

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

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



CLIENT COPY

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CLIENT'S COPY

CLIENT COPY



February 23, 2026

American Watchmakers/Clockmakers
INSTITUTE
701 Enterprise Dr.
Harrison, OH 45030

Dear Scott:

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

2024 Form 990

2024 State Annual Report

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

Since you have final responsibility for the tax returns, we suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

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

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

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

Our bill for services rendered will be provided with your assurance deliverables. Payment for services is due upon receipt. Tax returns are filed upon receipt of signature forms and payment of your invoice.

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

Sincerely,

ATLAS CPAs & Advisors PLLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2025

Prepared For:

American Watchmakers/Clockmakers
INSTITUTE
701 Enterprise Dr.
Harrison, OH 45030

Prepared By:

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

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2026.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury
Internal Revenue Service

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

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

Name of filer **AMERICAN WATCHMAKERS / CLOCKMAKERS INSTITUTE**

EIN or SSN
31-0731708

Name and title of officer or person subject to tax **SCOTT WALTERS
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>740,850.</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 V, 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 2024 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
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 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 2024 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 _____

Part III Certification and Authentication

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

31031145247

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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 JENNIFER BOEHM

Date 02/23/26

ERO Must Retain This Form - See Instructions

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

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

Form **8879-TE** (2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. AMERICAN WATCHMAKERS/CLOCKMAKERS INSTITUTE	Taxpayer identification number (TIN) 31-0731708
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 701 ENTERPRISE DR.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARRISON, OH 45030	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **SCOTT WALTERS**
701 ENTERPRISE DRIVE - HARRISON, OH 45030

Telephone No. **513-367-9800** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 ____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Return of Organization Exempt From Income Tax

Form 990

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

2024

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form header section containing organization name (AMERICAN WATCHMAKERS/CLOCKMAKERS INSTITUTE), address (701 ENTERPRISE DR., HARRISON, OH 45030), and identification numbers.

Part I Summary

Table with 22 rows detailing financial and governance information, including mission statement, revenue (Total: 740,850), expenses (Total: 940,546), and net assets (Total: 9,020,166).

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.

Signature block section with fields for officer signature (SCOTT WALTERS, TREASURER), preparer name (JENNIFER BOEHM), and firm information (ATLAS CPAS & ADVISORS PLLC).

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

AMERICAN WATCHMAKERS/CLOCKMAKERS
INSTITUTE

Form 990 (2024)

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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 \$ 677,820. including grants of \$ _____) (Revenue \$ 569,576.)
SOLD OUT OVER 97% OF OUR CONTINUING EDUCATION COURSES; INCREASED ANNUAL
MEMBERSHIP BY 10 AS OF THIS DATE; SOLD OUT OUR ANNUAL FALL SYMPOSIUM;
MONTHLY MAGAZINE AGAIN AWARDED, FOR SECOND YEAR IN A ROW, BY TRADE
PUBLICATION AWARDS CONTEST

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

4e Total program service expenses 677,820.

**AMERICAN WATCHMAKERS / CLOCKMAKERS
INSTITUTE**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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 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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <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

**AMERICAN WATCHMAKERS / CLOCKMAKERS
INSTITUTE**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a 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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	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>	36	X
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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	24
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

**AMERICAN WATCHMAKERS / CLOCKMAKERS
INSTITUTE**

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 3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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	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?		X
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?		X
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	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 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?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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?		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
	If "Yes," complete Form 6069.		

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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	1a	8		
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	1b	8		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6		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?	7a		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?	7b		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			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?	10a			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?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a			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	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		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	12c		X	
13 Did the organization have a written whistleblower policy?	13			X
14 Did the organization have a written document retention and destruction policy?	14			X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b			X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			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?	16b			

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
SCOTT WALTERS - 513-367-9800
701 ENTERPRISE DRIVE, HARRISON, OH 45030

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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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	171,274.				
	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			171,274.			
Program Service Revenue	2 a ACADEMY TUITION	Business Code					
		611519	299,005.	299,005.			
	b DISPLAY ADVERTISING	541800	41,071.	41,071.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			340,076.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		209,947.	209,947.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				2,700,330.			
	b Less: cost or other basis and sales expenses	7b	2,651,097.				
	c Gain or (loss)	7c	49,233.				
d Net gain or (loss)			49,233.	49,233.			
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a	64,488.					
b Less: cost of goods sold	10b	94,168.					
c Net income or (loss) from sales of inventory			-29,680.	-29,680.			
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			740,850.	569,576.	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	307,310.	276,579.	30,731.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	592.	533.	59.	
10 Payroll taxes	26,216.	23,594.	2,622.	
11 Fees for services (nonemployees):				
a Management	960.		960.	
b Legal	10,045.		10,045.	
c Accounting	18,066.		18,066.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	36,249.		36,249.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	5,074.		5,074.	
12 Advertising and promotion	1,364.	1,364.		
13 Office expenses	39,749.	31,233.	8,516.	
14 Information technology	24,052.		24,052.	
15 Royalties	1,678.	1,678.		
16 Occupancy	66,867.	46,807.	20,060.	
17 Travel	36,446.	28,539.	7,907.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	9,879.	9,879.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	93,017.		93,017.	
23 Insurance	11,838.	9,470.	2,368.	
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	67,215.	67,215.		
b INSTRUCTOR	43,809.	43,809.		
c EDUCATION CERTIFICATION	40,831.	40,831.		
d WRITER FEE	21,499.	21,499.		
e All other expenses	77,790.	74,790.	3,000.	
25 Total functional expenses. Add lines 1 through 24e	940,546.	677,820.	262,726.	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	61,953.	1	91,758.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,770.	4	36,312.
	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	89,327.	8	75,192.
	9 Prepaid expenses and deferred charges	4,883.	9	5,770.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,114,037.		
	b Less: accumulated depreciation	1,399,166.	10c	714,871.
	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	7,903,504.	13	8,225,831.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,780.	15	6,560.
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,880,107.	16	9,156,294.	
Liabilities	17 Accounts payable and accrued expenses	30,549.	17	35,753.
	18 Grants payable		18	
	19 Deferred revenue	65,620.	19	100,375.
	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		23	
	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	96,169.	26	136,128.
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	8,783,938.	27	9,020,166.
	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	8,783,938.	32	9,020,166.
	33 Total liabilities and net assets/fund balances	8,880,107.	33	9,156,294.

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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	740,850.
2	Total expenses (must equal Part IX, column (A), line 25)	2	940,546.
3	Revenue less expenses. Subtract line 2 from line 1	3	-199,696.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,783,938.
5	Net unrealized gains (losses) on investments	5	435,924.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,020,166.

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	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	198,552.	163,478.	158,430.	158,768.	171,274.	850,502.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	150,036.	298,239.	381,089.	355,500.	404,564.	1589428.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	348,588.	461,717.	539,519.	514,268.	575,838.	2439930.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						2439930.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	348,588.	461,717.	539,519.	514,268.	575,838.	2439930.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	733,404.	648,546.	557,728.	165,930.	259,180.	2364788.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	733,404.	648,546.	557,728.	165,930.	259,180.	2364788.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1081992.	1110263.	1097247.	680,198.	835,018.	4804718.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) .		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

**AMERICAN WATCHMAKERS / CLOCKMAKERS
INSTITUTE**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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?

Yes No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

AMERICAN WATCHMAKERS / CLOCKMAKERS

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 **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 in 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		1,107,185.	830,669.	276,516.
c Leasehold improvements				
d Equipment				
e Other		769,286.	568,497.	200,789.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				714,871.

AMERICAN WATCHMAKERS / CLOCKMAKERS

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) STOCKS AND BONDS	8,098,197.	END-OF-YEAR MARKET VALUE
(2) MONEY MARKET FUND	102,989.	END-OF-YEAR MARKET VALUE
(3) ACCRUED INCOME	24,645.	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		8,225,831.

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, line 15, col. (B))	

Part X Other Liabilities

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

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

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization AMERICAN WATCHMAKERS/CLOCKMAKERS INSTITUTE	Employer identification number 31-0731708
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BUSINESS SERVICES AND PROVIDE A MEMBER DIRECTORY OF PROFESSIONAL
CLOCKMAKERS/WATCHMAKERS TO CONNECT WITH REPAIR/RETAIN SOURCES.

FORM 990, PART VI, SECTION A, LINE 6:
CLASSES OF MEMBERS OR STOCKHOLDERS OF THE ORGANIZATION HAS MEMBERS WHO
RECEIVE BENEFITS ACCORDING TO THE ORGANIZATION'S MISSION.

FORM 990, PART VI, SECTION A, LINE 7A:
ELECTION OF MEMBERS AND THEIR RIFHTS INDIVIDUAL MEMBERS HAVE THE RIGHT TO
VOTE FOR UP TO THREE DIRECTORS ON THE AWCI BOARD. COMPANIES, SCHOOLS, AND
AFFILIATES DO NOT HAVE THE RIGHT TO VOTE.

FORM 990, PART VI, SECTION A, LINE 7B:
DECISIONS SUBJECT TO APPROVAL OF MEMBERS GOVERNING BODY DECISIONS
CONCERNING GOVERNING DOCUMENTS ARE SUBJECT TO VOTE APPROVAL BY THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:
ORGANIZATION'S PROCESS TO REVIEW FORM 990 DRAFT OF 990 WAS SENT TO THE
MANAGEMENT AND BOARD PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 12C:
ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATION INVESTIGATE AND ENFORCES
VIOLATIONS OF THE CONFLICT OF THE INTEREST POLICY.

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

FORM 990, PART VI, SECTION C, LINE 19:
COPIES OF POLICIES ARE AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

**Open to Public
Inspection**

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

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

Part I 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

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
AMERICAN WATCHMAKERS-CLOCKMAKERS INSTITUTE - 23-7160387, 701 ENTERPRISE DR., HARRISON, OH 45030	1) ASSIST HOROLOGY SCHOOLS 2) HOROLOGICAL LIBRARY 3) HOROLOGICAL MUSEUMS	OHIO	501(C)(3)	LINE 7	AMERICAN WATCHMAKERS-CLOCKM AKERS INSTITUTE	<input checked="" type="checkbox"/>	

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

Schedule R (Form 990) (Rev. 1-2025)

AMERICAN WATCHMAKERS / CLOCKMAKERS

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

2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER														
1	ACER G223	08/29/12	200DB	5.00		HY17	1,041.			521.	520.	520.		0.	520.
2	HP MXL248	04/15/13	200DB	5.00		HY17	1,214.			607.	607.	607.		0.	607.
3	AV SYSTEM	06/24/11	200DB	5.00		HY17	42,953.			42,953.				0.	
4	LAND	06/30/95	L	.000			237,566.				237,566.			0.	
5	BUILDING	06/30/95	SL	40.00		16	1,105,466.				1,105,466.	801,743.		27,637.	829,380.
6	PENDULUM	06/30/96	SL	40.00		16	1,719.				1,719.	1,246.		43.	1,289.
7	CLOCK TOWER	06/30/96	SL	4.00		16	4,032.				4,032.	4,032.		0.	4,032.
8	IMPROVEMENTS	03/16/06	SL	15.00		16	31,302.				31,302.	31,302.		0.	31,302.
9	TENKOTTE BENCHES	08/31/11	SL	7.00		16	3,724.				3,724.	3,724.		0.	3,724.
10	KAISER CLASSROOM REMODEL	09/12/11	SL	15.00		16	12,103.				12,103.	10,318.		807.	11,125.
11	ADT CLASSROOM	09/22/11	SL	7.00		16	2,630.				2,630.	2,630.		0.	2,630.
12	CASKER BENCHES	10/18/11	SL	7.00		16	3,355.				3,355.	3,355.		0.	3,355.
13	ROOFTOP A/C	09/03/13	SL	10.00		16	7,515.				7,515.	7,515.		0.	7,515.
14	NEC PHONE SYSTEM	10/31/13	SL	7.00		16	7,058.				7,058.	7,058.		0.	7,058.
15	HDD SURVEILEANCE SYSTEM	08/08/13	SL	7.00		16	319.				319.	319.		0.	319.
16	DVR SECURITY SYSTEM	11/15/13	SL	7.00		16	1,281.				1,281.	1,281.		0.	1,281.
17	DUST COLLECTION MOTORS	02/28/14	SL	7.00		16	2,801.				2,801.	2,801.		0.	2,801.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	REFRIGERATOR	01/13/14	SL	7.00		16	430.				430.	430.		0.	430.
19	POWERSPORT DESKTOP	08/08/13	SL	5.00		16	686.				686.	686.		0.	686.
20	APPLE TABLET	06/06/14	SL	5.00		16	533.				533.	533.		0.	533.
21	2 POWERED SPEAKERS	08/31/14	SL	7.00		16	896.				896.	896.		0.	896.
22	ROOFTOP A/C UNIT	01/22/15	SL	10.00		16	7,527.				7,527.	7,089.		439.	7,528.
23	DIGITAL MICROSCOPE	01/28/15	SL	7.00		16	4,945.				4,945.	4,945.		0.	4,945.
24	CELL PHONE	02/06/15	SL	5.00		16	801.				801.	801.		0.	801.
25	2 600GB HARD DRIVES	12/05/14	SL	5.00		16	1,695.				1,695.	1,695.		0.	1,695.
26	DELL5810 DESKTOP	01/08/15	SL	5.00		16	1,408.				1,408.	1,408.		0.	1,408.
27	DELL PRECISION M3800	01/08/15	SL	5.00		16	1,808.				1,808.	1,808.		0.	1,808.
28	DELL T SHOMOAKER	04/07/15	SL	5.00		16	976.				976.	976.		0.	976.
29	DIABOLIC-E TESTER	07/15/15	SL	7.00		16	2,175.				2,175.	2,175.		0.	2,175.
30	NATAR-125 TESTER	07/15/15	SL	7.00		16	3,848.				3,848.	3,848.		0.	3,848.
31	REVELATOR-R1 TESTER	07/15/15	SL	7.00		16	3,373.				3,373.	3,373.		0.	3,373.
32	HAND PRESS	10/06/15	SL	7.00		16	807.				807.	807.		0.	807.
33	ELMA WINDER	10/06/15	SL	7.00		16	1,990.				1,990.	1,990.		0.	1,990.
34	DRAGON STEAMER	04/07/16	SL	7.00		16	694.				694.	694.		0.	694.
35	LG 43' TV	05/31/16	SL	7.00		16	479.				479.	479.		0.	479.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
36	PARKING LOT	04/13/15	SL	15.00		16	6,500.				6,500.	3,900.		433.	4,333.
37	EXEC DIR LAPTOP	10/04/15	SL	5.00		16	813.				813.	813.		0.	813.
38	MYCLOUDNETWORK STORAGE	01/08/16	SL	5.00		16	826.				826.	826.		0.	826.
39	SCREWDRIVER BLADE SHARPENER	09/19/16	SL	7.00		16	765.				765.	765.		0.	765.
40	2 PROJECTORS EX3240	09/19/16	SL	7.00		16	856.				856.	856.		0.	856.
41	SECURITY SYSTEM	09/30/16	SL	7.00		16	4,500.				4,500.	4,500.		0.	4,500.
42	RAY FOSTER MOTORS	12/28/16	SL	7.00		16	1,274.				1,274.	1,274.		0.	1,274.
43	BATTERY BACKUP HARDWARE	01/31/17	SL	7.00		16	613.				613.	613.		0.	613.
44	CAMERA	03/31/17	SL	7.00		16	751.				751.	751.		0.	751.
45	LANIER COPY MACHINE	04/26/17	SL	7.00		16	9,166.				9,166.	9,166.		0.	9,166.
46	BRYANT AIR CONDITIONER	05/11/17	SL	7.00		16	6,677.				6,677.	6,677.		0.	6,677.
47	LG TV 43LJ5000	05/31/17	SL	7.00		16	468.				468.	468.		0.	468.
48	3 TIMER & ANALYZERS	12/20/17	SL	7.00		16	4,631.				4,631.	4,300.		331.	4,631.
49	2 S1 TIMERS	12/20/17	SL	7.00		16	4,495.				4,495.	4,174.		321.	4,495.
50	QUARTZ TESTER	12/20/17	SL	7.00		16	3,374.				3,374.	3,133.		241.	3,374.
51	8 HAND PRESSES BUS	07/01/18	SL	7.00		16	6,385.				6,385.	5,473.		912.	6,385.
52	MC 28 WATCHMAKING KIT	10/22/18	SL	7.00		16	16,292.				16,292.	13,189.		2,327.	15,516.
53	MC VARIOUS EQUIP	12/17/18	SL	7.00		16	24,261.				24,261.	19,062.		3,466.	22,528.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
54	EPSON DC-2 HI-DEF DOCUMENT CAM	12/31/18	SL	7.00		16	526.				526.	414.		75.	489.
55	3 VISE'S WERTHER COMPRESSOR	02/28/19	SL	7.00		16	2,122.				2,122.	1,617.		303.	1,920.
56	VACUUM PUMP	02/28/19	SL	7.00		16	2,174.				2,174.	1,657.		311.	1,968.
57	9 VISE'S	03/13/19	SL	7.00		16	1,607.				1,607.	1,225.		230.	1,455.
58	LAWN MOWER	04/12/19	SL	7.00		16	3,209.				3,209.	2,407.		458.	2,865.
59	WEED WACKER, BLOWER, WHEEL	04/12/19	SL	7.00		16	372.				372.	279.		53.	332.
60	MC PRESS	04/18/19	SL	7.00		16	722.				722.	533.		103.	636.
61	BERGEON CASE OPENER	05/16/19	SL	7.00		16	733.				733.	533.		105.	638.
62	2-JANETTE BAW	08/31/18	SL	7.00		16	2,140.				2,140.	1,784.		306.	2,090.
63	6 LENOVO LAPTOPS	02/28/19	SL	7.00		16	4,941.				4,941.	3,764.		706.	4,470.
64	MEMBERCLICKS SOFTWARE	02/28/19	SL	7.00		16	6,895.				6,895.	5,253.		985.	6,238.
65	ROOFTOP BRYANT HVAC	02/15/19	SL	7.00		16	9,420.				9,420.	7,290.		1,346.	8,636.
66	MOBILE CLASSROOM VEHICLE	04/29/19	SL	10.00		16	400,308.				400,308.	206,826.		40,031.	246,857.
67	MC GREINER VIBRO	04/15/19	SL	7.00		16	5,680.				5,680.	4,260.		811.	5,071.
68	MC BECO TECHNIC	04/15/19	SL	7.00		16	5,000.				5,000.	3,750.		714.	4,464.
69	MC BERGEON	04/15/19	SL	7.00		16	6,900.				6,900.	5,175.		986.	6,161.
70	MC ELMA	04/15/19	SL	7.00		16	9,779.				9,779.	7,334.		1,397.	8,731.
71	PORTABLE FRIDGE	07/12/19	SL	7.00		16	330.				330.	236.		47.	283.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
72	REFRIGERATOR	03/10/20	SL	7.00		16	499.				499.	309.		71.	380.
73	NEC SV8100	07/11/19	SL	5.00		16	1,815.				1,815.	1,815.		0.	1,815.
74	EPSON DC20	04/07/20	SL	5.00		16	431.				431.	366.		65.	431.
75	POWERSPEC	08/01/19	SL	5.00		16	482.				482.	474.		8.	482.
76	EXTERIOR SIGN	11/27/19	SL	15.00		16	851.				851.	260.		57.	317.
77	LEICA STEREOZOOM MICROSCOPE	02/10/21	SL	7.00		16	6,634.				6,634.	3,238.		948.	4,186.
78	TRANSPORTABLE BENCHES	07/01/22	SL	7.00		16	13,196.				13,196.	3,770.		1,885.	5,655.
79	NEW HVAC	09/01/22	SL	10.00		16	16,847.				16,847.	3,089.		1,685.	4,774.
80	AC UNIT REPLACEMENT	11/29/23	SL	7.00		16	16,627.				16,627.	1,386.		2,374.	3,760.
	* 990 PAGE 10 TOTAL OTHER						2,114,037.			44,081.	2,069,956.	1,262,068.		93,017.	1,355,085.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,114,037.			44,081.	2,069,956.	1,262,068.		93,017.	1,355,085.

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**AMERICAN WATCHMAKERS /CLOCKMAKERS
INSTITUTE**

FORM 990 PAGE 10

31-0731708

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	1,220,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	3,050,000.
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 2023 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2025. 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.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	93,017.

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 2024	17	
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 2024 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 2024 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 instr.	22	93,017.
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	

**AMERICAN WATCHMAKERS / CLOCKMAKERS
INSTITUTE**

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year:					
43 Amortization of costs that began before your 2024 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AMERICAN WATCHMAKERS/CLOCKMAKERS INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OTHER											
1	ACER G223	082912	200DB	5.00	17	1,041.		521.	520.	520.		0.
2	HP MXL248	041513	200DB	5.00	17	1,214.		607.	607.	607.		0.
3	AV SYSTEM	062411	200DB	5.00	17	42,953.		42,953.				0.
4	LAND	063095	L	.000		237,566.			237,566.			0.
5	BUILDING	063095	SL	40.00	16	1105466.			1105466.	801,743.		27,637.
6	PENDULUM	063096	SL	40.00	16	1,719.			1,719.	1,246.		43.
7	CLOCK TOWER	063096	SL	4.00	16	4,032.			4,032.	4,032.		0.
8	IMPROVEMENTS	031606	SL	15.00	16	31,302.			31,302.	31,302.		0.
9	TENKOTTE BENCHES KAISER CLASSROOM	083111	SL	7.00	16	3,724.			3,724.	3,724.		0.
10	REMODEL	091211	SL	15.00	16	12,103.			12,103.	10,318.		807.
11	ADT CLASSROOM	092211	SL	7.00	16	2,630.			2,630.	2,630.		0.
12	CASKER BENCHES	101811	SL	7.00	16	3,355.			3,355.	3,355.		0.
13	ROOFTOP A/C	090313	SL	10.00	16	7,515.			7,515.	7,515.		0.
14	NEC PHONE SYSTEM	103113	SL	7.00	16	7,058.			7,058.	7,058.		0.
15	HDD SURVEILANCE SYSTEM	080813	SL	7.00	16	319.			319.	319.		0.
16	DVR SECURITY SYSTEM	111513	SL	7.00	16	1,281.			1,281.	1,281.		0.
17	DUST COLLECTION MOTORS	022814	SL	7.00	16	2,801.			2,801.	2,801.		0.

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AMERICAN WATCHMAKERS/CLOCKMAKERS INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
18	REFRIGERATOR	011314	SL	7.00	16	430.			430.	430.		0.
19	POWERSPORT DESKTOP	080813	SL	5.00	16	686.			686.	686.		0.
20	APPLE TABLET	060614	SL	5.00	16	533.			533.	533.		0.
21	2 POWERED SPEAKERS	083114	SL	7.00	16	896.			896.	896.		0.
22	ROOFTOP A/C UNIT	012215	SL	10.00	16	7,527.			7,527.	7,089.		439.
23	DIGITAL MICROSCOPE	012815	SL	7.00	16	4,945.			4,945.	4,945.		0.
24	CELL PHONE	020615	SL	5.00	16	801.			801.	801.		0.
25	2 600GB HARD DRIVES	120514	SL	5.00	16	1,695.			1,695.	1,695.		0.
26	DELL5810 DESKTOP	010815	SL	5.00	16	1,408.			1,408.	1,408.		0.
27	DELL PRECISION M3800	010815	SL	5.00	16	1,808.			1,808.	1,808.		0.
28	DELL T SHOMOAKER	040715	SL	5.00	16	976.			976.	976.		0.
29	DIABOLIC-E TESTER	071515	SL	7.00	16	2,175.			2,175.	2,175.		0.
30	NATAR-125 TESTER	071515	SL	7.00	16	3,848.			3,848.	3,848.		0.
31	REVELATOR-R1 TESTER	071515	SL	7.00	16	3,373.			3,373.	3,373.		0.
32	HAND PRESS	100615	SL	7.00	16	807.			807.	807.		0.
33	ELMA WINDER	100615	SL	7.00	16	1,990.			1,990.	1,990.		0.
34	DRAGON STEAMER	040716	SL	7.00	16	694.			694.	694.		0.
35	LG 43' TV	053116	SL	7.00	16	479.			479.	479.		0.

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AMERICAN WATCHMAKERS/CLOCKMAKERS INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
36	PARKING LOT	041315	SL	15.00	16	6,500.			6,500.	3,900.		433.
37	EXEC DIR LAPTOP	100415	SL	5.00	16	813.			813.	813.		0.
38	MYCLOUDNETWORK STORAGE	010816	SL	5.00	16	826.			826.	826.		0.
39	SCREWDRIVER BLADE SHARPENER	091916	SL	7.00	16	765.			765.	765.		0.
40	2 PROJECTORS EX3240	091916	SL	7.00	16	856.			856.	856.		0.
41	SECURITY SYSTEM	093016	SL	7.00	16	4,500.			4,500.	4,500.		0.
42	RAY FOSTER MOTORS BATTERY BACKUP	122816	SL	7.00	16	1,274.			1,274.	1,274.		0.
43	HARDWARE	013117	SL	7.00	16	613.			613.	613.		0.
44	CAMERA	033117	SL	7.00	16	751.			751.	751.		0.
45	LANIER COPY MACHINE	042617	SL	7.00	16	9,166.			9,166.	9,166.		0.
46	BRYANT AIR CONDITIONER	051117	SL	7.00	16	6,677.			6,677.	6,677.		0.
47	LG TV 43LJ5000	053117	SL	7.00	16	468.			468.	468.		0.
48	3 TIMER & ANALYZERS	122017	SL	7.00	16	4,631.			4,631.	4,300.		331.
49	2 S1 TIMERS	122017	SL	7.00	16	4,495.			4,495.	4,174.		321.
50	QUARTZ TESTER	122017	SL	7.00	16	3,374.			3,374.	3,133.		241.
51	8 HAND PRESSES BUS MC 28 WATCHMAKING	070118	SL	7.00	16	6,385.			6,385.	5,473.		912.
52	KIT	102218	SL	7.00	16	16,292.			16,292.	13,189.		2,327.
53	MC VARIOUS EQUIP	121718	SL	7.00	16	24,261.			24,261.	19,062.		3,466.

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AMERICAN WATCHMAKERS/CLOCKMAKERS INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
54	EPSON DC-2 HI-DEF DOCUMENT CAM	123118	SL	7.00	16	526.			526.	414.		75.
55	3 VISE'S WERTHER COMPRESSOR	022819	SL	7.00	16	2,122.			2,122.	1,617.		303.
56	VACUUM PUMP	022819	SL	7.00	16	2,174.			2,174.	1,657.		311.
57	9 VISE'S	031319	SL	7.00	16	1,607.			1,607.	1,225.		230.
58	LAWN MOWER	041219	SL	7.00	16	3,209.			3,209.	2,407.		458.
59	WEED WACKER, BLOWER, WHEEL	041219	SL	7.00	16	372.			372.	279.		53.
60	MC PRESS	041819	SL	7.00	16	722.			722.	533.		103.
61	BERGEON CASE OPENER	051619	SL	7.00	16	733.			733.	533.		105.
62	2-JANETTE BAW	083118	SL	7.00	16	2,140.			2,140.	1,784.		306.
63	6 LENOVO LAPTOPS	022819	SL	7.00	16	4,941.			4,941.	3,764.		706.
64	MEMBERCLICKS SOFTWARE	022819	SL	7.00	16	6,895.			6,895.	5,253.		985.
65	ROOFTOP BRYANT HVAC	021519	SL	7.00	16	9,420.			9,420.	7,290.		1,346.
66	MOBILE CLASSROOM VEHICLE	042919	SL	10.00	16	400,308.			400,308.	206,826.		40,031.
67	MC GREINER VIBRO	041519	SL	7.00	16	5,680.			5,680.	4,260.		811.
68	MC BECO TECHNIC	041519	SL	7.00	16	5,000.			5,000.	3,750.		714.
69	MC BERGEON	041519	SL	7.00	16	6,900.			6,900.	5,175.		986.
70	MC ELMA	041519	SL	7.00	16	9,779.			9,779.	7,334.		1,397.
71	PORTABLE FRIDGE	071219	SL	7.00	16	330.			330.	236.		47.

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AMERICAN WATCHMAKERS/CLOCKMAKERS INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
72	REFRIGERATOR	031020	SL	7.00	16	499.			499.	309.		71.
73	NEC SV8100	071119	SL	5.00	16	1,815.			1,815.	1,815.		0.
74	EPSON DC20	040720	SL	5.00	16	431.			431.	366.		65.
75	POWERSPEC	080119	SL	5.00	16	482.			482.	474.		8.
76	EXTERIOR SIGN	112719	SL	15.00	16	851.			851.	260.		57.
77	LEICA STEREOZOOM MICROSCOPE	021021	SL	7.00	16	6,634.			6,634.	3,238.		948.
78	TRANSPORTABLE BENCHES	070122	SL	7.00	16	13,196.			13,196.	3,770.		1,885.
79	NEW HVAC	090122	SL	10.00	16	16,847.			16,847.	3,089.		1,685.
80	AC UNIT REPLACEMENT	112923	SL	7.00	16	16,627.			16,627.	1,386.		2,374.
	* 990 PAGE 10 TOTAL OTHER					2114037.		44,081.	2069956.	1262068.		93,017.
	* GRAND TOTAL 990 PAGE 10 DEPR					2114037.		44,081.	2069956.	1262068.		93,017.

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

AMERICAN WATCHMAKERS/CLOCKMAKERS
INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	ACER G223	082912	200DB	5.00	17	1,041.		521.	520.	520.		0.
2	HP MXL248	041513	200DB	5.00	17	1,214.		607.	607.	607.		0.
3	AV SYSTEM	062411	200DB	5.00	17	42,953.		42,953.				0.
4	LAND	063095	NC	.000	16	237,566.			237,566.			0.
5	BUILDING	063095	SL	40.00	16	1105466.			1105466.	801,743.		27,637.
6	PENDULUM	063096	SL	40.00	16	1,719.			1,719.	1,246.		43.
7	CLOCK TOWER	063096	SL	4.00	16	4,032.			4,032.	4,032.		0.
8	IMPROVEMENTS	031606	SL	15.00	16	31,302.			31,302.	31,302.		0.
9	TENKOTTE BENCHES KAISER CLASSROOM	083111	SL	7.00	16	3,724.			3,724.	3,724.		0.
10	REMODEL	091211	SL	15.00	16	12,103.			12,103.	10,318.		807.
11	ADT CLASSROOM	092211	SL	7.00	16	2,630.			2,630.	2,630.		0.
12	CASKER BENCHES	101811	SL	7.00	16	3,355.			3,355.	3,355.		0.
13	ROOFTOP A/C	090313	SL	10.00	16	7,515.			7,515.	7,515.		0.
14	NEC PHONE SYSTEM HDD SURVEILEANCE	103113	SL	7.00	16	7,058.			7,058.	7,058.		0.
15	SYSTEM	080813	SL	7.00	16	319.			319.	319.		0.
16	DVR SECURITY SYSTEM DUST COLLECTION	111513	SL	7.00	16	1,281.			1,281.	1,281.		0.
17	MOTORS	022814	SL	7.00	16	2,801.			2,801.	2,801.		0.
18	REFRIGERATOR	011314	SL	7.00	16	430.			430.	430.		0.

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

AMERICAN WATCHMAKERS/CLOCKMAKERS
INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	POWERSPORT DESKTOP	080813	SL	5.00	16	686.			686.	686.		0.
20	APPLE TABLET	060614	SL	5.00	16	533.			533.	533.		0.
21	2 POWERED SPEAKERS	083114	SL	7.00	16	896.			896.	896.		0.
22	ROOFTOP A/C UNIT	012215	SL	10.00	16	7,527.			7,527.	7,089.		439.
23	DIGITAL MICROSCOPE	012815	SL	7.00	16	4,945.			4,945.	4,945.		0.
24	CELL PHONE	020615	SL	5.00	16	801.			801.	801.		0.
25	2 600GB HARD DRIVES	120514	SL	5.00	16	1,695.			1,695.	1,695.		0.
26	DELL5810 DESKTOP	010815	SL	5.00	16	1,408.			1,408.	1,408.		0.
27	DELL PRECISION M3800	010815	SL	5.00	16	1,808.			1,808.	1,808.		0.
28	DELL T SHOMOAKER	040715	SL	5.00	16	976.			976.	976.		0.
29	DIABOLIC-E TESTER	071515	SL	7.00	16	2,175.			2,175.	2,175.		0.
30	NATAR-125 TESTER	071515	SL	7.00	16	3,848.			3,848.	3,848.		0.
31	REVELATOR-R1 TESTER	071515	SL	7.00	16	3,373.			3,373.	3,373.		0.
32	HAND PRESS	100615	SL	7.00	16	807.			807.	807.		0.
33	ELMA WINDER	100615	SL	7.00	16	1,990.			1,990.	1,990.		0.
34	DRAGON STEAMER	040716	SL	7.00	16	694.			694.	694.		0.
35	LG 43' TV	053116	SL	7.00	16	479.			479.	479.		0.
36	PARKING LOT	041315	SL	15.00	16	6,500.			6,500.	3,900.		433.

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

AMERICAN WATCHMAKERS/CLOCKMAKERS
INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	EXEC DIR LAPTOP	100415	SL	5.00	16	813.			813.	813.		0.
38	MYCLOUDNETWORK STORAGE	010816	SL	5.00	16	826.			826.	826.		0.
39	SCREWDRIVER BLADE SHARPENER	091916	SL	7.00	16	765.			765.	765.		0.
40	2 PROJECTORS EX3240	091916	SL	7.00	16	856.			856.	856.		0.
41	SECURITY SYSTEM	093016	SL	7.00	16	4,500.			4,500.	4,500.		0.
42	RAY FOSTER MOTORS BATTERY BACKUP	122816	SL	7.00	16	1,274.			1,274.	1,274.		0.
43	HARDWARE	013117	SL	7.00	16	613.			613.	613.		0.
44	CAMERA	033117	SL	7.00	16	751.			751.	751.		0.
45	LANIER COPY MACHINE	042617	SL	7.00	16	9,166.			9,166.	9,166.		0.
46	BRYANT AIR CONDITIONER	051117	SL	7.00	16	6,677.			6,677.	6,677.		0.
47	LG TV 43LJ5000	053117	SL	7.00	16	468.			468.	468.		0.
48	3 TIMER & ANALYZERS	122017	SL	7.00	16	4,631.			4,631.	4,300.		331.
49	2 S1 TIMERS	122017	SL	7.00	16	4,495.			4,495.	4,174.		321.
50	QUARTZ TESTER	122017	SL	7.00	16	3,374.			3,374.	3,133.		241.
51	8 HAND PRESSES BUS MC 28 WATCHMAKING	070118	SL	7.00	16	6,385.			6,385.	5,473.		912.
52	KIT	102218	SL	7.00	16	16,292.			16,292.	13,189.		2,327.
53	MC VARIOUS EQUIP	121718	SL	7.00	16	24,261.			24,261.	19,062.		3,466.
54	EPSON DC-2 HI-DEF DOCUMENT CAM	123118	SL	7.00	16	526.			526.	414.		75.

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

AMERICAN WATCHMAKERS/CLOCKMAKERS
INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	3 VISE'S WERTHER COMPRESSOR	022819	SL	7.00	16	2,122.			2,122.	1,617.		303.
56	VACUUM PUMP	022819	SL	7.00	16	2,174.			2,174.	1,657.		311.
57	9 VISE'S	031319	SL	7.00	16	1,607.			1,607.	1,225.		230.
58	LAWN MOWER	041219	SL	7.00	16	3,209.			3,209.	2,407.		458.
59	WEED WACKER, BLOWER, WHEEL	041219	SL	7.00	16	372.			372.	279.		53.
60	MC PRESS	041819	SL	7.00	16	722.			722.	533.		103.
61	BERGEON CASE OPENER	051619	SL	7.00	16	733.			733.	533.		105.
62	2-JANETTE BAW	083118	SL	7.00	16	2,140.			2,140.	1,784.		306.
63	6 LENOVO LAPTOPS	022819	SL	7.00	16	4,941.			4,941.	3,764.		706.
64	MEMBERCLICKS SOFTWARE	022819	SL	7.00	16	6,895.			6,895.	5,253.		985.
65	ROOFTOP BRYANT HVAC	021519	SL	7.00	16	9,420.			9,420.	7,290.		1,346.
66	MOBILE CLASSROOM VEHICLE	042919	SL	10.00	16	400,308.			400,308.	206,826.		40,031.
67	MC GREINER VIBRO	041519	SL	7.00	16	5,680.			5,680.	4,260.		811.
68	MC BECO TECHNIC	041519	SL	7.00	16	5,000.			5,000.	3,750.		714.
69	MC BERGEON	041519	SL	7.00	16	6,900.			6,900.	5,175.		986.
70	MC ELMA	041519	SL	7.00	16	9,779.			9,779.	7,334.		1,397.
71	PORTABLE FRIDGE	071219	SL	7.00	16	330.			330.	236.		47.
72	REFRIGERATOR	031020	SL	7.00	16	499.			499.	309.		71.

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

AMERICAN WATCHMAKERS/CLOCKMAKERS
INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
73	NEC SV8100	071119	SL	5.00	16	1,815.			1,815.	1,815.		0.
74	EPSON DC20	040720	SL	5.00	16	431.			431.	366.		65.
75	POWERSPEC	080119	SL	5.00	16	482.			482.	474.		8.
76	EXTERIOR SIGN	112719	SL	15.00	16	851.			851.	260.		57.
77	LEICA STEREOZOOM MICROSCOPE	021021	SL	7.00	16	6,634.			6,634.	3,238.		948.
78	TRANSPORTABLE BENCHES	070122	SL	7.00	16	13,196.			13,196.	3,770.		1,885.
79	NEW HVAC	090122	SL	10.00	16	16,847.			16,847.	3,089.		1,685.
80	AC UNIT REPLACEMENT	112923	SL	7.00	16	16,627.			16,627.	1,386.		2,374.
	TOTAL FORM 199 DEPRECIATION					2114037.			2069956.	1262068.	0.	93,017.
	STATE TOTALS					2114037.			2069956.	1262068.	0.	93,017.

**INSTRUCTIONS FOR COMPLETING
OHIO CHARITABLE REGISTRATION**

American Watchmakers-Clockmakers

Institute For Year Ended 6/30/2025

- (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, 2026

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

39m 56s left in session

Welcome ATLAS CPAs & Advisors!

▶ Notes

Organization ▾

View Another Organization

Add an Organization

User Account ▾

General ▾

Log Out

Submit Fees

Organization: American
Watchmakers-Clockmakers
Institute

EIN: 31-0731708

Year: 2025

Trust Fee

The trust fee is based upon the assets held at year end.

Value of Assets: \$

9156294.00

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

Pay Trust Fee by E-Check

Pay Trust Fee by Credit Card

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**

From: CharitableRegistration@OhioAGO.gov
To: [Nonprofit](#)
Subject: Submitted: Charitable registration annual report
Date: Monday, February 23, 2026 5:00:54 PM

[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 2025 for American Watchmakers-Clockmakers Institute on 2/23/2026 at 4:48 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 Determine Filing Status -

Report Year:	2025
Is the organization located, organized or incorporated in the State of Ohio?	Yes
Does the organization have assets in Ohio?	Yes
Does the Organization conduct program services in Ohio?	Yes
Total assets:	\$9,156,294.00
Did your organization play bingo during this reporting period?	No
Did your organization, on its own behalf, solicit charitable contributions in Ohio (also includes instance pull tabs and traditional bingo games)?	No
Did you hire a professional solicitor, fund-raising counsel, and/or commercial co-venturer to solicit in Ohio?	No
Gross revenue (does NOT include governmental grants and funding from other 501(c)(3) organizations)	\$740,850.00
Reporting Filing Status	109

Step 2 Organization Profile / Chapters -

EIN:	31-0731708
Name of Organization:	American Watchmakers-Clockmakers Institute
DBA Names:	American Watchmakers-Clockmakers Institute
Phone:	(513)367-9800
Fax:	

Tax Exempt Type:

Secretary of State charter number:

Web Address: www.awci.com

Organization Email:

Organization's Purpose:

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

Chapters

Step 3 Financials -

Total revenue:	\$740,850.00
Total expenses:	\$940,546.00
Program service expense:	\$677,820.00
Fund-raising expense:	\$0.00
Management & general expense:	\$262,726.00
Total assets:	\$9,156,294.00
Disposed of 50% or more of assets:	No

Diversion of Assets: No

Total liabilities: \$136,128.00

Non-cash Contributions over \$100,000: No

Step 4 Governmental Authority Actions -

Organization enjoined or prohibited from soliciting? No

Organization registration or authority denied / suspended / revoked / enjoined? No

Organization had voluntary agreement with government authority? No
Organization received cease and desist order? No

Step 5 Solicitation Info -

Will solicitation be year-round?
If not year-round, when will solicitation be conducted:
Will solicitation be conducted in all Ohio counties?
If no, Ohio counties where solicitation will be conducted:
Is organization registered with another government authority within Ohio?

Registered with another government authority outside of Ohio to solicit?

Amount contributed by Ohio residents, including Bingo proceeds:
Charitable Purpose:
Schedule of activity description:

Is primary office in Ohio? Yes

Primary business address:

Form of the charitable organization:

Financial records custodian

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

Co-venturers and specific terms

Did you receive the amount guaranteed?

Independent contractors paid over \$100,000:

Step 6 Board Members / Custodians / Updated Bylaws Info -

Directors and trustees information

First Name:	scott
Last Name:	walters

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: Michael
Last Name: Blaszczyk
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: Mike
Last Name: Creasy
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: Patrick
Last Name: Mont
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:	Justin
Last Name:	Shiver
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:	Wheeler
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:	Alena
Last Name:	Diaz
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:	Stan
Last Name:	McMahon
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

Custodian of contributions

Custodian of distributions

Board meetings in last fiscal year: 6
Were there loans to or from board members: No

Any transactions over \$5,000 with related parties? No

Conflict of interest policy? Yes
Was organization Audited this year? No
Were bylaws updated in the past year? Yes

Office of Ohio Attorney General Dave Yost
CharitableRegistration@OhioAGO.gov | 800-282-0515