

American Watchmakers-Clockmakers

6/30/2022

990 Tax Return

ATLAS CPAs & Advisors, PLLC
1230 Springfield Pike
Cincinnati, OH 45215
513-771-4100

February 7, 2023

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, 2022.

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

Your federal return will be electronically filed on your behalf. Form 8879-EO, which gives us permission to e-file your return, must be signed and returned to us before we can transmit your return. Please return in the enclosed pre-addressed envelope, fax to us at 513-771-1128, or e-mail to sr.efile@atlasfirms.com.

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

Filing Instructions

American Watchmakers-Clockmakers Institute

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended June 30, 2022

Federal Filing Instructions

Your Form 990 for the year ended 6/30/22 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

ATLAS CPAs & Advisors, PLLC
1230 Springfield Pike
Cincinnati, OH 45215

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

Form **8879-TE**

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 2022

▶ **Do not send to the IRS. Keep for your records.**

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

2021

Department of the Treasury
Internal Revenue Service

Name of filer

**AMERICAN WATCHMAKERS-CLOCKMAKERS
INSTITUTE**

EIN or SSN

31-0731708

Name and title of officer or person subject to tax

**JACK KURDZIONAK
TREASURER**

Part I Type of Return and Return Information

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.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,097,129</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	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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 entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 2021 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 2021 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 ▶ 02/07/23

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 2021 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 ▶ TYLER M. SCOTT

Date ▶ 02/07/23

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning **07/01/21**, and ending **06/30/22**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **AMERICAN WATCHMAKERS -CLOCKMAKERS INSTITUTE**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
701 ENTERPRISE DR.
 City or town, state or province, country, and ZIP or foreign postal code
HARRISON OH 45030

D Employer identification number
31-0731708

E Telephone number
513-367-9800

G Gross receipts \$ **2,639,338**

F Name and address of principal officer:
JACK KURDZIONAK
701 ENTERPRISE DRIVE
HARRISON OH 45030

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) (**6**) (insert no.) 4947(a)(1) or 527

J Website: **WWW.AWCI.COM**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1964** **M** State of legal domicile: **OH**

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	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)	8	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	8	
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	4	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	198,552	163,478
	9	Program service revenue (Part VIII, line 2g)	108,094	240,496
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	733,404	648,546
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,508	44,609
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,074,558	1,097,129
Expenses	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)	250,185	246,587
	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)	416,255	497,297
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	666,440	743,884	
19	Revenue less expenses. Subtract line 18 from line 12	408,118	353,245	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	9,717,004	8,579,580
	21	Total liabilities (Part X, line 26)	635,523	442,135
22	Net assets or fund balances. Subtract line 21 from line 20	9,081,481	8,137,445	

Part II Signature Block

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

Sign Here

Signature of officer: **JACK KURDZIONAK** Date: _____
 Type or print name and title: **TREASURER**

Paid Preparer Use Only

Print/Type preparer's name: **TYLER M. SCOTT** Preparer's signature: **TYLER M. SCOTT** Date: **02/07/23** Check if PTIN self-employed **P01047519**
 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**

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

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 \$ **520,955** 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.

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 **520,955**

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	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 on 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	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
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?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
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	Section 501(c)(12) organizations. 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	Section 4947(a)(1) non-exempt charitable trusts. 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	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.	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
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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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.		
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?		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	
b	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:		
a	The governing body?	X	
b	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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► 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 ►

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, 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.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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	2.00									
DIRECTOR	0.00	X		X			0	0	0	
(2) CHRISTOPHER CAREY	4.00									
SECRETARY	0.00	X					0	0	0	
(3) MIKE CREASY	2.00									
DIRECTOR	0.00	X					0	0	0	
(4) JUSTIN HARRELL	2.00									
DIRECTOR	0.00	X		X			0	0	0	
(5) JACK KURDZIONAK	4.00									
TREASURER	0.00	X		X			0	0	0	
(6) DAVID LINDOW	4.00									
PRESIDENT	0.00	X					0	0	0	
(7) AARON RECKSIEK	4.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(8) SCOTT WALTERS	2.00									
DIRECTOR	0.00	X					0	0	0	
(9)										
(10)										
(11)										

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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	163,478			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		163,478			
	Program Service Revenue	2a ACADEMY TUITION	Business Code	169,202	169,202	
b DISPLAY ADVERTISING			71,294	71,294		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			240,496			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		257,602	257,602	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real			
		6b	(ii) Personal			
		6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,920,019		
		7b	(ii) Other			
		7c		1,529,075		
	c Gain or (loss)	7c	390,944	390,944		
	d Net gain or (loss)		390,944	390,944		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
		8b				
		c Net income or (loss) from fundraising events				
9a Gross income from gaming activities. See Part IV, line 19	9a					
	9b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a		54,641			
	10b		13,134			
	c Net income or (loss) from sales of inventory		41,507	41,507		
Miscellaneous Revenue	11a MISCELLANEOUS INCOME	Business Code	3,102	3,102		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		3,102			
12 Total revenue. See instructions		1,097,129	933,651	0	0	

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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	228,232	159,762	68,470	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	18,355	12,848	5,507	
11 Fees for services (nonemployees):				
a Management				
b Legal	3,716		3,716	
c Accounting	10,290		10,290	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	38,369		38,369	
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	1,565	1,565		
13 Office expenses	48,753	43,238	5,515	
14 Information technology	8,807	5,725	3,082	
15 Royalties	18,687	18,687		
16 Occupancy	59,651	59,651		
17 Travel	48,395	15,043	33,352	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,175	2,069	4,106	
20 Interest	12,081		12,081	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	95,427	95,427		
23 Insurance	25,462		25,462	
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 MAGAZINE PUBLISHING	31,492	31,492		
b WRITER FEE	20,739	20,739		
c EDITING	19,978	19,978		
d INSTRUCTOR	13,765	13,765		
e All other expenses	33,945	20,966	12,979	
25 Total functional expenses. Add lines 1 through 24e	743,884	520,955	222,929	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	
Assets	1	Cash—non-interest-bearing	164,237	1	154,146
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,105	4	16,145
	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	91,830	8	75,750
	9	Prepaid expenses and deferred charges	8,175	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,067,367		
	b	Less: accumulated depreciation	10b 1,113,314	10c 1,049,480	954,053
	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	8,395,177	13	7,374,486
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,000	15	5,000
16	Total assets. Add lines 1 through 15 (must equal line 33)	9,717,004	16	8,579,580	
Liabilities	17	Accounts payable and accrued expenses	31,189	17	38,331
	18	Grants payable		18	
	19	Deferred revenue	3,232	19	2,785
	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	601,102	23	401,019
	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	Total liabilities. Add lines 17 through 25	635,523	26	442,135
Net Assets or Fund Balances	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	9,081,481	27	8,137,445
	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	Total net assets or fund balances	9,081,481	32	8,137,445
33	Total liabilities and net assets/fund balances	9,717,004	33	8,579,580	

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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	1,097,129
2	Total expenses (must equal Part IX, column (A), line 25)	2	743,884
3	Revenue less expenses. Subtract line 2 from line 1	3	353,245
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,081,481
5	Net unrealized gains (losses) on investments	5	-1,297,281
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	8,137,445

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 on 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

2021

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: 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, 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: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. 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. 1b 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.

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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 Yes No

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- 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		1,142,519
c Leasehold improvements				
d Equipment		687,282		687,282
e Other			1,113,314	-1,113,314
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				954,053

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)		
Total. (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) STOCKS AND BONDS	7,315,996	MARKET
(2) MONEY MARKET FUND	36,989	MARKET
(3) ACCRUED INCOME	21,501	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	7,374,486	

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

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

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2021

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **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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PAGE 1 OF 1

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**AMERICAN WATCHMAKERS - CLOCKMAKERS
INSTITUTE**

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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

31-0731708

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total 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.

	(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)	AMERICAN WATCHMAKERS INSTITUTE 701 ENTERPRISE DR. HARRISON OH 45030 23-7160387				7	AMERICAN		X
(2)								
(3)								
(4)								
(5)								

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

	(a) 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		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		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

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.

(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)													

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Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2021

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to 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	1,050,000
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	2,620,000
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 2020 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 2022. 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	95,427

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 2021	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 2021 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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2021 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	95,427
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.

DAA

31-0731708

Federal Asset Report

FYE: 6/30/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
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>
Other Depreciation:											
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	718,833	27,637
6	PENDULUM	6/30/96	1,719				1,719	40	MO S/L	1,117	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	31,302	0
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	7,898	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	5,887	752
14	NEC PHONE SYSTEM	10/31/13	7,058				7,058	7	MO S/L	7,058	0
15	HDD SURVEILANCE SYSTEM	8/08/13	319				319	7	MO S/L	319	0
16	DVR SECURITY SYSTEM	11/15/13	1,281				1,281	7	MO S/L	1,281	0
17	DUST COLLECTION MOTORS	2/28/14	2,801				2,801	7	MO S/L	2,801	0
18	REFRIGERATOR	1/13/14	430				430	7	MO S/L	430	0
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	874	22
22	ROOFTOP A/C UNIT	1/22/15	7,527				7,527	10	MO S/L	4,830	753
23	DIGITAL MICROSCOPE	1/28/15	4,945				4,945	7	MO S/L	4,532	413
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	1,864	311
30	NATAR-125 TESTER	7/15/15	3,848				3,848	7	MO S/L	3,298	550
31	REVELATOR-R1 TESTER	7/15/15	3,373				3,373	7	MO S/L	2,892	481
32	HAND PRESS	10/06/15	807				807	7	MO S/L	663	115
33	ELMA WINDER	10/06/15	1,990				1,990	7	MO S/L	1,635	284
34	DRAGON STEAMER	4/07/16	694				694	7	MO S/L	520	99
35	LG 43" TV	5/31/16	479				479	7	MO S/L	348	68
36	PARKING LOT	4/13/15	6,500				6,500	15	MO S/L	2,600	433
37	EXEC DIR LAPTOP	10/04/15	813				813	5	MO S/L	813	0
38	MYCLOUDNETWORK STORAGE	1/08/16	826				826	5	MO S/L	826	0
39	SCREWDRIVER BLADE SHARPENER	9/19/16	765				765	7	MO S/L	520	109
40	2 PROJECTORS EX3240	9/19/16	856				856	7	MO S/L	581	122
41	SECURITY SYSTEM	9/30/16	4,500				4,500	7	MO S/L	3,054	643
42	RAY FOSTER MOTORS	12/28/16	1,274				1,274	7	MO S/L	819	182
43	BATTERY BACKUP HARDWARE	1/31/17	613				613	7	MO S/L	387	88
44	CAMERA	3/31/17	751				751	7	MO S/L	456	107
45	LANIER COPY MACHINE	4/26/17	9,166				9,166	7	MO S/L	5,456	1,309
46	BRYANT AIR CONDITIONER	5/11/17	6,677				6,677	7	MO S/L	3,975	954
47	LG TV 43LJ5000	5/31/17	468				468	7	MO S/L	273	67
48	3 TIMER & ANALYZERS	12/20/17	4,631				4,631	7	MO S/L	2,315	662
49	2 S1 TIMERS	12/20/17	4,495				4,495	7	MO S/L	2,247	642
50	QUARTZ TESTER	12/20/17	3,374				3,374	7	MO S/L	1,687	482
51	8 HAND PRESSES BUS	7/01/18	6,385				6,385	7	MO S/L	2,736	912
52	MC 28 WATCHMAKING KIT	10/22/18	16,292				16,292	7	MO S/L	6,207	2,327
53	MC VARIOUS EQUIP	12/17/18	24,261				24,261	7	MO S/L	8,665	3,466
54	EPSON DC-2 HI-DEF DOCUMENT CAM	12/31/18	526				526	7	MO S/L	188	75
55	3 vise's werther compressor	2/28/19	2,122				2,122	7	MO S/L	707	303
56	VACUUM PUMP	2/28/19	2,174				2,174	7	MO S/L	725	311
57	9 VISE'S	3/13/19	1,607				1,607	7	MO S/L	536	230
58	LAWN MOWER	4/12/19	3,209				3,209	7	MO S/L	1,032	458
59	WEED WACKER, BLOWER, WHEEL	4/12/19	372				372	7	MO S/L	119	53
60	MC PRESS	4/18/19	722				722	7	MO S/L	223	103
61	BERGEON CASE OPENER	5/16/19	733				733	7	MO S/L	218	105
62	2-JANETTE BAW	8/31/18	2,140				2,140	7	MO S/L	866	306
63	6 LENOVO LAPTOPS	2/28/19	4,941				4,941	7	MO S/L	1,647	706
64	MEMBERCLICKS SOFTWARE	2/28/19	6,895				6,895	7	MO S/L	2,298	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	3,252	1,346
66	MOBILE CLASSROOM VEHICLE	4/29/19	400,308				400,308	10 MO S/L	86,734	40,030
67	MC GREINER VIBRO	4/15/19	5,680				5,680	7 MO S/L	1,826	811
68	MC BECO TECHNIC	4/15/19	5,000				5,000	7 MO S/L	1,608	714
69	MC BERGEON	4/15/19	6,900				6,900	7 MO S/L	2,217	986
70	MC ELMA	4/15/19	9,779				9,779	7 MO S/L	3,143	1,397
71	PORTABLE FRIDGE	7/12/19	330				330	7 MO S/L	94	47
72	REFRIGERATOR	3/10/20	499				499	7 MO S/L	95	71
73	NEC SV8100	7/11/19	1,815				1,815	5 MO S/L	726	363
74	EPSON DC20	4/07/20	431				431	5 MO S/L	108	86
75	POWERSPEC	8/01/19	482				482	5 MO S/L	185	96
76	EXTERIOR SIGN	11/27/19	851				851	15 MO S/L	90	57
77	Leica Stereozoom Microscope	2/10/21	6,634				6,634	7 MO S/L	395	948
Total Other Depreciation			<u>2,022,159</u>				<u>2,022,159</u>		<u>972,679</u>	<u>95,427</u>
Total ACRS and Other Depreciation			<u>2,022,159</u>				<u>2,022,159</u>		<u>972,679</u>	<u>95,427</u>
Grand Totals			2,067,367				2,023,286		1,017,887	95,427
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>2,067,367</u>				<u>2,023,286</u>		<u>1,017,887</u>	<u>95,427</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	\$ 11,503	\$ 11,503		
REPAIRS AND MAINTENANCE	10,620		10,620	
EDUCATION CERTIFICATION	8,121	8,121		
ELECTION BALLOTING	2,359		2,359	
OUTSIDE CONTRACTED SERVIC	718	718		
BOOK AND MEDIA PRODUCTION	624	624		
TOTAL	\$ 33,945	\$ 20,966	\$ 12,979	\$ 0

**INSTRUCTIONS FOR COMPLETING
OHIO CHARITABLE REGISTRATION**

American Watchmakers-Clockmakers Institute

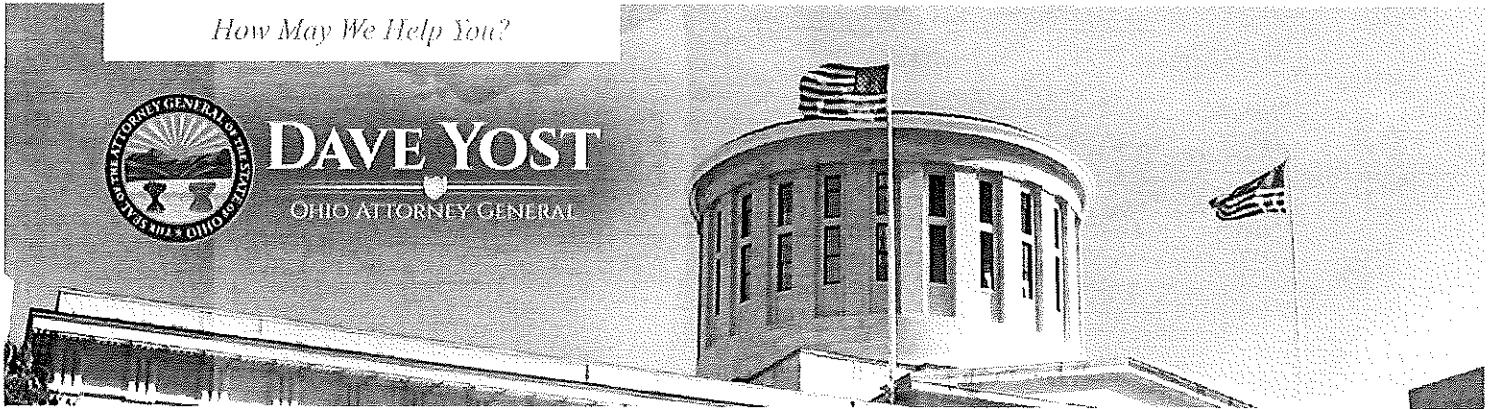
For Year Ended 6/30/2022

- (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, 2023



How May We Help You?



sr.nonprofit@atlasfirms.com Logout
You have 59:17 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: \$ 8579580.00

	Assets	Fee
1	Less than \$25,000	\$0.00
2	\$25,000 or more but less than \$100,000	\$50.00
3	\$100,000 or more but less than \$500,000	\$100.00
4	\$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

From: CharitableRegistration@OhioAGO.gov
Sent: Tuesday, February 7, 2023 5:52 PM
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 2022 for American Watchmakers-Clockmakers Institute on 2/7/2023 at 5:52 PM. 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:	2022
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)	\$1,110,263.00
Total assets:	\$8,579,580.00

Step 2 Details -

Name of Organization: American Watchmakers-Clockmakers Institute
EIN: 31-0731708
Phone: (513)367-9800
Fax:
Web Address: 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:	\$163,478.00
All other revenue:	\$933,651.00
Total revenue:	\$1,097,129.00
Program service expenses:	\$520,955.00
All other expenses:	\$222,929.00
Total expenses:	\$743,884.00
Total assets:	\$8,579,580.00
Total liabilities:	\$442,138.00

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
Title/Position:	Director
Average Weekly Hours:	2
Compensation:	\$0.00

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

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

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

First Name: Scott
Last Name: Walters
Country: United States
Address Line 1: 701 Enterprise Drive
City: HARRISON

State:	Ohio
Zip:	45030
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
Title/Position:	Secretary
Average Weekly Hours:	4
Compensation:	\$0.00

First Name:	David
Last Name:	Lindow
Country:	United States
Address Line 1:	701 Enterprise Drive
City:	Harrison
State:	Ohio
Zip:	45030
Title/Position:	President
Average Weekly Hours:	4
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 | 800-282-0515