

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2001**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>AMERICAN WATCHMAKERS INSTITUTE</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>701 ENTERPRISE DRIVE</b> City or town, state or country, and ZIP + 4 <b>HARRISON, OH 45030</b>	<b>D</b> Employer identification number <b>31-0731708</b>  <b>E</b> Telephone number <b>(513) 367-9800</b>  <b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? **N/A**  Yes  No  
(If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Enter 4-digit GEN ▶

M Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G** Web site: ▶ **WWW.AWI-NET.ORG**

**J** Organization type (check only one) ▶  501(c) ( **6** ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **927,727.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>			
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>			0.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
	<b>3</b> Membership dues and assessments	<b>3</b>			501,710.
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>			426,017.
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
	<b>7</b> Other investment income (describe ▶)	<b>7</b>			
	<b>8a</b> Gross amount from sale of assets other than inventory	(A) Securities (B) Other			
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			
	<b>9</b> Special events and activities (attach schedule)				
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			927,727.
	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			951,701.
	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			-23,974.
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			8,276,265.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			92,388.
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			8,344,679.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) .....				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc. ....	25	0.		
26	Other salaries and wages .....	26	328,574.		
27	Pension plan contributions .....	27	18,861.		
28	Other employee benefits .....	28	18,737.		
29	Payroll taxes .....	29	27,101.		
30	Professional fundraising fees .....	30			
31	Accounting fees .....	31	13,125.		
32	Legal fees .....	32	15,234.		
33	Supplies .....	33	26,345.		
34	Telephone .....	34	11,086.		
35	Postage and shipping .....	35	28,908.		
36	Occupancy .....	36			
37	Equipment rental and maintenance .....	37	10,888.		
38	Printing and publications .....	38	140,789.		
39	Travel .....	39	16,203.		
40	Conferences, conventions, and meetings .....	40	49,452.		
41	Interest .....	41	16,254.		
42	Depreciation, depletion, etc. (attach schedule) ...	42	82,768.		
43	Other expenses not covered above (itemize):				
a	.....	43a			
b	.....	43b			
c	.....	43c			
d	.....	43d			
e	See Statement 2	43e	147,376.		
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 .....	44	951,701.		

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **ASSOCIATION OF WATCHMAKERS AND CLOCKMAKERS**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	<b>TRADE ASSOCIATION OF WATCHMAKERS AND CLOCKMAKERS</b>	
		(Grants and allocations \$ _____)
b		(Grants and allocations \$ _____)
c		(Grants and allocations \$ _____)
d		(Grants and allocations \$ _____)
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	

**Part IV Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....		45
	46 Savings and temporary cash investments .....	60,131.	46 140,797.
	47 a Accounts receivable .....	47a 93,453.	
	b Less: allowance for doubtful accounts .....	47b	47c 93,453.
	48 a Pledges receivable .....	48a	
	b Less: allowance for doubtful accounts .....	48b	48c
	49 Grants receivable .....		49
	50 Receivables from officers, directors, trustees, and key employees .....		50
	51 a Other notes and loans receivable .....	51a	
	b Less: allowance for doubtful accounts .....	51b	51c
	52 Inventories for sale or use .....	104,106.	52 81,740.
	53 Prepaid expenses and deferred charges .....		53
	54 Investments - securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment: basis .....	55a	
	b Less: accumulated depreciation .....	55b	55c
56 Investments - other .....	See Statement 3	7,266,033.	56 7,353,231.
57 a Land, buildings, and equipment: basis .....	57a 1,865,991.		
b Less: accumulated depreciation .....	57b 584,010.	1,333,499.	57c 1,281,981.
58 Other assets (describe <input type="checkbox"/> See Statement 4 )		5,100.	58 42,721.
59 <b>Total assets (add lines 45 through 58) (must equal line 74)</b> .....		8,846,682.	59 8,993,923.
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	136,164.	60 49,244.
	61 Grants payable .....		61
	62 Deferred revenue .....		62
	63 Loans from officers, directors, trustees, and key employees .....		63
	64 a Tax-exempt bond liabilities .....		64a
	b Mortgages and other notes payable .....	434,253.	64b 600,000.
	65 Other liabilities (describe <input type="checkbox"/> )		65
66 <b>Total liabilities (add lines 60 through 65)</b> .....		570,417.	66 649,244.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	1,176,265.	67 1,244,679.
	68 Temporarily restricted .....	7,100,000.	68 7,100,000.
	69 Permanently restricted .....		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		70
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71
	72 Retained earnings, endowment, accumulated income, or other funds .....		72
73 <b>Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)</b> .....		8,276,265.	73 8,344,679.
74 <b>Total liabilities and net assets / fund balances (add lines 66 and 73)</b> .....		8,846,682.	74 8,993,923.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

a	Total revenue, gains, and other support per audited financial statements	a	1,020,115.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 92,388.		
(2)	Donated services and use of facilities ... \$		
(3)	Recoveries of prior year grants ... \$		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	92,388.
c	Line a minus line b	c	927,727.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 ... \$		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	927,727.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements	a	951,701.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities ... \$		
(2)	Prior year adjustments reported on line 20, Form 990 ... \$		
(3)	Losses reported on line 20, Form 990 ... \$		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	951,701.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 ... \$		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	951,701.

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ROBERT D. PORTER	PRESIDENT	0.	0.	0.
JIM DOOR	VICE-PRESIDENT	0.	0.	0.
JACK KURDZIONAK	VICE-PRESIDENT	0.	0.	0.
FRED BURCKHARDT	TREASURER	0.	0.	0.
FRANK POYE	SECRETARY	0.	0.	0.

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization
81a Enter direct or indirect political expenditures. See line 81 instructions
81b Did the organization file Form 1120-POL for this year?
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911
89b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2001

91 The books are in care of JAMES E. LUBIC Telephone no. (513) 367-9800

Located at 701 ENTERPRISE DRIVE, HARRISON, OH ZIP + 4 45030

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments (501,710), 96 Dividends and interest from securities (426,017), and 104 Subtotal (426,017).

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes. Line 94: RECEIPTS CONSIST OF DUES, SEMINAR REGISTRATIONS, CERTIFICATION TESTS, AND ADVERTISING FOR TRADE MAGAZINE, ALL OF WHICH ARE RELATED TO THE ORGANIZATION'S ACTIVITIES TO PROMOTE WATCH AND CLOCKMAKING ACTIVITIES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets. Row 1: N/A.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No (X)
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No (X)

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here: Signature of officer: Thomas J Pack, Date: 13/18/03, Type or print name and title: Thomas J Pack Finance Director

Paid Preparer's Use Only: Preparer's signature: Jennifer L Ratterman CPA, Date: 2-22-03, Check if self-employed: [ ], Preparer's SSN or PTIN: P00121578, Firm's name: Rudler & Associates, Inc., Address: Suite 200 1881 Dixie Highway Fort Wright, Kentucky 41011, Phone no.: 859-331-1717

Form 990	Other Changes in Net Assets or Fund Balances	Statement	1
<u>Description</u>			<u>Amount</u>
UNREALIZED GAIN ON INVESTMENTS			92,388.
Total to Form 990, Part I, line 20			92,388.

Form 990	Other Expenses			Statement	2
<u>Description</u>	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management and General</u>	(D) <u>Fundraising</u>	
REAL ESTATE TAX	4,217.				
UTILITIES	13,985.				
MEMBERSHIP MATERIALS	16,753.				
ROYALTIES	35,252.				
ADVERTISING	17,744.				
BANK CHARGES	4,486.				
INSURANCE	9,206.				
AUDIO VISUAL PROGRAMS	4,946.				
SECURITY	2,710.				
MISCELLANEOUS EXPENSE	5,224.				
STAFF TRAINING	12,749.				
OTHER PROFESSIONAL SERVICES	18,468.				
AMORTIZATION	1,636.				
Total to Fm 990, ln 43	147,376.				

Form 990	Other Investments	Statement	3
<u>Description</u>	<u>Valuation Method</u>	<u>Amount</u>	
INVESTMENTS	Cost	7,353,231.	
Total to Form 990, Part IV, line 56, Column B		7,353,231.	

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Form 990 Other Assets Statement 4

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<u>Description</u>	<u>Amount</u>
COPYRIGHT	5,000.
DEPOSIT - BWC	100.
DEFERRED FINANCING COSTS (NET)	37,621.
<b>Total to Form 990, Part IV, line 58, Column B</b>	<b>42,721.</b>

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**AMERICAN WATCHMAKERS INSTITUTE**  
**EIN# 31-0731708**  
**SCHEDULE OF DEPRECIATION**  
**FORM 990**  
**June 30, 2002**

DATE ACQUIRED	DESCRIPTION	COST	METHOD LIFE	DEPREC. EXPENSE	ACCUM. DEPREC.
VARIOUS	BUILDINGS	1,126,404	S/L VARIOUS	29,299	205,024
VARIOUS	EQUIPMENT	500,848	S/L VARIOUS	53,469	378,986
TOTALS		1,627,252		82,768	584,010

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Form with fields for Name of Exempt Organization (AMERICAN WATCHMAKERS INSTITUTE), Employer identification number (31-0731708), and address (701 ENTERPRISE DRIVE, HARRISON, OH 45030).

Check type of return to be filed (File a separate application for each return): Includes checkboxes for Form 990, Form 990-EZ, Form 990-T, Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, and Form 6069.

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• 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 EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 15, 2003.
5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2001 and ending JUN 30, 2002.
6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
7 State in detail why you need the extension: Accountants are finishing the year-end audit. Once completed the tax return will be finalized and filed.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
b If this application is for Form 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 and any amount paid previously with Form 8868 \$ \_\_\_\_\_
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Handwritten Signature] Title: [Handwritten Title] Date: 2/14/03

Notice to Applicant - To Be Completed by the IRS

Checkboxes for IRS notice: We have approved this application. We have not approved this application. However, we have granted a 10-day grace period... We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period. We cannot consider this application because it was filed after the due date of the return for which an extension was requested. Other

Director By: \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: RUDLER & ASSOCIATES, INC.
Number and street (include suite, room, or apt. no.) Or a P.O. box number: 1881 DIXIE HIGHWAY, SUITE 200
City or town, province or state, and country (including postal or ZIP code): FT. WRIGHT, KY 41011

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only**

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>AMERICAN WATCHMAKERS INSTITUTE</b>	Employer identification number <b>31-0731708</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>701 ENTERPRISE DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HARRISON, OH 45030</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- 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 EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until February 18, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning JUL 1, 2001 , and ending JUN 30, 2002 .

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See Instructions ..... \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions ..... \$ N/A

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *Cammer Brock* ▶ Date ▶ 1/14/02

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)