PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning APR 1, 2018 and ending MAR 31, 2019 C Name of organization Check If D Employer identification number NATIONAL ASSOCIATION OF WATCH AND CLOCK Address change COLLECTORS, INC. Name change 23-2072465 Doing business as mitial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return termin ated 514 POPLAR STREET 717-684-8261 3,207,931. City or town, state or province, country, and ZIP or foreign postal code G Gross receipte \$ Amended Instum COLUMBIA, PA 17512-2130 H(a) is this a group return Applica-tion pending F Name and address of principal officer: CHRIS MILLER for subordinates? L Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3)) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: > WWW.NAWCC.ORG H(c) Group exemption number > K Form of organization: Corporation Trust X Association Other > L Year of formation: 1978 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: THE ORGANIZATION SEEKS TO ENCOURAGE MEMBER AND PUBLIC INTEREST IN THE STUDY OF TIME AND Governa Check this box F if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) 36 5 Total number of volunteers (estimate if necessary) 43 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 13,972. -5,571. b Net unrelated business taxable income from Form 990-T, line 38 Current Year Prior Year 1,345,123. 8 Contributions and grants (Part VIII, line 1h) <u>1,648,625</u>. Program service revenue (Part VIII, line 2g) 377,809. 490,482. 205,334. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 117,036. 74,147. 64,905. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 217,617. 2,105,844. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Ó. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) O. 0. 14 Benefits paid to or for members (Part IX, column (A), tine 4) 1,036,527. 378. 1,065, 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ,097,928. 330,300. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,134,455. 2,395,678. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 83,162. -289,834. Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 8,052,381. 7,695,307. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 451,368. 490,620. 7,601,013. 7,204,687. 22 Net assets or fund balances. Subtract line 21 from line 20 . 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. Opclaration of preparer (other than officer) is based on all information of which preparer has any knowledge, Signature of officer Sign CHRIS MILLER TREASURER Here Type or print name and title Preparer's signature Torse Horse Print/Type preparer's name C 01/31 CPA DOUGLAS L. ZERMAN, P01269555 DOUGLAS L. BERMAN, Paid /20 self-employed Preparer Firm's name RKL LLP 23-2108173 Firm's EIN > Firm's address 3501 CONCORD ROAD, PO BOX 21439 Use Only

YORK, PA 17402

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

Phone no. 717-843-3804

NATIONAL ASSOCIATION OF WATCH AND CLOCK COLLECTORS. INC.

	n 990 (2018) COLLECTORS, INC.	23-20/246	5 Page 2
Ра	rt 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: THE OPCANTANTION CREEKS TO ENCOURAGE MEMBER AND DURING THE	MEDECH TN (mrrii.
	THE ORGANIZATION SEEKS TO ENCOURAGE MEMBER AND PUBLIC IN STUDY OF TIME AND TIMEKEEPING VIA EDUCATIONAL OPPORTUNIT		
	PUBLICATIONS, MEMBER AND PUBLIC EVENTS AND ACCESS TO THE	IES, SPECIA	ALL
	LIBRARY/MUSEUM.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?		res X No
	If "Yes," describe these new services on Schedule O.		103 (<u>==</u> ,)140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		res X 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 a	neasured by expens	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,502,919. including grants of \$0. (Revenue)	ле \$5 <u>0</u> 8	8,977.)
	THE ORGANIZATION SEEKS TO ENHANCE THE EDUCATION OF THE H		
	SCIENTIFIC IMPORTANCES OF CLOCKS AND WATCHES TO THE GENERAL		AND
	· · · · · · · · · · · · · · · · · · ·	CLUDING A	
	MUSEUM AND LIBRARY, AS WELL AS THE AVAILABILITY TO STUDY		
	CONSTRUCTION AND REPAIR OF CLOCKS AND WATCHES AT EDUCATION	NAL PROGRA	AMS.
	Process and the second		
	Market Control of the		
			·
4b	(Code:) (Expenses \$		1
	/ Trevence		
4¢	(Code:) (Expenses \$including grants of \$) (Revenue)	e\$)
		····	
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 1,502,919.	/	

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_			Yes	s No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2	If "Yes," complete Schedule A	1	X	<u> </u>
3	Schedule B, Schedule of Contributors !	2	X	
3	activities on benair of or in opposition to candidates for			
4	public office? If "Yes," complete Schedule C, Part I	3		X
7	a section 501(h) election in effect	f		
5	during the tax year? If "Yes," complete Schedule C, Part II	4	-	X
Ū	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
Ŭ	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1		
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u> </u>	X
·	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	-	X
Ū	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
9	Schedule D, Part III	8_	_X_	
Ü	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		1	1
10		9		X
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	1		
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
•	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
=				
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1	l	
h	Part VI	11a	X	<u> </u>
_	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	i	1	
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		X
	assets reported in Part X. line 162 // "Ves." - assets reported in Part X, line 13 that is 5% or more of its total			
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		X
	Part X, line 16? If "Voc." complete Sebadule D. Bart IV		1	
е	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
f	3 Table 20 ! If "Yes." Complete Schedule D. Part Y	11e	X	
Ī	and a supervision of consolidated initiatical statements for the lax year incline a footnote that addresses			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	_	X
		l i		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	_X	
-	If "Yes," and if the organization engineered "No." to the day of			
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Ves " complete Schoolule F. Derte Land IV.			
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> X</u>
	foreign organization? If "Yos " complete School/Jo C. Berte Have Ally			
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u>X</u>
	or for foreign individuals? If "Ves." complete School to E. Berte III and III.			
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u>X</u>
	column (A). lines 6 and 11e2 # "Vos." complete Sebestide O. Reut		1	
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_17		<u>X</u>
	1c and 8a? If "Yes " complete Schedule G. Part II			77
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
-	complete Schedule G. Part III.	- 1	- 1	••
20a	complete Schedule G, Part III	19		<u>X</u>
b	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u>X</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
-	domestic government on Part IX column (A) line 12 // "Non " named to any domestic organization or			
20000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>

Form 990 (2018) COLLECTORS, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			İ
	any tax-exempt bonds?	24c		ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	l		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete	051		v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	06		х
27	complete Schedule L, Part II	26		- 11
Li	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	х	
Pai	Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
•	Check if Schedule O contains a response or note to any line in this Part V			
	The state of the s		Vee	Na.
1	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 33		Yes	No
b	Enter the number reported in Box 3 of Porm 1090. Enter 40-11 not applicable 1a 53 Enter the number of Forms W-2G included in 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		s e ministr Status et	
J	(gambling) winnings to prize winners?	1c	х	

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28	Tax Statements,	ایر		Yes	No
	filed for the calendar year ending with or within the year covered by this return 2a 3 If at least one is reported on line 2a, did the organization file all required federal employment to virtums 2	희			16
•	and the organization me an required rederal employment tax returns?	2	b	<u> </u>	- XVIII ()
38	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	ŀ			
t	of If "Yes " has it filed a Form 990.T for this year?	3		X	
48	, provide an explanation in Schedule O	3	b 	Х	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	١.			v
b		4.	a		X
	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 tay shelter transaction at any time the include of	E	_		Х
b		5i		-	X
c		5		$\neg \dagger$	
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?	6	.		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			_	
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	61)		
а	Print and the second se	l _		v	ilaa oo
b	If "Yes " did the organization notify the depart of the value of the reads as a set in the second of		\neg	$\frac{X}{X}$	
С	Part 1 of the second se	7k	+	^ +	
	to file Form 8282?	70		1	Х
ď	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76	•		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	70	, :	N/Z	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N/A	4
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? N/A	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	4			
ы 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			- 6	
' '	Section 501(c)(12) organizations. Enter:				
h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	-			
~					
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	 			
b	If "Voc " onter the amount of toy execut interest in the second of the s	12a	1	_	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	-		
	In the committee the second to the second se	40		\dashv	
	Note. See the instructions for additional information the organization must report on Schedule O.	13a		+	
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans			32	
С	Enter the amount of reserves on hand 13c	15%			
4a	Did the organization receive any neumants for independent in the second of the second	1/-		\dashv	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		-	
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	+	+	
	excess parachute payment(s) during the year?	15			Х
	If "Yes," see instructions and file Form 4720, Schedule N.	13			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		F 14 128	X
	If "Yes," complete Form 4720, Schedule O.			1	- <u>-</u>

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Form 990 (2018) COLLECTORS, INC. 23-2072465 Pag
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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a12			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
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	2 /128.189	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or 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		Х
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	Х	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	21-110 UF
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		İ	
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9	i	Х
Sec	tion 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	
	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	х	
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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			17.77
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	ersuperer 24.
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	400		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	w. 6.11 (6.11.7887)
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in 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	19.3 B.J.A. 8	C6.296999
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed >CA, CO, CT, GA, MA, MS, NC, NH, NJ,	NY,	OK,	OR
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			
	for public inspection. Indicate how you made these available. Check all that apply.	,, u		-
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and it	inanci	al	
-	statements available to the public during the tax year.	1011011	n1	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JENNIFER BYERS, CONTROLLER - 717-684-8261			
	514 POPLAR STREET COLUMBIA PA 17512-2130			

Form 990 (2018)

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

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization i		l	., ., _			1001	ioar			(F)	
(A) Name and Title	(B)		(C) Position					(D)	(E)	(F)	
ivanie and title	Average hours per		(do not check more than one box, unless person is both an					Reportable compensation	Reportable compensation	Estimated amount of	
	week		officer and a director/trustee)					from	from related	other	
	(list any	ctor			ļ			the	organizations	compensation	
	hours for	or dire	به			ted		organization	(W-2/1099-MISC)	from the	
	related	ustee	truste		gg .	bens		(W-2/1099-MISC)		organization	
	organizations below	ual fr	tional		yold	t com				and related organizations	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) RICHARD NEWMAN	10.00					-	-				
CHAIR		Х		Х				0.	0.	0.	
(2) JAMES HOLLOWAY	10.00										
VICE-CHAIR		Х		Х				0.	0.	0.	
(3) LEROY BAKER	15.00										
SECRETARY		X		Х				0.	0.	0.	
(4) CHRIS MILLER	15.00										
TREASURER		Х		X				0.	0.	0.	
(5) THOMAS J. BARTELS	2.00										
DIRECTOR		Х					<u> </u>	0.	0.	0.	
(6) JOHN COTE	2.00										
DIRECTOR		Х	<u> </u>					0.	0.	0.	
(7) ROBERT GARY	2.00							_			
DIRECTOR		Х						0.	0.	0.	
(8) PHILIP C. GREGORY	2.00								_	_	
DIRECTOR		Х						0.	0.	0.	
(9) DAVID A. LEE	2.00										
DIRECTOR	0.00	X		_		ļ		0.	0.	0.	
(10) PHILIP E. MORRIS	2.00	,,							0	0	
DIRECTOR (11) TIM ORR	1 2 00	X						0.	0.	0.	
DIRECTOR	2.00	х						0.	0	^	
(12) CARROLL W. WOLFE	2.00	Δ		_				0.	0.	0.	
DIRECTOR	2.00	х		i				0.	0.	0.	
(13) THOMAS WILCOX III	40.00	^		\dashv				0.		0.	
EXECUTIVE DIRECTOR	40.00			\mathbf{x}				93,107.	0.	6,997.	
			\dashv	-				33,107.		0,557.	
									İ		
									-		

COLLECTORS, INC.

Section A. Officers, Directors, Trus	li l	oloy	ees,			ghe	st C	I .			
(A)	(B)				C)	_		(D)	(E)		(F)
Name and title	Average	(do	Position do not check more than one				one	Reportable	Reportabl		Estimated
	hours per					is boti or/trus		compensation	compensation		amount of
	week (list any	-	T	Ī	I	1	1	from	from relate		other
	hours for	director			l	L	ļ	the organization	organizatio (W-2/1099-M		compensation from the
	related	5	tee			sated		(W-2/1099-MISC)	(00-2/1099-101	150)	organization
	organizations	ruste	l trus		99/	m Den	ļ	(** 27 1000 10100)			and related
	below	Individual trustee	nstitutional trustee		l de	stco	₌				organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former				3
					Г						
		1	ŀ								
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			_		<u> </u>						
					ŀ						
		<u> </u>	<u> </u>								
1b Sub-total							▶	93,107.		0.	6,997.
c Total from continuation sheets to Part VI							ightharpoonup	0.		0.	0.
d Total (add lines 1b and 1c)								93,107.		0.	6,997.
2 Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportab	le	
compensation from the organization									•		0
											Yes No
3 Did the organization list any former officer,	director, or tru	stee	e, ke	v en	olan	vee.	or h	nighest compensated en	nplovee on		
line 1a? If "Yes," complete Schedule J for s										ľ	з Х
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										ľ	4 X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes." com	•				•			•	da i 101 301 11003		5 X
Section B. Independent Contractors	piete Scriedule	JR) SU	CIT	Jersi	OH .					
Complete this table for your five highest contains the second secon	mpensated ind	enei	nder	nt co	ntra	ctor	re th	at received more than \$	100 000 of com	noneat	ion from
the organization. Report compensation for										ipuioal	IOT II OH
	rie calendar ye	ar e	Hull	ig w	itri O) VVI	LI III I		tar.	Т	(0)
(A) Name and business	address	NIC	NE	,				(B) Description of se	ervices		(C) ompensation
, , , , , , , , , , , , , , , , , , , ,		TAC)INT	<u> </u>			\dashv	2000.101.01.01	51 71000	 	omponoution.
							\dashv			\vdash	
							\dashv	. ,		₽	
							\perp			↓	
										1	
										<u> </u>	
2 Total number of independent contractors (in	ncluding but no	ot lim	nited	to t	hos	e lis	ted	above) who received mo	re than		
\$100,000 of compensation from the organiz					0					L	
											200

Form 990 (2018) COLLECTORS, INC.
Part VIII Statement of Revenue

1200	. 9.51221	Check if Schedule O conta	<u>ains a response</u>	or note to any lir		T (0)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
y y	1 a	a Federated campaigns	1a					J.2 J.
, Grants		b Membership dues	······	943,823.	1		1.5	
هَ ق		c Fundraising events		•	1			1.00
v, q	1	d Related organizations						
.,E		e Government grants (contribution		17,090.				
Ö	f	f All other contributions, gifts, grant			1			
ber		similar amounts not included above	1 1	384,210.				
<u> </u>	٠	Noncash contributions included in lines 1		58,169.	1			
Contributions, Gift and Other Similar	ŀ	n Total. Add lines 1a-1f		>	1,345,123.			
				Business Code)			
ģ	2 a	NATIONAL CONVENTION		611600	251,962.	251,962.	Control Control Control Control Control	
. <u>Ş</u>	k	MART INCOME		519100	111,393.	111,393.		
Se		MUSEUM ADMISSIONS		511120	49,984.	49,984.		
Program Service Revenue		TUITION & FEES		611600	47,394.	47,394.		
og. R	e	ADVERTISING INCOME		541800	13,972.		13,972.	
ď	f	All other program service rever	nue	900099	15,777.	15,777.		
	ç	Total. Add lines 2a-2f			490,482.			
	3	Investment income (including of	dividends, inter	est, and				
		other similar amounts)		>	126,247.			126,247.
	4	Income from investment of tax	oroceeds					
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	a Gross rents	9,455					
	b	Less: rental expenses	0					
	c	Rental income or (loss)	9,455					
	c	d Net rental income or (loss)	<u> </u>	>	9,455.			9,455.
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,132,682	•				
	b	Less: cost or other basis						
		and sales expenses	1,053,595					
	c	Gain or (loss)	79,087.	,				
	d	d Net gain or (loss)		<u></u>	79,087.			79,087.
en	8 a	 Gross income from fundraising 	g events (not			11.00		
		including \$	of			100		
e		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	a	1				
푩		Less: direct expenses						
٦	С	: Net income or (loss) from fundi	raising events	<u></u>				
	9 a	Gross income from gaming act	tivities. See					
		Part IV, line 19	a	1			3.72	
			b					
	С	: Net income or (loss) from gami	ng activities .	. <u></u>	www.deminor.com			
	10 a	Gross sales of inventory, less r	eturns					
		and allowances	a					
	b	Less: cost of goods sold	b	48,492.				
	С	Net income or (loss) from sales	of inventory .	.	32,467.	32,467.		***
		Miscellaneous Revenue)	Business Code				
		MISCELLANEOUS INCOME		900099	15,512.			15,512.
	b	CELEBRATION INCOME		900099	7,471.			7,471.
	С							
	d	All other revenue						
	е				22,983.			
	12	Total revenue. See instructions			2,105,844.	508,977.	13,972.	237,772.

Form 990 (2018) COLLECTORS, INC. Part IX Statement of Functional Expenses

Sec	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	141			
	not include amounts reported on lines 6b, 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			Control of the Contro	
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,	100 412	F1 70C	27 272	10 620
_	trustees, and key employees	100,413.	51,796.	37,978.	10,639.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	767,288.	300 057	204 216	02 015
7	Other salaries and wages Pension plan accruals and contributions (include	101,200.	390,057.	294,316.	82,915.
8	•	30,293.	14,645.	12 222	2 126
9	section 401(k) and 403(b) employer contributions)	113,734.	71,596.	12,222. 33,696.	3,426. 8,442. 5,860.
10	Other employee benefits Payroll taxes	53,650.	27,595.	20,195.	5 060
11	Fees for services (non-employees):	23,030.	21,393.	20,193.	3,000.
	Management				
a b				**	
C	LegalAccounting	18,000.		18,000.	<u> </u>
d	Lobbying	10,000.		10,000.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15,066.		15,066.	
g g	Other. (If line 11g amount exceeds 10% of line 25,		***	23,000.	
9	column (A) amount, list line 11g expenses on Sch O.)	115,542.	44,972.	62,975.	7,595.
12	Advertising and promotion	5,932.	4,809.	1,123.	.,,,,,,
13	Office expenses	219,009.	128,380.	79,813.	10,816.
14	Information technology	11,625.	* ****	11,625.	,
15	Royalties				····.
16	Occupancy	128,847.	106,568.	20,787.	1,492.
17	Travel	52,996.	5,179.	45,475.	1,492. 2,342.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	164,847.	163,083.	1,764.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	283,326.	279,703.	3,623.	
23	Insurance	29,223.	5,804.	23,419.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	BULLETIN PRINTING	131,082.	131,082.		
b	EVENT EXPENSE	49,806.	9,612.	31,497.	8,697.
c	MISCELLANEOUS EXPENSE	31,841.	4,234.	21,839.	5,768.
d	ACCESSION PURCHASES	28,128.	28,128.		-,
-	All other expenses	45,030.	35,676.	3,254.	6,100.
25	Total functional expenses. Add lines 1 through 24e	2,395,678.	1,502,919.	738,667.	154,092.
26	Joint costs. Complete this line only if the organization	•		,	<u> </u>
-	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X	15555-34-1111111111111111111111111111111		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	179,855.	1	31,798
	2	Savings and temporary cash investments	191,638.	2	72,294
-	3	Pledges and grants receivable, net		3	291,380
	4	Accounts receivable, net		4	28,046
-1	5	Loans and other receivables from current and former officers, directors,			
1		trustees, key employees, and highest compensated employees. Complete			
- 1		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ng		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
0		employees' beneficiary organizations (see instr). Complete Part II of Sch L	m()	6	
2000	7	Notes and loans receivable, net		7	
3	8	Inventories for sale or use	44,178.	8	53,144
	9	Prepaid expenses and deferred charges	CO 247	9	76,070
1	10a	Land, buildings, and equipment: cost or other			
-		basis. Complete Part VI of Schedule D 10, 993, 58	0.	8	
- 1	b	Less: accumulated depreciation 10b 6,782,10		10c	4,211,472
П	11	Investments - publicly traded securities		11	2,931,103
П	12	Investments - other securities. See Part IV, line 11		12	
1	13	Investments - program-related. See Part IV, line 11		13	
П	14	Intangible assets		14	
1	15	Other assets. See Part IV, line 11	**	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	7,695,307
7	17	Accounts payable and accrued expenses		17	253,330
- [18	Grants payable		18	
	19	Deferred revenue		19	57,638
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	"	21	
П	22	Loans and other payables to current and former officers, directors, trustees,	***		
	9	key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
1	24	Unsecured notes and loans payable to unrelated third parties		24	~
	25	Other liabilities (including federal income tax, payables to related third	***	-	
1	7	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	177,686.	25	179,652
	26	Total liabilities. Add lines 17 through 25	451,368.	26	490,620
7		Organizations that follow SFAS 117 (ASC 958), check here X and			
		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	5,850,289.	27	5,604,506
	28	Temporarily restricted net assets		28	446,892
	29	Permanently restricted net assets	4 4 9 9 9 9 9	29	1,153,289
	- 1	Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances		33	7,204,687
	34	Total liabilities and net assets/fund balances		34	7,695,307
_	-		0,002,001.	04	Form 990 (201

NATIONAL ASSOCIATION OF WATCH AND CLOCK COLLECTORS, INC.

	n 990 (2018) COLLECTORS, INC.	23-20	72465	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	2,105	,844.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,395	
3	Revenue less expenses. Subtract line 2 from line 1	3		,834.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,601	
5	Net unrealized gains (losses) on investments	5		,922.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	<u> </u>	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-140	,414.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	7,204	.687.
Pa	rt XII Financial Statements and Reporting			,
	Check if Schedule O contains a response or note to any line in this Part XII			Х
				res No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a			2a	X
	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	х
	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:	,		
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.	F1-54 0.2 H 83.9	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x
	If the organization changed either its oversight process or selection process during the tax year, explain in Schee	dule O	·	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing			
	Act and OMB Circular A-133?	jio / laun	3a	х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit	·	-
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

Form 990 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

NATIONAL ASSOCIATION OF WATCH AND CLOCK

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

COLLECTORS. INC. 23-2072465 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: ____ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E, Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

23-2072465 Page 2

Schedule A (Form 990 or 990-EZ) 2018 COLLECTORS, INC. 23-2072

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.)

Se	ction A. Public Support	-					<u>.</u> .
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			·		,	
	include any "unusual grants.")					ļ	
2	Tax revenues levied for the organ-						
	ization'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	100					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				257		
	column (f)						
6	Public support. Subtract line 5 from line 4.		16.0				*****
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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					i	
9	Net income from unrelated business						
	activities, whether or not the					1	
	business is regularly carried on					1	
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 instruction	ns)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stor	here	<u></u> .,				
	ction C. Computation of Publi						
	Public support percentage for 2018 (14	%
15	Public support percentage from 2017	Schedule A, Part I	il, line 14			15	%
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization		***************************************		▶□
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test	- 2018. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% or	more,
	and if the organization meets the "fac			•	•	•	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization		>
b	10% -facts-and-circumstances test)% or
	more, and if the organization meets the	ıe "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	umstances" test. 7	The organization qu	ualifies as a publicl	y supported organ	ization	>
18	Private foundation. If the organizatio	n did not check a t	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	d see instructions	<u></u>

Schedule A (Form 990 or 990-EZ) 2018 COLLECTORS, INC. 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.)

Se	ction A. Public Support	cion, piodeo comp	noto i art iii,	 -			
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	, ,	• • • • • • • • • • • • • • • • • • • •	\- /	1	1-7	17
	membership fees received. (Do not						
	include any "unusual grants.")	394,929.	344,323.	1279912.	1648625.	1345123.	5012912.
2	Gross receipts from admissions,		,				
	merchandise sold or services per-					:	
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	1588211.	1602981.	864.802.	487,324.	557.469.	5100787.
3	Gross receipts from activities that						
Ī	are not an unrelated trade or bus-						
	iness under section 513					22,983.	22,983.
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	***************************************					
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1983140.	1947304.	2144714.	2135949.	1925575	10136682.
	Amounts included on lines 1, 2, and		131,3011	222721	1133313.		10130002.
	3 received from disqualified persons	54,913.	29,441.	55,823.	45,337.	65.486.	251,000.
ŧ	Amounts included on lines 2 and 3 received			33,0230	13,33,1	03,1001	232,0001
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b	54,913.	29,441.	55,823.	45,337.	65,486.	251,000.
	Public support. (Subtract line 7c from line 6.)	32/323.	20, 111	33,023.	40,007.	03, 400.	9885682.
Se	etion B. Total Support						J00300Z.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	1983140.	1947304.	2144714.	2135949.	1925575	10136682.
	Gross income from interest,	1303140.	131/301	2111/11	2133343.	1020070.	10130002.
,00	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	62,539.	89,097.	99 184	117,036.	135 702	503 558
L	Unrelated business taxable income	02,333.	05,057.		117,030.	133,702.	303,330.
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		İ				
,	Add lines 10a and 10b	62,539.	89,097.	99,184.	117,036.	135,702.	503,558.
11	Net income from unrelated business	02,333.	05,057.	JJ, 104.	117,030.	133,702.	303,330.
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
-	or loss from the sale of capital						
12	assets (Explain in Part VI.)	2045679.	2036401.	2243898	2252985.	2061277.	10640240
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for						
14		-			•		
Sec	check this box and stop here ction C. Computation of Public	c Support Per	rentage				
	·. ·			aluman (f)		45	92.91 %
	Public support percentage for 2018 (li			***	·····	15	26 22
	Public support percentage from 2017 ction D. Computation of Inves					16	96.00 %
				12 ook (6)		47	4.73 %
	Investment income percentage for 20					17	4 00
	Investment income percentage from 2					18	
іча	33 1/3% support tests - 2018. If the	=				•	
	more than 33 1/3%, check this box an	-	•				\ X
b	33 1/3% support tests - 2017. If the	-		•		•	
20	Private foundation. If the organization					-	
/I I	Private toundation it the arganization	THE DOLCHACK 3 P		or tun chack thi	C NOV SHOP COO INCH	LICTIONS	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If* "Yes," answer (b) and (c) 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Figure		Yes	No
	1		
	2 3a		
	3b		
	3c		
	1a		
4	l b		
	łc		
£	ib ic		
	, <u>C</u>		
•	7	0.74	
	В	<u> </u>	
9	а		
9		Yai	
9	С		
10)a		
)b		. A.

	edule A (Form 990 or 990-EZ) 2018 COLLECTORS, INC.	23-2072465 Page 5
Pa	rt IV Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Sec	etion B. Type I Supporting Organizations	1 110 1
	71 11 5	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Yes No
•		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? 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 directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
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? 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.	2
<u>Sec</u>	tion 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)? 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).	1
Sec	tion D. All Type III Supporting Organizations	
		Iv. Iv.
1	Did the organization provide to each of its supported organizations, but he lead down the fifth would be	Yes No
•	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?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Sec	tion 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 ins	structions).
а	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	tu (aan inntuuntinun)
2	Activities Test. Answer (a) and (b) below.	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Yes No
u		
	the supported organization(s) to which the organization was responsive? 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.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? 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.	2b
	Parent of Supported Organizations. Answer (a) and (b) below.	
	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>Provide details in</i> Part VI.	3a
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Jan
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	26
	describe in the role played by the organization in this regard.	3b

Schedule A (Form 990 or 990-EZ) 2018 COLLECTORS, INC.		2	3-2072465 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (explain in P	art VI.) See instructions.
other Type III non-functionally integrated supporting organizations must c	omplete S	ections A through E.	<u>, </u>
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)
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		4 5 7 7 7	
factors (explain in detail in Part VI):			
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 1-1/2% 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 .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 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 Check here if the current year is the organization's first as a non-functionall		ed Type III supporting organia	zation (see
instructions)	,	,	

Schedule A (Form 990 or 990-EZ) 2018

Sch	edule A (Form 990 or 990-EZ) 2018 COLLECTORS, I	NC.		23-2072465 Page 7
	rt V Type III Non-Functionally Integrated 509			J
Sec	tion D - Distributions	, ,		Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			10.00
4	Distributions for 2018 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in		- 1975 - 1975	
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
С	Excess from 2016		3377	

Schedule A (Form 990 or 990-EZ) 2018

d Excess from 2017e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018	COLLECTORS,	INC.	23-2072465 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and 6	nation. Provide the ex 2, 3b, 3c, 4b, 4c, 5a, 6, ines 2 and 3; Part IV, Se	kplanations required by Part II, 9a, 9b, 9c, 11a, 11b, and 11c; ction E, lines 1c, 2a, 2b, 3a, an	line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Section C, d 3b; Part V, line 1; Part V, Section B, line 1e; Part V, te this part for any additional information.
	(See instructions.)			
,				
···			* ***	
.				

Schedule B

(Form 990, 990-**EZ**, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	TIONAL ASSOCIATION OF WATCH AND CLOCK LLECTORS, INC.	23-2072465
Organization type (check or		20/2100
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(c)(7	covered by the General Rule or a Special Rule. (), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling to one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) are any one contributor,	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support tend 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amountine 1. Complete Parts I and II.	r 16b, and that received from
year, total contributi	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ar ons of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educa to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the cor	tional purposes, or for the
year, contributions e is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an exclusively religious, plete any of the parts unless the General Rule applies to this organization because it reetc., contributions totaling \$5,000 or more during the year	e than \$1,000. If this box charitable, etc., ceived nonexclusively
out it must answer "No" on P	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

NATIONAL ASSOCIATION OF WATCH AND CLOCK COLLECTORS, INC.

Employer identification number

Part	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.
(a) N o.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

NATIONAL ASSOCIATION OF WATCH AND CLOCK COLLECTORS, INC.

Employer identification number

- art 1	(see instructions). Ose duplicate copies of Part 1 if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$7,839.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,385.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$17,090.	Person X Payroll

NATIONAL ASSOCIATION OF WATCH AND CLOCK COLLECTORS, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition.	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$8,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
15		\$12,500.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$6,420.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$6,800.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization
NATIONAL ASSOCIATION OF WATCH AND CLOCK
COLLECTORS, INC.

Employer identification number

S 8,000. 03/30/19	from De Part I	(b) escription of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. Order of the property given and the p		R CLOCK			
(a) No. One and the content of the c	14				
(a) No. One and the content of the c			— _¢	8 000	03/30/19
No. (b) (FMV (or estimate) (c) (c) (d)		-	2,000.		
Description of noncash property given TALL CASE CLOCK (a) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (f) Date received (g) Date received	(a)			(c)	
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(a) No. Operation (b) Description of noncash property given art I					
No. (b) FMV (or estimate) (c) Co FMV (or estimate) (d) Date received			\$	12,500.	03/30/19
No. (b) FMV (or estimate) (c) Co FMV (or estimate) (d) Date received	(a)	<u> </u>		1.4.W	
Description of noncash property given FMV (or estimate) (See instructions.) Date received	No.	(b)			(d)
art I HOROLOGICAL BOOKS AND PAMPHLETS (a) (b) (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date rec		, <i>,</i>			
\$ 6,420. 01/17/19 (a) No. 0Description of noncash property given	Part I			(oee instructions.)	
\$ 6,420. 01/17/19 (a) (b) (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (See instructions.) (e) FMV (or estimate) (See instructions.) (f) Description of noncash property given (See instructions.) (a) (b) Description of noncash property given (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.)		BOOKS AND PAMPHLETS			-
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No. om Description of noncash property given art I RGM 75TH ANNIVERSARY WATCH			— _• –	0,420.	01/11/19
Description of noncash property given See instructions. Column	(a)			4-3	· ·
Description of noncash property given Column	No.				• •
RGM 75TH ANNIVERSARY WATCH \$ 6,800. 07/03/18 Alo. 0 (b)		scription of noncash property given		1	Date received
\$ 6,800. 07/03/18 (c) FMV (or estimate) (See instructions.) Date received		MIVERGARY WATCH			
\$ 6,800. O7/03/18 (c) FMV (or estimate) Date received	17	WIT VERIFIED WITH CIT			
(a) No. Om Description of noncash property given (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) (b) (b) (c) FMV (or estimate) (C) FMV (or estimate) (See instructions.)					
Abo. (b) Description of noncash property given \$			\$	6,800.	07/03/18
Abo. (b) Description of noncash property given \$	()				
Description of noncash property given Compared to the content of the content o	(a) No.	/h-)		(c)	
art I (See instructions.) \$			I .	FMV (or estimate)	
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	art I	-		oee instructions.)	
Φ					
i u'			_		

Employer identification number

NATIONAL	ASSOCIATION	OF	WATCH	\mathtt{AND}	CLOCK
COLLECTOR	RS, INC.				

art III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yentry. For organizations or less for the year. (Enter this info. once.)
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-		(e) Transfer of gi	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
		ift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ .			
		ft	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

NATIONAL ASSOCIATION OF WATCH AND CLOCK

COLLECTORS, INC.

2018 Open to Public Inspection

1545-0047

CH AND CLOCK | Employer identification number | 23-2072465

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 SFAS 116 (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 SFAS 116 (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 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

NATIONAL ASSOCIATION OF WATCH AND CLOCK COLLECTORS, INC. Schedule D (Form 990) 2018 23-2072465 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): X Public exhibition d X Loan or exchange programs X Scholarly research Other X Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? 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? l 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 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No _If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (d) Three years back (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance 836,954. 2,210,123. 1,981,790. 948,330. 859,377. 72,109. 103,272. 86,615. **b** Contributions 1,015,925. 35,237. c Net investment earnings, gains, and losses 84,064. 175,997. 23,640. 31,180. 20,982. Grants or scholarships Other expenditures for facilities 181,861. 6,105. and programs 50,936. 28,842. 33,796. 10,294. Administrative expenses 2,174,141. End of year balance 2,210,123. 1,981,790. 948.330. 859,377. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2 a Board designated or quasi-endowment 46.95 53.05 Permanent endowment .00 Temporarily restricted 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 Х (i) unrelated organizations 3a(i) (ii) related organizations Х 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (b) Cost or other (c) Accumulated (d) Book value basis (investment) depreciation basis (other) 53,800. 1a Land _____ 9,424,058. 5,347,383. 076,675 **b** Buildings

1,515,722.

Schedule D (Form 990) 2018

4,211,472

997

1,434,725.

Leasehold improvements _____

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

d Equipment

Schedule D (Form 990) 2018 COLLECTORS, INC.

23-2072465 Page 3

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" of the organization and the	on Form 990, Part IV. lir	ne 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 of	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other	<u> </u>		
(A)	<u> </u>		
(B)			
(C)			
(D)	,		
(E)	-		4-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
(F)	•		
(G)		·	
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, lin		or and of year market value
	(n) book value	(c) Method of valuation: Cost of	or end-or-year market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			\W\\\
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.	
(a) [[]	Description		(b) Book value
(1)			
(2)		4-2-10-10-10-10-10-10-10-10-10-10-10-10-10-	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.			. 🖊
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X, lin (b) Book value	le ∠5.
· · · · · · · · · · · · · · · · · · ·		(b) Book value	
(1) Federal income taxes (2) ANNUITIES PAYABLE		176,187.	
		3,465.	
· · · · · · · · · · · · · · · · · · ·		3, 403.	
(4)			
(5)			
(6)			
(7)			
(9)			
(e) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	179,652.	
2. Liability for uncertain tax positions. In Part XIII. provide t	•		nte that roporte the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

COLLECTORS, INC. Schedule D (Form 990) 2018_

23-	-20	77	24	65	Page 4
4J ⁻	- 4 \	,,,	4	U J	Page T

Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.	-		
1	Total revenue, gains, and other support per audited financial statements			1	2,041,815.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	33,922.		
b	Donated services and use of facilities		18,431.		
С	Recoveries of prior year grants		•		
ď	Other (Describe in Part XIII.)		-101,316.		
е	Add lines 2a through 2d			2e	-48,963.
3	Subtract line 2e from line 1			3	2,090,778.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,066.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	15,066.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,105,844.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem			Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total expenses and losses per audited financial statements	······································		1	2,438,141.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	18,431.		
b	Prior year adjustments				
	Other losses				
d	Other (Describe in Part XIII.)	·	39,098.		
e	Add lines 2a through 2d		•	2e	57,529.
3	Subtract line 2e from line 1			3	2,380,612.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•••••		3	2,300,012.
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,066.		
a			13,000.		
b	Other (Describe in Part XIII.) Add lines 4a and 4b			4-	15,066.
- C				4c	2,395,678.
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			5	2,373,070.
150.		IV lines 1b	and Oh. Dart V. line 4	. David V	/ line 0. Deut VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part X	k, line 2; Part XI,
unes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional inforn	nation.		
	.,., , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ם אם	ייי דדד דאום 1א.				
FAI	RT III, LINE 1A:				
mui	NAMOC'S COLLECTIONS ARE MARE IN OF HOROLO	CTCNT	A DITTE A CITIC	ת אות	DECENDOU
THI	NAWCC'S COLLECTIONS ARE MADE UP OF HOROLO	JGICAL	ARTIFACTS .	АИО	RESEARCH
3430	DEDIALO DE HICODIONI GIONIETONIOE MUNDA NO	מוחו כ	EOD EDITORE	T () NT 7	N T
MA.	ERIALS OF HISTORICAL SIGNIFICANCE THAT ARE	7 HELD	FOR EDUCAT	TONA	<u>н</u> ,
DEC			wa ta ppna		
KE:	SEARCH, AND CURATORIAL PURPOSES. EACH OF T	THE ITE	EMS IS PRES	ERVE	SD AND
~		~====			
CAL	RED FOR AND ACTIVITIES VERIFYING THEIR EXIS	STENCE	AND ASSESS	ING	THEIR
<u>COI</u>	DITION ARE PERFORMED CONTINUOUSLY. THE CO	OLLECT:	ONS ARE SU	BJEC	CT TO A
POI	ICY THAT REQUIRES PROCEEDS FROM THEIR SALE	ES TO E	BE USED TO	ACQU	JIRE OTHER
TIE	MS FOR THE COLLECTION OR FOR CONSERVATION	OF ITE	MS IN THE	COLI	LECTION.
THE	NAWCC PURCHASED ITEMS TO ADD TO ITS COLLE	ECTION	OF \$28,128	DUF	RING THE

CURRENT YEAR.

Part XIII Supplemental Information (continued)

THE ORGANIZATION'S COLLECTIONS ARE MADE UP OF HOROLOGICAL ARTIFACTS AND

RESEARCH MATERIALS OF HISTORICAL SIGNIFICANCE THAT ARE HELD FOR

EDUCATIONAL, RESEARCH, AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS

PRESERVED AND CARED FOR AND ACTIVITIES VERIFYING THEIR EXISTANCE AND

ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTIONS ARE

SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO

ACQUIRE OTHER ITEMS FOR THE COLLECTIONS. AS OF MARCH 31, 2019, THE

INSURANCE COVERAGE IN EFFECT FOR ITEMS IN THE COLLECTION AMOUNTED TO

\$9,000,000.

PART V, LINE 4:

THE INTENDED USE OF THE ORAGNIZATION'S ENDOWMENT FUND IS FOR THE MUSEUM,
LIBRARY, EDUCATION, AND NAWCC.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

BOOK / TAX DIFFERNCE ON SALE OF ASSETS	-122,158.
CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY	-18,256.
COST OF GOODS SOLD	48,492.
CELEBRATION EXPENSE	-9,394.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-101,316.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	48,492.
CELEBRATION EXPENSE	-9,394.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	39,098.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

NATIONAL ASSOCIATION OF WATCH AND CLOCK COLLECTORS, INC.

Attach to Form 990.

Employer identification number 23-2072465

Pa	rt I Types of Property					
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	Art - Works of art			3		_
2	Art - Historical treasures					_
3	Art - Fractional interests					_
4	Books and publications	Х		13,588.	AUCTION WEBSITES	_
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property				1	_
9	Securities - Publicly traded					
10	Securities - Closely held stock				1.00	
11	Securities - Partnership, LLC, or					
• •	trust interests					
12	Securities - Miscellaneous					_
13	Qualified conservation contribution -					
.0	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential	1				
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles	Х	2	560.	AUCTION WEBSITES	
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts	X	20	37,830.	AUCTION WEBSITES	
23	Scientific specimens			•		
24	Archeological artifacts					
25	Other (EMPLOYEE EXPE)	X	5	6,191.	FMV RECEIPTS	
26	Other • ()					
27	Other ()					_
28	Other (
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions		
	for which the organization completed Form 82				0	
	•		_		Yes N	0
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it	
	must hold for at least three years from the date	e of the initia	I contribution, and	which isn't required to be us	sed for	
	exempt purposes for the entire holding period	?			30a X	ζ
b	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance	oolicy that re	quires the review o	of any nonstandard contribut	ions?	ζ.
	Does the organization hire or use third parties					
	contributions?		=		32a X	2
b	If "Yes," describe in Part II.					
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column (a) is ched	ked,	
	describe in Part II.	, ,		, ,		

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

Schedule M (Form 990) 2018

Schedule M (Form 990) 2018 COLLECTORS, INC. 23-2072465	Page 2
Schedule M (Form 990) 2018 COLLECTORS, INC. 23-20/2465 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organ	nization
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also co	omplete
this part for any additional information.	
SCHEDULE M, PART I, COLUMN (B):	
THE ORGANZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS INSTEAD OF	
NUMBER OF ITEMS RECEIVED.	

SCHEDULE O

(Form 990 or 990-EZ)

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 990-F7

➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL ASSOCIATION OF WATCH AND CLOCK COLLECTORS, INC.

Employer identification number 23-2072465

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TIMEKEEPING VIA EDUCATIONAL OPPORTUNITIES, SPECIAL PUBLICATIONS, MEMBER
AND PUBLIC EVENTS AND ACCESS TO THE LIBRARY/MUSEUM.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS DIFFERENT LEVELS OF MEMBERSHIPS BASED ON
CONTRIBUTIONS. BRASS, SILVER, GOLD, PLATINUM, RUBY, AND DIAMOND MEMBERS
HAVE VOITING RIGHTS. INDIVIDUAL, YOUTH, STUDENT, AND INTRODUCTORY MEMBERS
DO NOT HAVE VOTING RIGHTS.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS ELECT 7 OF THE 12 BOARD MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B:
MEMBERS MUST APPROVE CHANGES TO THE BYLAWS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS EMAILED TO BOARD OF DIRECTORS BEFORE THEIR NEXT BOARD
MEETING FOR REVIEW AT THE BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH BOARD MEMBER IS REQUIRED TO SIGN OR RESIGN A NEW FORM EVERY TWO YEARS
OR IF ANY ITEMS CHANGE.
FORM 990, PART VI, SECTION B, LINE 15A:

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization NATIONAL ASSOCIATION OF WATCH AND CLOCK COLLECTORS, INC.	Employer identification number 23-2072465
ORGANIZATIONS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING	COPY OF FORM 990:
CA, CO, CT, GA, MA, MS, NC, NH, NJ, NY, OK, OR, PA, TN, WA	
FORM 990, PART VI, SECTION C, LINE 19:	- 174 - 1
NAWCC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTE	REST POLICY AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ	UEST AND VIA THE
ORGANIZATION'S WEBSITE	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY	-18,256.
BOOK / TAX DIFFERENCE ON SALE OF ASSETS	-122,158.
TOTAL TO FORM 990, PART XI, LINE 9	-140,414.
FORM 990, PART XII, LINE 2C:	
THE FINANCE COMMITTE ASSUMES RESPONSIBILITY FOR OVERS	TGHT OF THE AUDIT
AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.	10112 01 11111 110011

EXTENDED TO FEBRUARY 18, 2020 Form 990-T **Exempt Organization Business Income Tax Return** OMB No. 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning APR 1, 2018, and ending MAR 31, 2019 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification number Check box if Name of organization (Check box if name changed and see instructions.) (Employees' trust, see address changed NATIONAL ASSOCIATION OF WATCH AND CLOCK instructions.) COLLECTORS, INC. 23-2072465 B Exempt under section Print F Unrelated business activity code X 501(c)(3) Number, street, and room or suite no. If a P.O. box, see instructions. Type] 408(e) ____220(e) 514 POPLAR STREET 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code COLUMBIA, PA 17512-2130 541800 529(a) C Book value of all assets 7,695,307. F Group exemption number (See instructions.) ► G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here **WEB SITE ADVERTISING** . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. X No I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. The books are in care of JENNIFER BYERS, CONTROLLER Telephone number \triangleright 717-684-8261 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales **b** Less returns and allowances 1c Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) 5 5 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 13,972. 13,972 Other income (See instructions; attach schedule) STATEMENT 1 12 Total. Combine lines 3 through 12 13.972. 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 Salaries and wages 19,543. 15 15 Repairs and maintenance 16 16 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b

Depletion
Contributions to deferred compensation plans

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

31 32 -5,571. Form **990-T** (2018)

19,543.

-5,571.

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NATIONAL ASSOCIATION OF WATCH AND CLOCK COLLECTORS, INC.

Form 990-1	- COMMICTORD, INC.		23-20	72465	Page 2
Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	instruc	lions)	33	-5,571.
34	Amounts paid for disallowed fringes				
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	35	0.		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su		1		
	lines 33 and 34			36	~5,571.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)				1,000.
				\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3				E 571
Dowlet	enter the smaller of zero or line 36			38	-5,571.
	V Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)				0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of			1 1 2	
	Tax rate schedule or Schedule D (Form 1041)			- 40	
41	Proxy tax. See instructions				
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	**********		44	0.
	/△ Tax and Payments				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		135.1	
				+:1	
D	Other credits (see instructions)	455		$\dashv \dots \mid$	
C	General business credit. Attach Form 3800	450		-1.	
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
e	Total credits. Add lines 45a through 45d				
46	Subtract line 45e from line 44		**********	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66	Other (attach schedule)	47	
48	Total tax, Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				0.
	Payments: A 2017 overpayment credited to 2018			1111	
	2018 estimated tax payments			1.1344	
U	Toy described with Court 0000				
C .	Tax deposited with Form 8868	50c		- 3=-14	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50đ			
	Backup withholding (see instructions)	50e	~~, ~ ~, . ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	Credit for small employer health insurance premiums (attach Form 8941)	50f			
g	Other credits, adjustments, and payments: Form 2439				
	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total	50g		15 mg t	
51	Total payments. Add lines 50a through 50g			51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲			52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed				
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid				
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax			55	A STATE OF THE STA
Part \		3 /000		- 1 99	
					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature		-		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	-			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	oreign co	puntry		
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	insferor t	o, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		•		,
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
		emenis. ar	nd to the best of my know	ledge and be	ellef. It is true.
Sign	Under penalties of perjury_Lectare that I have examined this return, including accompanying schedules and state correct, and complete. Deckration of preparer (other than taxpever) is based on all information of which preparer	has any kr	owledge.		
Here	Maria Company	m			discuss this return with
. 1010	TREASURE	n.K			shown below (see
	Signature of officer Date / Title		74.42		7 X Yes No
	Print/Type preparer's name Preparer's signature Oat	6	Check	If PTIN	•
Paid	DOUGLAS L. BERMAN, DOUGLAS L, BERMAN,		self- employe		
Prepa		/31/	20		1269555
Use C	S DYT TID		Firm's EIN	23	3-2108173
USE (3501 CONCORD ROAD, PO BOX 21439)			-
	Firm's address ➤ YORK, PA 17402		Phone no.	717-8	343-3804
823711 01		· **	1		Form 990-T (2018)
9231 13 U3	rear ia				(2010)

Form 990-T (2018) COLLECTORS, INC.

23-2072465

Page 3

Schedule A - Cost of Goods Sold. Enter	method of invent	tory va	uation ► N/A	<u> </u>		
1 Inventory at beginning of year 1			Inventory at end of yea	ar		6
2 Purchases 2	7 Cost of goods sold. Subtract line 6					
3 Cost of labor 3			from line 5. Enter here	and in F	Part I,	
4 a Additional section 263A costs		}	line 2			7
(attach schedule) 4a		8	Do the rules of section	263A (v	with respect to	Yes No
b Other costs (attach schedule) 4b			property produced or a	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b 5			the organization?			
Schedule C - Rent Income (From Real	Property and	Pers	onal Property L	ease	d With Real Prope	erty)
(see instructions)						
1. Description of property						
(1)						
(2)						
(3)						
(4)						
	ed or accrued					
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for pe	ersonal p	al property (if the percental roperty exceeds 50% or if on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total 0.	Total			0.		
(c) Total income. Add totals of columns 2(a) and 2(b). En here and on page 1, Part I, line 6, column (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	▶ 0.
Schedule E - Unrelated Debt-Financed	Income (see i	instruc	tions)			
		2.	Gross income from		3. Deductions directly connected to debt-finance	
1. Description of debt-financed property		0	r allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)		<u> </u>		· · · · · ·		
(4)	,			<u> </u>		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average of or a	adjusted basis allocable to noed property h schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
		•			nter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals					0.	0.
Total dividends-received deductions included in column					>	0.

Form **990-T** (2018)

Form 990-T (2018) COLLECTORS, INC. 23-2072465 Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** Employer identification number 5. Part of column 4 that is included in the controlling organization's gross income 6. Deductions directly connected with income in column 5 3. Net unrelated income (loss) (see instructions) Total of specified payments made 1. Name of controlled organization (1) (2)(3) (4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) 10. Part of column 9 that is included in the controlling organization's 9. Total of specified payments 11. Deductions directly connected (see instructions) made with income in column 10 gross income (1) (2)(3) (4) Add columns 5 and 10. Add columns 6 and 11. Enter here and on page 1, Part I. Enter here and on page 1, Part I. line 8, column (A). line 8, column (B). **Totals** 0 0. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3. Deductions directly connected 5. Total deductions 4. Set-asides 1. Description of income 2. Amount of income and set-asides (attach schedule) (attach schedule) (col. 3 plus col. 4) (1) (2)(3)(4)Enter here and on page Enter here and on page 1, Part I, line 9, column (A). Part I, line 9, column (B). 0. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3. Expenses Excess exempt 2. Gross from unrelated trade of Gross income directly connected 6. Expenses expenses (column 1. Description of unrelated business business (column 2 from activity that with production attributable to 6 minus column 5. exploited activity income from minus column 3). If a is not unrelated of unrelated but not more than trade or business gain, compute cols. 5 business income business income column 4). through 7. (2)(3)(4) Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, line 10, col. (B). on page 1, Part II, line 26. line 10, col. (A). 0. 0. 0. Totals Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 4. Advertising gain 7. Excess readership 2. Gross 3 Direct or (loss) (col. 2 minus Circulation 6. Readership costs (column 6 minus advertising 1. Name of periodical col. 3). If a gain, compute advertising costs income costs column 5, but not more income cols. 5 through 7. than column 4). (1) (2)(3)(4)

Totals (carry to Part II, line (5))

0

0.

23-2072465

Page 5

Form 990-T (2018) COLLECTORS, INC.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.		42.5		0
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Fotals, Part II (lines 1-5)▶	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
WEBSITE ADVERTISING		13,972.
TOTAL TO FORM 990-T, PAGE 1, L	INE 12	13,972.

FORM 990-T	NET	STATEMENT 2		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/10	3,078.	0.	3,078.	3,078.
03/31/11	2,455.	0.	2,455.	2,455.
03/31/12	4,052.	0.	4,052.	4,052.
03/31/13	11,578.	0.	11,578.	11,578.
03/31/14	7,987.	0.	7,987.	7,987.
03/31/15	16,614.	0.	16,614.	16,614.
03/31/16	18,875.	0.	18,875.	18,875.
03/31/17	7,912.	0.	7,912.	7,912.
03/31/18	9,669.	0.	9,669.	9,669.
NOL CARRYO	VER AVAILABLE THIS	YEAR	82,220.	82,220.

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

	ted below with the exception of Form 8870. Information 5				•		
	ted below with the exception of Form 8870, Information F s, for which an extension request must be sent to the IRS						
	his form, visit www.irs.gov/e-file-providers/e-file-for-char			details of	ine electronic		
	atic 6-Month Extension of Time. Only subm		·				
				na DEMIC	o on dituinto		
	rations required to file an income tax return other than Fo Form 7004 to request an extension of time to file income		· -	ps, REMIC	s, and trusts		
must use	From 7004 to request an extension of time to file income	e lax relui	115.				
						ng number	
Type or	113 ET 0113 1 3 C C C C T 3 ET 011 0 E 113 EC 11 3 T C T C C T C C T C C T C C T C T C T			Employe	r identificatio	n number (EIN) oi	
print	NATIONAL ASSOCIATION OF WATCH AND CLOCK				23-2072465		
File by the	COLLECTORS, INC.						
due date for filling your return, See Number, street, and room or suite no. If a P.O. box, see 514 POPLAR STREET			tions.	Social security number (SSN)			
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBIA, PA 17512-2130						
Enter the	Return Code for the return that this application is for (file	a separa	te application for each return)			0 7	
Applicat	ion	Return	Application			Return	
ls For		Code	Is For	Code			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)	07			
Form 990-BL			Form 1041-A	08			
Form 4720 (individual)			Form 4720 (other than individual)			09	
Form 990	· · · · · · · · · · · · · · · · · · ·	04 05	Form 5227	10			
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11	
Form 990-T (trust other than above)			Form 8870				
	JENNIFER BYERS,			2 2 2 2 2	`		
	poks are in the care of \triangleright 514 POPLAR STRE	7F.T		Z-Z13(,		
-	none No. ► 717 - 684 - 8261		Fax No.				
	organization does not have an office or place of business is for a Group Return, enter the organization's four digit (roup abook this	
box ►	. If it is for part of the group, check this box	-	ch a list with the names and EINs o		-	* *	
oox -	. If the for part of the group, drieds the box	j and and	ion a not with the harnes and Lines o	an momb	ord trio extern	Sion io tor.	
1 l re	quest an automatic 6-month extension of time until	FEBRU	JARY 15, 2020 to fil	le the exen	npt organizati	on return for	
	organization named above. The extension is for the orga	anization's					
>	calendar year or						
>	X tax year beginning APR 1, 2018	, an	d ending MAR 31, 2019				
			-				
2 If th	ne tax year entered in line 1 is for less than 12 months, ch	neck reasc	on: Initial return	Final retu	'n		
	Change in accounting period						
					1		
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less			_	
	nonrefundable credits. See instructions.			3a	\$	0.	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069,					•	
	imated tax payments made. Include any prior year overpa			3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pay	-	•			0	
usii	ng EFTPS (Electronic Federal Tax Payment System), See	instruction	ns.	3c	l \$	0.	

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

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

Form 8868 (Rev. 1-2019)