

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)

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 2003 calendar year, or tax year beginning **JUL 1, 2003** and ending **JUN 30, 2004**

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.	C Name of organization AMERICAN WATCHMAKERS INSTITUTE Number and street (or P.O. box if mail is not delivered to street address) Room/suite 701 ENTERPRISE DRIVE City or town, state or country, and ZIP + 4 HARRISON, OH 45030	D Employer identification number 31-0731708 E Telephone number (513) 367-9800 F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 Group Exemption Number **▶**

G Website: **▶ 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 **▶ 907,497.**

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

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

	1 Contributions, gifts, grants, and similar amounts received:						
	a Direct public support	1a					
	b Indirect public support	1b					
	c Government contributions (grants)	1c					
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d					0.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2					
	3 Membership dues and assessments	3					524,858.
	4 Interest on savings and temporary cash investments	4					
	5 Dividends and interest from securities	5					382,639.
Revenue	6 a Gross rents	6a					
	b Less: rental expenses	6b					
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c					
	7 Other investment income (describe ▶)	7					
	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
	b Less: cost or other basis and sales expenses	8a		8b			
	c Gain or (loss) (attach schedule)	8c					
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d					
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a					
	b Less: direct expenses other than fundraising expenses	9b					
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c					
	10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c					
	11 Other revenue (from Part VII, line 103)	11					
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12					907,497.
Expenses	13 Program services (from line 44, column (B))	13					
	14 Management and general (from line 44, column (C))	14					
	15 Fundraising (from line 44, column (D))	15					
	16 Payments to affiliates (attach schedule)	16					
	17 Total expenses (add lines 13 and 14, column (A))	17					979,564.
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18					-72,067.
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19					8,434,305.
	20 Other changes in net assets or fund balances (attach explanation) See Statement 1	20					-448,888.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21					7,913,350.

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	346,362.		
27	Pension plan contributions	27	22,201.		
28	Other employee benefits	28	38,361.		
29	Payroll taxes	29	28,354.		
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32	36,424.		
33	Supplies	33	24,206.		
34	Telephone	34	15,690.		
35	Postage and shipping	35	27,118.		
36	Occupancy	36			
37	Equipment rental and maintenance	37	11,280.		
38	Printing and publications	38	134,941.		
39	Travel	39	23,268.		
40	Conferences, conventions, and meetings	40	63,407.		
41	Interest	41	10,787.		
42	Depreciation, depletion, etc. (attach schedule) ..	42	82,993.		
43	Other expenses not covered above (itemize):				
a	.....	43a			
b	.....	43b			
c	.....	43c			
d	.....	43d			
e	See Statement 2	43e	114,172.		
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	979,564.		

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	TRADE ASSOCIATION OF WATCHMAKERS AND CLOCKMAKERS			
			
	(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
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	23,822.	46 30,511.
	47 a Accounts receivable	47a 134,868.	
	b Less: allowance for doubtful accounts	47b	47c 134,868.
	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	101,624.	52 98,448.
	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 1,887,890.	
	b Less: accumulated depreciation	55b 718,673.	55c 1,169,217.
56 Investments - other See Statement 3	7,538,120.	56 7,043,141.	
57 a Land, buildings, and equipment: basis	57a		
b Less: accumulated depreciation	57b	57c	
58 Other assets (describe <input type="checkbox"/> See Statement 4)	40,758.	58 38,795.	
59 Total assets (add lines 45 through 58) (must equal line 74)	9,028,184.	59 8,514,980.	
Liabilities	60 Accounts payable and accrued expenses	13,879.	60 41,630.
	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	580,000.	64b 560,000.
	65 Other liabilities (describe <input type="checkbox"/>)		65
66 Total liabilities (add lines 60 through 65)	593,879.	66 601,630.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,334,305.	67 813,350.
	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 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)	8,434,305.	73 7,913,350.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	9,028,184.	74 8,514,980.

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

Table with 2 columns: Description and Amount. Rows include: a Total revenue, gains, and other support per audited financial statements (907,497); b Amounts included on line a but not on line 12, Form 990: (1) Net unrealized gains on investments, (2) Donated services and use of facilities, (3) Recoveries of prior year grants, (4) Other; c Line a minus line b (907,497); 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; e Total revenue per line 12, Form 990 (line c plus line d) (907,497).

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

Table with 2 columns: Description and Amount. Rows include: a Total expenses and losses per audited financial statements (979,564); 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; c Line a minus line b (979,564); 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; e Total expenses per line 17, Form 990 (line c plus line d) (979,564).

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

Table with 5 columns: (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. Rows include: JACK KURDZIONAK (PRESIDENT), JIM DOOR (VICE-PRESIDENT), MARK BUTTERWORTH (TREASURER), ALICE B CARPENTER (SECRETARY).

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No

Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	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?		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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?	82a	X
b	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.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
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? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A		
b	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? If "Yes," attach a statement explaining each transaction	89b	N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed		NONE
b	Number of employees employed in the pay period that includes March 12, 2003	90b	10
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	92	N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					524,858.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	382,639.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		382,639.	524,858.
105 Total (add line 104, columns (B), (D), and (E))					907,497.

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 page 34 of the instructions.)

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 (other than by providing funds for such purposes).
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 page 34 of the instructions.)

(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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here:  Signature of officer: Thomas J. Pack CPA Date: 05/13/05 Type or print name and title: Thomas J. Pack CPA Finance Director

Preparer's Use Only: Preparer's signature: Joseph K. Patterman CPA Date: 5-9-05 Check if self-employed: Preparer's SSN or PTIN: P00121578

Firm's name (or yours if self-employed), address, and ZIP + 4: Rudder & Associates, Inc.
Suite 200 1881 Dixie Highway
Fort Wright, Kentucky 41011

EIN: _____ Phone no.: 859-331-1717

Form 990	Other Changes in Net Assets or Fund Balances	Statement	1
Description		Amount	
UNREALIZED GAIN ON INVESTMENTS		-448,888.	
Total to Form 990, Part I, line 20		-448,888.	

Form 990	Other Expenses			Statement	2
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
REAL ESTATE TAX	3,829.				
UTILITIES	13,526.				
MEMBERSHIP MATERIALS	13,018.				
ROYALTIES	40,745.				
ADVERTISING	987.				
BANK CHARGES	6,102.				
INSURANCE	9,380.				
AUDIO VISUAL PROGRAMS	2,595.				
SECURITY	2,730.				
MISCELLANEOUS EXPENSE	2,950.				
STAFF TRAINING	15,507.				
AMORTIZATION	1,963.				
BAD DEBT	840.				
Total to Fm 990, ln 43	114,172.				

Form 990	Other Investments		Statement	3
Description	Valuation Method	Amount		
INVESTMENTS	Cost	7,043,141.		
Total to Form 990, Part IV, line 56, Column B		7,043,141.		

Form 990 Other Assets Statement 4

Description	Amount
COPYRIGHT	5,000.
DEPOSIT - BWC	100.
DEFERRED FINANCING COSTS (NET)	33,695.
Total to Form 990, Part IV, line 58, Column B	38,795.

AMERICAN WATCHMAKERS INSTITUTE

EIN# 31-0731708

SCHEDULE OF DEPRECIATION

FORM 990

June 30, 2004

DATE ACQUIRED	DESCRIPTION	COST	METHOD LIFE	DEPREC. EXPENSE	ACCUM. DEPREC.
VARIOUS	BUILDINGS	1,128,193	S/L VARIOUS	29,872	264,553
VARIOUS	EQUIPMENT	520,958	S/L VARIOUS	53,121	454,120
TOTALS		1,649,151		82,993	718,673

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ 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	Name of Exempt Organization AMERICAN WATCHMAKERS INSTITUTE	Employer identification number 31-0731708
	Number, street, and room or suite no. If a P.O. box, see instructions. 701 ENTERPRISE DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARRISON, OH 45030	

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 15, 2005 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, 2003 and ending JUN 30, 2004

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 ▶ (Amended) Brodowski Title ▶ CEO Date ▶ 11/12/04

LHA For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)

- 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.

Type or print	Name of Exempt Organization American Watchmakers Institute	Employer identification number 31-0731708-	
	Number, street, and room or suite no. If a P.O. box, see instructions. 701 Enterprise Drive		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Harrison OH 45030-1696		

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

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A
- Form 4720
- Form 5227
- Form 6069
- Form 8870

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

• The books are in the care of **Thomas J Pack**
Telephone No. **(513) 367-9800 EXT 311** FAX No. **(513) 367-1414**

- 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, 2005.

5 For calendar year _____ or other tax year beginning July 1, 2003, and ending June 30, 2004.

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 **Additional time is needed for the firm auditing our financial records to complete their work in order to prepare an accurate Form 990, due to unavailability of some records until recently.**

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. \$ _____

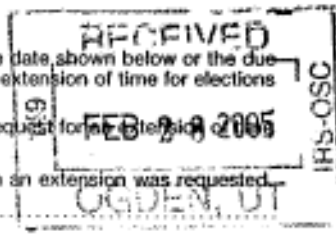
Signature and Verification

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: *Thomas J Pack* Title: **Finance Director** Date: **02/13/2005**

Notice to Applicant—To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- 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 a 10-day grace period.
- We cannot consider this application because it was filed after the extended 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.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

EXTENSION APPROVED
MAR 08 2005
FIELD DIRECTOR