:	Lindow
Country:	United States
Address Line 1:	701 Enterprise Drive
City:	Harrison
State:	Ohio
Zip:	45030
County:	Hamilton
Title/Position:	Director
Average Weekly Hours:	2
Compensation:	\$0.00

Board meetings in last fiscal year: 4  
Conflict of interest policy? Yes  
Was organization Audited this year? No

**Step 5 Details -**

DBA names

Coventurers and specific terms

**Step 6 Details -**

**- Section 1**

Is primary office in Ohio? Yes

Primary business address:

Form of the charitable organization:

**- Section 2**

Chapters

**- Section 3**

Financial records custodian

**- Section 4**

Schedule of activity description:

Charitable Purpose:

When will solicitation be conducted:

Ohio counties where solicitation will be conducted:

**- Section 5**

Custodian of contributions

Custodian of distributions

Agencies

**- Section 6**

Organization enjoined?

Organization registration or authority denied / suspended / revoked / enjoined?

Organization had voluntary agreement with government authority?

Organization received cease and desist order?

Explanation

**- Section 7**

Amount by Ohio residents in the preceding fiscal year including Bingo proceeds:

Amount of distribution to ohio residents for national / out of ohio organizations:

Amount of gross bingo proceeds generated in State of Ohio:

Charitable purpose for previous year contributions used:

Office of Ohio Attorney General Dave Yost

[CharitableRegistration@OhioAGO.gov](mailto:CharitableRegistration@OhioAGO.gov) | 800-282-0515