OMB No 1545-0047

C (Eorm L. Department of the Treasury Internal Revenue Service

# 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. Open to Public Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information.

Á	For the	2017 calendar year, or tax year beginning an	d ending	
В	Check if applicab	C Name of organization		D Employer identification number
	Addre	AWS FOUNDATION INCORPORATED		
	Name chang	Doing business as	· · · · · · · · · · · · · · · · · · ·	65-0148545
Ļ	∏Initial ∐return ∏Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
L	—return termir		130	(305) 443-9353
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code MIAMI, FL 33166		G Gross receipts \$ 9,158,953.
늗	return Appilo			H(a) Is this a group return for subordinates?  Yes X No
_	ltion pendi	SAME AS C ABOVE	19	H(b) Are all subordinates included? Yes No
ī	Tax-ex	empt status X 501(c)(3)	527	<b>- ' '</b>
J	Websi	e: ► WWW.AWS.ORG	<u></u>	H(c) Group exemption number
		organization X Corporation Trust Association Other ►	L Year	of formation: 1989 M State of legal domicile: FL
P	art I	Summary	DOMORY	TOWARTON AND
မွ	1	Briefly describe the organization's mission or most significant activities $\frac{ extbf{TO}}{ ext{ID}}$	PROMOTI	E EDUCATION AND
Activities & Governance	2	Check this box If the organization discontinued its operations or disp	acad of mar	a than 25% of its not assets
ver	1	Number of voting members of the governing body (Part VI, line 1a)	osea oi mor	3   12
ĕ	4	Number of independent voting members of the governing body (Part VI, line 1b)	)	4 12
es es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5 0
<u>vi</u>	6	Total number of volunteers (estimate if necessary)		6 0
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a 0.
_	ь	Net unrelated business taxable income from Form 990-T, line 34		7ь 0.
		Contain Acons and Supply (Dank VIIII Ann. 4 h)	<u> </u>	Prior Year Current Year 5,807,936. 6,779,635.
Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	-	0. 0.
e.	ł -	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	1,647,481. 2,379,318.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,455,417. 9,158,953.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	"	988,793. 1,236,623.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
ses.		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	)	683,750. 658,278.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)	268.	0. 0.
Ä		Total fundraising expenses (Part IX, column (D), line 25)  Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e)	-	931,141. 844,137.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), Infe 25)	<del> </del>	2,603,684. 2,739,038.
		Revenue less expenses Subtract line 18 from line 12		4,851,733. 6,419,915.
Ces		100750	BI	eginning of Current Year End of Year
		Total assets (Part X, line 16) Total liabilities (Part X, line 26)	5/1/2	55,784,527. 70,402,775.
Net Assets Fund Balar	21	Total liabilities (Part X, line 26)	150	632,287. 2,071,954.
		Net assets or fund balances. Subtract line 21 from line 20		55,/152,240. 68,330,821.
	art II	Signature Block  Ities of perjury, I declare that I have examined this return, including accompanying shedu	2018	Rote and to the hest of my knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of		
1100	, 00//00	Allane Village	Ur	11 5 18
Sig	n	Signature of officer 0		Date
Hei		GESANA VILLEGAS, CHIEF FINANCIAL OFFI	CER	
		Type or print name and title		N-1
		Print/Type preparer's name Preparer's signature	M. )	Date Check PTIN
Pai		LISETTE RODRIGUEZ (XUULTUTUU)		S   Self employed   P01404398
	parer Only	Firm's name MORRISON, BROWN, ARGIZ & FARRA, Firm's address 1450 BRICKELL AVENUE, 18TH FLOO		Firm's EIN 01-0720052
USE	July	MIAMI, FL 33131	71/	Phone no. (305)373-5500
Mar	the II	RS discuss this return with the preparer shown above? (see instructions)	<del></del>	X Yes No
	01 11-2		tions.	Form <b>990</b> (2017)

Form	1 990 (2017) AWS FOUNDATION INCORPORATED 65-0148545	Page 2
Pa	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 AWS FOUNDATION WAS ESTABLISHED BY THE AMERICAN WELDING SOCIETY	ON
	SEPTEMBER 13,1989, TO SUPPORT PROGRAMS THAT ENSURE THE GROWTH AND	3375
	DEVELOPMENT OF THE WELDING INDUSTRY THROUGH STRENGTHENING RESEARCH	AND
	EDUCATIONAL OPPORTUNITIES IN WELDING AND RELATED INDUSTRIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	·	CEE 140
	If "Yes," describe these new services on Schedule O	<b>□</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 measured by expense	s
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported	
	1 015 001	
4a	(Code ) (Expenses 1,817,921. Including grants of \$ 1,236,623.) (Revenue \$ GRANTS, SCHOLARSHIPS AND FELLOWSHIPS WERE AWARDED FOR THE STUDY OF	·············
	WELDING AND RESEARCH IN WELDING TECHNIQUES.	
	(Code ) (Expenses \$ Including grants of \$ ) (Revenue \$	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code ) (Expenses \$ Including grants of \$ ) (Revenue \$	
70	/ Code // (Expenses a microunity grants of a microunity grant g	
		<del></del>
4d	Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 1,817,921.	
70		90 (2017)
	Form 5	(2017)

65-0148545

Form 990 (2017) AWS FOUNDATI
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
Ĭ	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			7,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	_	х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_	х_	
11	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.	<b> </b>		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 1	ĺ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<u>x</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
-	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>ا</u> مد ا	[	v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	<u> </u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	10		X
	complete Schedule d, Falt III	Form	990 (	

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Par	t IV Checklist of Required Schedules (continued)		Yes	No
20.	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	163	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
_ ,	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? 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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	-		
	any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	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	-		
	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,"			<sub>v</sub>
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	-		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			X
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Α.
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)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1200		<del></del>
·	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Ì	
	Part V, line 1	34	X	<b></b>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	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	—	<del>                                     </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
	If "Yes," complete Schedule R, Part V, line 2	36	-	<del>  ^</del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	1 42

Form **990** (2017)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

orm 990 (2	2017)	•	AWS	FOUNDATION	INCORPORA	red
Part V	State	ments R	egard	ing Other IRS Fil	ings and Tax Co	ompliance
	Check	f Schedule	O conta	ains a response or no	te to any line in this F	Part V

	Check if Schedule O contains a response of note to any line in this Fart V					ᆜ
		ı	1 .		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<u>1a</u>	C	J		
	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable	1b	<del>-</del>	Ϊ.		- 1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?	ļ	l	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		l c	ľ		ļ
	filed for the calendar year ending with or within the year covered by this return	2a_	L			
р	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	S)		3a		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other		at over a	30		
48				4a		X
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	iity s			<del></del> -
D	If "Yes," enter the name of the foreign country.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	ote (FRAR)			
<b>5</b> 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	·ccoai	its (i DAII)	5a		X
_	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.	action?	,	5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	20110111		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he ora	anization solicit	<u> </u>		
Va	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts			
-	were not tax deductible?		J	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>	<b> </b> -		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airplanes			7h_		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	a by th	е	8		لـــــا
^	sponsoring organization have excess business holdings at any time during the year?					i
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?			9a		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter			<u> </u>	-	i
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		1
11	Section 501(c)(12) organizations. Enter			1		
	Gross income from members or shareholders	11a_				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b		<u> </u>		لـــا
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	is the organization licensed to issue qualified health plans in more than one state?			13a		<del></del>
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	۱	1			
	organization is licensed to issue qualified health plans	13b	<u> </u>	┨		
	Enter the amount of reserves on hand	13c	<u> </u>	14-	_	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	10 C		14a 14b		<del></del>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	, <del>o</del>			990	(2017)
						(-0 /

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI		_	X					
Sec	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 year 12	2		`					
	If there are material differences in voting rights among members of the governing body, or if the governing	7-	{	١.					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0		١.						
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	1							
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, 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		X					
5									
6	Did the organization have members or stockholders?	6		X					
	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:								
	The governing body?	8a	X						
	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								
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		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.			-					
12a									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X						
	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	X						
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								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		X					
	Other officers or key employees of the organization	15b		Х					
_	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					
h	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							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶FL								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	le le						
	for public inspection. Indicate how you made these available. Check all that apply.								
	W Own website Another's website 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	i finan	cial						
.5	statements available to the public during the tax year	. , ,	-141						
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	GESANA VILLEGAS - 305-443-9353		•						
	8669 NW 36TH STREET, SUITE 130, MIAMI, FL 33166								

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

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter  $\cdot 0 \cdot$  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 organiza  (A)	(B)							(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos heck	ntion more	l than	one	Reportable	Reportable	Estimated	
	hours per			ss pe id a d				compensation	compensation	amount of	
	week	<u> </u>	1		1	1	T	from	from related	other	
	(list any hours for	directi				L		the organization	organizations (W-2/1099 MISC)	compensation from the	
	related	0 ee	stee			nsate		(W-2/1099-MISC)	(** = , , , , , , , , , , , , , , , , , ,	organization	
	organizations	frust	al tru		oyee	E		,		and related	
	below	individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		l	organizations	
(1)	line)	Ē	Ē	₫	, Š	풀통	ই	<del>-</del>			
(1) JEFF DECKROW	2.00	ļ.,						_	0.		
TRUSTEE		X			<u> </u>	-	_	0.	0.	0	
(2) DALE A. FLOOD TRUSTEE	2.00	X						0.	0.	0	
	2.00	^	-			_	├—	<u> </u>	<u> </u>	0	
(3) WILLIAM A. RICE, JR.	2.00	X		x	ļ			٥.	0.	0	
CHAIRMAN (4) DAVID E. LEVIN	2.00	┝≏	-	_	$\vdash$	-		0.	0.		
TRUSTEE	2.00	x					1	0.	0.	0.	
(5) JOHN R. BRAY	2.00	┝≏		_		-	├			0	
TRUSTEE		x		Х				0.	0.	0.	
(6) RICK RICHARDSON	2.00	<u> </u>	$\vdash$	Δ.	_	-	-	<del></del>			
VICE CHAIRMAN	2.00	x	1	x				0.	0.	0	
(7) CAREY CHEN	2.00	╀╧	$\vdash$	-	┢		-				
TREASURER		X		x	İ			٥.	0.	0.	
(8) BECKY TUCHSCHERER	2.00	<del>                                     </del>		Ħ	$\vdash$						
TRUSTEE	<u></u>	x						0.	0.	0 .	
(9) RONALD C. PIERCE	2.00	T							· · · · · · · · · · · · · · · · · · ·		
TRUSTEE		X						0.	0.	0.	
(10) JASON SCALES	2.00			-							
TRUSTEE		X						0.	0,	0	
(11) ROBERT PALI	2.00										
TRUSTEE		X						0.	0.	0 .	
(12) WILLIAM A. VISINTAINER	2.00										
TRUSTEE		X						0.	0.	0.	
(13) RAY SHOOK	2.00		ì	,				_			
EXECUTIVE DIRECTOR	38.00	L		X				0.	562,609.	39,600.	
(14) GESANA VILLEGAS	2.00					ĺ				4.7.000	
CHIEF FINANCIAL OFFICER	38.00		L.		X			0.	253,052.	17,933	
(15) SAMUEL GENTRY	35.00							_	154 545	0 100	
EXEC. DIR. AWS FOUNDATION	5.00	<u> </u>	<u> </u>	Щ	X	<u> </u>	<u> </u>	0.	151,517.	9,192	
(16) MONICA PFARR	35.00	1				Į.,			121 004	0.700	
CORPORATE DIRECTOR OF FOUN	5.00					X		0.	131,094.	9,729.	
	<del></del>	-									
									i	5 <b>990</b> (0017	

	Toconon A. Onnocio, Directoro, indo	1000, 110, 2111	2.07				5	<del></del>	Jonipensatea Employe	00 (00/////////////////////////////////		<del></del>	_
	(A)	(B)				<b>C)</b>			(D)	(E)	-	(F)	
	Name and title	Average		not c		more	than		Reportable	Reportable		Estimated	
		hours per week					is bot or/trus		compensation	compensation	1	amount of	
		(list any	-	Ī	Г	Ė	Τ-	ΓŤ	from the	from related organization		other	
		hours for	ndividual trustee or director	1		l		1	organization	(W 2/1099-MI	,	compensation from the	1
		related	10 a	eg Ste			sate		(W-2/1099-MISC)	(** 27 1000 1411	٠, ا	organization	
		organizations	truste	at fu		æ	iadu.		( ,			and related	
		below	idual	Institutional trustee	<sub> </sub>	Key employee	Highest compensated employee	و ا				organizations	
		line)	Indiv	Instit	Officer	Keye	E E	Former	}		ł		
								L					
								Ĺ					
				,									
													_
								_					_
							l				ľ		
													_
								<u></u>					
1b	Sub-total							<b>&gt;</b>	0.	1,098,2		76,454	
С	Total from continuation sheets to Part VI	I, Section A					1	<b>&gt;</b>	0.	_	0.	0	
d	Total (add lines 1b and 1c)							<u> </u>	0.	1,098,2	72.	76,454	•
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	no 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	y en	nplo	yee,	or l	highest compensated e	mployee on	į,		╝
	line 1a? If "Yes," complete Schedule J for si	uch individual									L	3 X	_
4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	anc	oth	her compensation from	the organization			J
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		L	4 X	
5	Did any person listed on line 1a receive or a	ccrue comper	ısatı	on f	rom	any	unr	elat	ed organization or indivi	dual for services	, [		
	rendered to the organization? If "Yes," com	plete Schedule	Jf	or su	ich į	oers	on					5 X	
Sect	ion B. Independent Contractors												_
1	Complete this table for your five highest co	mpensated inc	iepe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of con	npensa	ition from	_
	the organization Report compensation for t	the calendar y	ear e	endii	ng w	/ith «	or w	thir	the organization's tax	ear			_
	(A)								(B)	7	_	(C)	
	Name and business	address	NC	ONE	2				Description of s	ervices	Co	mpensation	
								ı					
								_					_
								_					_
								ı					
								4					_
						_		4					_
													_
2	Total number of independent contractors (in		ot lır	nıte	d to		_	ted	l above) who received m	ore than		•	
	\$100,000 of compensation from the organization	zation 🚩				(	)				•		"

Pa	rt VII							Г
		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII	(8)	(0)	<u> </u>
			•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
in Sign	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c	j				
	d	Related organizations	1d	5,293,002.				
ξĒ	е	Government grants (contribute	tions) 1e					
r Sign	f	All other contributions, gifts, grar	nts, and					
혈		similar amounts not included abo	ove 1f	1,486,633.				
E D	g	Noncash contributions included in line	s 1a-1f \$					
<u>8</u> 5	h	Total. Add lines 1a-1f		. ▶	6,779,635.		· · · · · · · · · · · · · · · · · · ·	
				Business Code				
<u>8</u>	2 a	·						
Program Service Revenue	b							
e i	С	:						
ev a	d	l						
5	е							
٦		All other program service reve	enue	L				
_	g	Total. Add lines 2a-2f				·		
	3	Investment income (including	ı dıvıdends, ınteri		2 270 210			2 370 318
		other similar amounts)		oroceeds	2,379,318.	l		2,379,318.
	4	Income from investment of ta						
	5	Royalties						1
			(ı) Real	(II) Personal		.*		
	6 a				v			
	b	Less rental expenses						
!	C					<u> </u>		
		Net rental income or (loss)		<u>▶</u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses		<del> </del>				
		Gain or (loss)		<del></del>		- <del></del>		·
		Net gain or (loss)		<b>&gt;</b> _				
enne	Ва	Gross income from fundraisir						
		including \$						
æ		contributions reported on line						
Other Rev	_	Part IV, line 18	a b					
ŏ	1	<ul> <li>Less direct expenses</li> <li>Net income or (loss) from fun</li> </ul>	_					<del></del>
		Gross income from gaming a						
	9 0	Part IV, line 19	a a					
	, h	Less direct expenses	b					· ·
		Net income or (loss) from gar		<b>•</b>		l		
		Gross sales of inventory, less			<del></del>	,		
	10 0	and allowances	а					
	h	Less cost of goods sold	b					
		Net income or (loss) from sale		<b>—</b>	<del></del>			
	Η,	Miscellaneous Reven		Business Code				
	11 a							
	l t							
	٦							
	ء ا		·					
	e	Total. Add lines 11a-11d		<b></b>				
	12	Total revenue. See instructions		•	9,158,953.	0.	0.	2,379,318.

732009 11-28-17

# Form 990 (2017) AWS FOUNDATION Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)									
Sect	<del></del>			mpiete column (A)	<del></del>					
	Check if Schedule O contains a respon									
	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				1					
2	Grants and other assistance to domestic				i					
	individuals See Part IV, line 22	1,236,623.	1,236,623.		-					
3	Grants and other assistance to foreign		- <del></del>		<u> </u>					
-	organizations, foreign governments, and foreign									
	individuals See Part IV, lines 15 and 16				i					
4	Benefits paid to or for members		<del></del>	,						
5	Compensation of current officers, directors,									
•	trustees, and key employees									
6	Compensation not included above, to disqualified				<del></del>					
•	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	511,305.	·	511,305.						
8	Pension plan accruals and contributions (include				<del></del>					
,	section 401(k) and 403(b) employer contributions)	36,975.		36,975.						
9	Other employee benefits	74,963.	<del></del>	74,963.	<del></del>					
10	Payroll taxes	35,035.		35,035.						
11	Fees for services (non-employees)				<del></del>					
''	Management									
	Legal			<del></del>						
	Accounting									
	Lobbying	·			-					
e	Professional fundraising services See Part IV, line 17									
f	Investment management fees	38,770.		38,770.						
g	Other (If line 11g amount exceeds 10% of line 25,									
9	column (A) amount, list line 11g expenses on Sch 0)	73,148.		73,148.						
12	Advertising and promotion	27,659.		27,659.						
13	Office expenses	38,765.		38,765.						
14	Information technology	229.		229.						
15	Royalties									
16	Occupancy									
17	Travel	47,783.	47,783.		······································					
18	Payments of travel or entertainment expenses	.,			<del></del>					
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates				<del></del>					
22	Depreciation, depletion, and amortization	12,994.	12,994.		<del></del>					
23	Insurance			<del></del> +						
24	Other expenses Itemize expenses not covered		·							
	above. (List miscellaneous expenses in line 24e. If line	-		. 1	ļ					
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)	٠.		1	}					
а	MOBILE TRAILER EXPENSES	346,653.	346,653.		<del></del>					
b	OTHER	173,868.	173,868.							
c	ISO PARTICIPATION FUND	37,263.		<del></del>	37,263.					
d	WELDER WORKFORCE	28,483.	<del></del>		28,483.					
	All other expenses	18,522.			18,522.					
25	Total functional expenses Add lines 1 through 24e	2,739,038.	1,817,921.	836,849.	84,268.					
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)									
73201	0 11-28-17			<u> </u>	Form <b>990</b> (2017)					

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 397,932. 585,593. 1 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 649. 653. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 employers and sponsoring organizations of section 501(c)(9) voluntary Assets employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 Notes and loans receivable, net 7 8 Inventories for sale or use 7,024. 3,461. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 527,231 basis Complete Part VI of Schedule D 10a 524,855. 12,994. 2,376. 10c b Less accumulated depreciation 10b 55,365,928. 69,810,692. 11 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 55,784,527. 70,402,775. Total assets. Add lines 1 through 15 (must equal line 34) 16 3.458. 297,788. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 1,774,166. 628,829. Schedule D 2,071,954. 632,287. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 25,803,357. 30,768,717. 27 27 Unrestricted net assets 18,012,730. 26,225,101. 28 28 Temporarily restricted net assets 11,336,153. 11,337,003. Permanently restricted net assets 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 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 55,152,240. 68,330,821. 33 Total net assets or fund balances 55,784,527. 70,402,775. Total liabilities and net assets/fund balances

732012 11-28-17

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number AWG FOIRIDATTON INCORDORATED 65-0148545

				INCORPORATE				2-0140242					
Pa	art I	Reason for Public	Charity Status (	All organizations must c	omplete th	ıs part.) S	ee instructions						
The	organ	ization is not a private found	lation because it is	(For lines 1 through 12, o	check only	one box)		$\sim \alpha$					
1	$\square$	A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(	1)(A)(i).	(10)					
2	닏	A school described in sect	ion 170(b)(1)(A)(ıi). (	Attach Schedule E (Forr	n 990 or 9	90-EZ))							
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170	)(b)(1)(A)(i	ii).						
4	Ш	A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name					
		city, and state.		<del> </del>		<u> </u>							
5		An organization operated for	or the benefit of a co	ilege or university owne	d or opera	ted by a g	overnmental unit descrit	oed in					
		section 170(b)(1)(A)(iv). (0	Complete Part II)										
6	Ш	A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).						
7		An organization that norma	illy receives a substa	intial part of its support	from a gov	emmenta	unit or from the general	public described in					
		section 170(b)(1)(A)(vi). (Complete Part II )											
8	Щ	A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	tII)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	(ix) operate	ed in conju	inction with a land-grant	college					
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state of the colleg	je or					
	_	university	<del></del>				<del> </del>						
10	X	An organization that norma	illy receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from					
		activities related to its exen	npt functions - subje	ct to certain exceptions,	, and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment					
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975					
		See section 509(a)(2). (Con	mplete Part III )										
11	닏	An organization organized	and operated exclus	ively to test for public sa	afety See	section 50	09(a)(4).						
12	Ш	An organization organized	and operated exclus	ively for the benefit of, to	o perform t	the function	ons of, or to carry out the	e purposes of one or					
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section (	509(a)(2)	See <b>section 509(a)(3).</b> (	Check the box in					
	_	lines 12a through 12d that	describes the type o	of supporting organization	n and com	nplete line:	s 12e, 12f, and 12g						
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), typically by	giving					
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority (	of the dire	ctors or trustees of the s	supporting					
	_	organization You must o	complete Part IV, Se	ections A and B.									
b	ــا	J Type II. A supporting org	•					-					
		control or management of			ame perso	ons that co	ontrol or manage the sup	ported					
		organization(s) <b>You mus</b>	t complete Part IV,	Sections A and C.									
С	· L		-				-	ed with,					
		its supported organizatio		-									
d				= =			· · · · · · · · · · · · · · · · · · ·						
		that is not functionally int	-	= -	-			iveness					
		requirement (see instruct	ions) You must con	nplete Part IV, Section:	s A and D,	and Part	V.						
е		Let Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, Type III						
		functionally integrated, or	• •	nally integrated support	ing organiz	zation							
f		r the number of supported of	-					L					
g		ride the following information  Name of supported	about the supporte	(III) Type of organization	I (iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other					
	,,	organization	(1) 2.14	(described on lines 1-10	(iv) is the orga in your governi <b>Yes</b>	ng document?	support (see instructions)	support (see instructions)					
			<del></del>	above (see instructions))	162	NO							
					ļ								
		· · · · · · · · · · · · · · · · · · ·			_								
	-	<del></del>		<del></del>		<u> </u>							
Tota	al				I -			I					

# Schedule A (Form 990 or 990 EZ) 2017 AWS FOUNDATION INCORPORATED 65-01485 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	_					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	/(f) Total
1	Gifts, grants, contributions, and					/	<b>y</b>
	membership fees received (Do not						
	include any "unusual grants ")				]		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			]	J		
	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						
	The portion of total contributions						
•	by each person (other than a				Ī		
	governmental unit or publicly	ļ					
	supported organization) included						
	on line 1 that exceeds 2% of the		'			-	
	amount shown on line 11,				,		
	column (f)						
6	Public support. Subtract line 5 from line 4			7			
	ction B. Total Support	<u></u>					
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	(4) 2010	(3) 20,11	(0) 2010	_(4),20.0	(0) 201)	
	Gross income from interest,						
·	dividends, payments received on						
	securities loans, rents, royalties,				,		
	and income from similar sources	1	,			ŀ	
9	Net income from unrelated business						<del></del>
•	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain	<del>/</del>					
	or loss from the sale of capital						
	assets (Explain in Part VI )						
11	Total support. Add lines 7 through 10	/		-			
	Gross receipts from related activities,		ne)			12	
	First five years. If the Form 990 is for	•	•	d fourth, or fifth ta	ax vear as a sectio		
	organization, check this box and stop		mot, occome, and	a, 10a, 01 mai 10	an your as a sound		
Sec	ction C. Computation of Public	c Support Per	rcentage	******	····		
14	Public support percentage for 2017 (lir	ne 6, column (f) di	vided by line 11, o	column (f))		14	%
	Public support percentage from 2016					15	%
	33 1/3% support test 2017. If the or			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies a	s a publicly supp	orted organization	1			▶□
b	33 1/3% support test - 2016. If the or				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qualif	ies as a publicly s	supported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances test	- 2017. If the orga	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fact	s-and-circumstani	ces" test, check th	nis box and stop h	ere. Explain in Pai	t VI how the organ	ization
	meets the facts-and-circumstances" t						▶□
b	10% -facts-and-circumstances test	-	•		=	17a, and line 15 is	10% or
	more, and if the organization meets the	_					
	organization meets the "facts-and-circu						
18	Private foundation. If the organization						s <b>)</b>
	/				Sche	dule A (Form 990	or 990-EZ) 2017
/	/						
- E							

# Schedule A (Form 990 or 990 EZ) 2017 AWS FOUNDATION INCORPORATED Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not	ļ					1	
	include any "unusual grants.")	23184086.	4035660.	5534958.	5807936.	6779635.	45342275.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-						[	
	ization's benefit and either paid to						1	
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to	[					ĺ	
	the organization without charge							
6	Total. Add lines 1 through 5	23184086.	4035660.	5534958.	5807936.	<u>6779635.</u>	45342275.	
7 a	Amounts included on lines 1, 2, and			1				
	3 received from disqualified persons						0.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.	
_	amount on line 13 for the year	<del></del>					0.	
	Add lines 7a and 7b						45342275.	
8	Public support, (Subtract line 7c from line 6)					<del></del>	13342273.	
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2014	(a) 2015	(d) 2016	(e) 2017	(f) Total	
		(a) 2013 23184086.	4035660.	(c) 2015 5534958.	5807936.	6779635.	45342275.	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	764,590.	1855664.	1782588.	1647481.	2096706.	8147029.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses	1						
	acquired after June 30, 1975							
c	Add lines 10a and 10b	764,590.	1855664.	1782588.	1647481.	2096706.	8147029.	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					<del></del>		
12	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part VI.)	23010676	5891324.	7317546.	7455417.	22763/1	53489304.	
	Total support. (Add lines 9, 10c, 11, and 12)						<del></del>	
14	First five years. If the Form 990 is fo	r the organization's	tirst, second, thir	a, τουπη, or τίπη τε	ax year as a section	1 501(c)(3) organiz	zation,	
Ser	check this box and stop here	lic Support Per	rcentage		<del></del>			
	Public support percentage for 2017 (			olumn (ft)	<del></del>	15	84.77 %	
	Public support percentage for 2017 (		-	olumin (i))		16	86.49 %	
	ction D. Computation of Inve					10	30113 76	
	<del></del>			a 13 column (f)		17	15.23 %	
	Investment income percentage for 20 Investment income percentage from	•	• • • • • • • • • • • • • • • • • • • •	ie 13, Column (1))		18	13.51 %	
	33 1/3% support tests - 2017. If the	•		on line 14 and had	l 15 is more than 2			
ısa		-					I 7 IS NOT ► X	
<b>I</b> -	more than 33 1/3%, check this box a	=	•	•			=	
0	33 1/3% support tests - 2016. If the	•					and _	
20	line 18 is not more than 33 1/3%, che		•	•		-		
	Private foundation. If the organization 10-06-17	an did flot check a l	JOX OII IINE 14, 198	a, or 190, check th			or 990-EZ) 2017	

## 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. D. and E. If you checked 12d of Part I, complete Sections A. D. and C. and D. and Complete Part V.)

<del></del>	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)	<del> </del>		
<u>sec</u>	tion A. All Supporting Organizations	<del> </del>	V	T
	And all of the accompation's accompated accompations listed by	Γ	Yes	No
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			
^		1	<del>├</del> ─	├
2	Did the organization have any supported organization that does not have an IRS determination of status			1
	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)	2	<b>├</b> ──	
22	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-	٠ -	╁─╴
Ja	(b) and (c) below.	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- Ou		┢
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		İ	1
	organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	- 0.0		╁
Ĭ	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
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	4a		
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		٠	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination		•	7.
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			١.
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	l		
	purposes	4c_		
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			1
	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		ـــــدا	
	was accomplished (such as by amendment to the organizing document).	5a	ļ	
þ	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?	5b		ļ
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		L
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			ľ
	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	<u>-</u> -		
	Part VI.	6		⊢
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			j
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	<del></del> -		
•	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		$\vdash$
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).	8		
00	Was the organization controlled directly or indirectly at any time during the tax year by one or more	-	<del>                                     </del>	<b></b> -
Ja	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.	9a		
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	- 54	-	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
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.	9c		1
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			<u>.</u>
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

732024 10-06-17

determine whether the organization had excess business holdings)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting		izations	5 0110015 Fagi
1 Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI ) See instructions
other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	<del></del>
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	<del></del> -	
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	11. 11	t a grant a	ul, u
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		I
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-functional	ly integrate	d Type III supporting org	anization (see
instructions)	, ,	,, 5-5	,

Schedule A (Form 990 or 990-EZ) 2017

	t V Type III Non-Functionally Integrated 509 on D - Distributions			Current Year
1 .	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
	Amounts paid to acquire exempt-use assets			· · · · · · · · · · · · · · · · · · ·
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6	· · · · · · · · · · · · · · · · · · ·		
	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI) See instructions.	, , , , , , , , ,		
	Distributable amount for 2017 from Section C, line 6			
	Line 8 amount divided by line 9 amount	······································	·	
		(1)	(ii)	(iii)
Sectio	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
ai				
b	From 2013			
С	From 2014			
d	From 2015			
e l	From 2016			
f ·	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h /	Applied to 2017 distributable amount			
i_(	Carryover from 2012 not applied (see instructions)			
j l	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 <sup>.</sup> \$			
a .	Applied to underdistributions of prior years			
ь	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
;	any Subtract lines 3g and 4a from line 2 For result greater			
1	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
	Breakdown of line 7			
	Excess from 2013		<del></del>	
	Excess from 2014			<del></del>
	Excess from 2015			
	Excess from 2016	·		<u> </u>
u	LAUG33 IIUIII 2010	<del></del>	· · · · · · · · · · · · · · · · · ·	<del></del>

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 AWS	FOUNDATION	INCORPORATED		65-0148545 Page
Part VI	Supplemental Informatio Part IV, Section A, lines 1, 2, 3b, line 1, Part IV, Section D, lines 2 Section D, lines 5, 6, and 8, and (See instructions)	3c, 4b, <u>4</u> c, 5a, 6, 9a, 9t and 3, Part IV, Section I	o, 9c, 11a, 11b, and 11c, Par E, lines 1c, 2a, 2b, 3a, and 3t	t IV, Section B, lines 1 5, Part V, line 1, Part V,	17b, Part III, line 12, and 2, Part IV, Section C, Section B, line 1e; Part V,
	_				
				· · · · · · · · · · · · · · · · · · ·	
		·	·		
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## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

AWS FOUNDATION INCORPORATED

Employer identification number 65-0148545

Pa		d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	le 6 (a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	(a) bollot advised fulles	(b) I and and other accounts
1	Total number at end of year  Aggregate value of contributions to (during year)		<del></del>
2	Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)		·
3			<del></del>
4	Aggregate value at end of year	www.mathattha.coatahaldia.da.co.adusa.	d & male
5	Did the organization inform all donors and donor advisors in are the organization's property, subject to the organization's	•	Yes No
	Did the organization inform all grantees, donors, and donor a	•	· · · ·
6	for charitable purposes and not for the benefit of the donor of	5 5	
	• •	or donor advisor, or for any other purpose co	Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Ves" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organization		iciv, mio
	Preservation of land for public use (e.g., recreation or e		ically important land area
	Protection of natural habitat	Preservation of a certific	• •
	Preservation of open space	Preservation of a certific	and matoric structure
2	Complete lines 2a through 2d if the organization held a qualit	find conservation contribution in the form of	a conservation easement on the last
2	day of the tax year	ned conservation contribution in the form of	Held at the End of the Tax Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
b	Number of conservation easements on a certified historic str	ucture included in (a)	2c
9	Number of conservation easements included in (c) acquired	· •	
u	listed in the National Register	arter 7723700, and not on a matoric structure	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the o	
J	year >	daded, extinguished, or terminated by the e	nganization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	<del></del>	
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		rvation easements during the year
•	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conservation	on easements during the year
	<b>▶</b> \$		<i>,</i>
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	)(4)(B)(i)
	and section 170(h)(4)(B)(II)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizar		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherand	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	gain, provide
_	the following amounts required to be reported under SFAS 1	_	
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$ _
	Assets included in Form 990, Part X		<b>▶</b> \$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 AWS FOU	NDATION IN	CORPORATED		65	5-0148545 Page 2
Par	t III   Organizations Maintaining C	collections of A	t, Historical Tr	easures, or Otl	ner Similar	Assets(continued)
3	Using the organization's acquisition, access	on, and other record	ls, check any of the	following that are a	significant use	e of its collection items
	(check all that apply)					
а	Public exhibition	d		hange programs		
b	Scholarly research	е	Other			
C	Preservation for future generations					
4	Provide a description of the organization's co	•				ın Part XIII.
5	During the year, did the organization solicit of				lar assets	
Des	to be sold to raise funds rather than to be m					Yes No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	on Form 990, F	Part IV, line 9, or
	reported an amount on Form 990, Pa					
та	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets n	ot included	X Yes No
	on Form 990, Part X?	and complete the fo	llavvoa tabla			LALITES LINO
b	If "Yes," explain the arrangement in Part XIII	and complete the lo	llowing table			Amount
^	Beginning balance				1c	Amount 1,087,330.
	Additions during the year				1d	44,212.
	Distributions during the year				1e	96,991.
f	Ending balance				1f	1,034,551.
	Did the organization include an amount on F	orm 990. Part X. line	21. for escrow or cu	ustodial account lial		Yes X No
	If "Yes," explain the arrangement in Part XIII				•	
Par						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	s back (e) Four years back
1a	Beginning of year balance	55,152,240.	48,169,423.	44,977,315	39,091	,363. 13,897,023.
b	Contributions	6,779,635.	5,807,936.	5,534,958	4,106	,376.
С	Net investment earnings, gains, and losses	9,099,214.	3,740,212.	<386,133	. 2,807	,350. 3,706,502.
d	Grants or scholarships				<u> </u>	
е	Other expenditures for facilities					
	and programs	2,700,268.	2,565,331.	1,956,717	. 1,027	,774. 696,248.
f	Administrative expenses	·				
g	End of year balance	68,330,821.	55,152,240.	48,169,423	44,977	,315. 39,091,363.
2	Provide the estimated percentage of the cur	·	e (line 1g, column (a	i)) held as		
	Board designated or quasi-endowment	45.00	_%			
	Permanent endowment ► 17.00	<del></del> %				
С		8.00 %				
	The percentages on lines 2a, 2b, and 2c sho					
За	Are there endowment funds not in the possession of the organization that are held and administered for the organization					
	by					Yes No
	(i) unrelated organizations					3a(i) X 3a(ii) X
h	(ii) related organizations  If "Yes" on line 3a(ii), are the related organizations	tions listed as requi	rod on Schadula B2			3b
4	Describe in Part XIII the intended uses of the	· ·				[ 55 ]
	t VI Land, Buildings, and Equipm		Willett lailas			
	Complete if the organization answere		). Part IV. line 11a S	see Form 990. Part	X. line 10	
	Description of property	(a) Cost or o	$\overline{}$		Accumulated	(d) Book value
	occompanion or property	basis (investr			epreciation	
1a	Land			<del></del>		<u> </u>
	Buildings					
	Leasehold improvements					
	Equipment			5,491.	453,115	
<u>e</u>	Other		7	1,740.	71,740	
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c)		2,376.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 AWS FOUNDAT	'ION INCORPOR	ATED	65-0148545 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, Iin	e 11b See Form 990, Par	t X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	ation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			· · · · · · · · · · · · · · · · · · ·
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Col (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c See Form 990, Par	t X, line 13
(a) Description of investment	(b) Book value		ition Cost or end-of-year market value
(1)	-		
(2)			
(3)		<u> </u>	
(4)			
(5)	<u>-</u>		
(6)		<u> </u>	
(7)			
(8)			
(9)		<u> </u>	
Total (Col. (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d See Form 990, Par	t X, line 15
	Description		(b) Book value
(1)	····		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		<b>•</b>
Part X Other Liabilities.	<del></del>	<del></del>	
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f See Form 99	0, Part X, line 25
(a) Description of liability		(b) Book value	<del></del>
(1) Federal income taxes			
(2) PAYABLE TO AMERICAN WELDI	NG	<del></del>	
(3) SOCIETY, INC.		1,774,166.	
(4)	<del></del>		
	<del></del>		
(5)		<del></del>	
(6)		<del></del>	
(7)	<del>-</del> -		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

1,774,166.

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

Schedule D (Form 999) 2017

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047

Open to Public - Inspection **Employer identification number** 

65-0148545.

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

AWS FOUNDATION INCORPORATED

Schedule I (Form 990) (2017) N<sub>S</sub> (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Parti

732101 11-01-17

Page 2 (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) 'Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed THE FOUNDATION RETAINS ALL APPLICATIONS AND PUBLISHES THE CRITERIA FOR (d) Amount of non-cash assistance 0 1,236,623 (c) Amount of cash grant (b) Number of recipients 747 ASSISTANCE AT ITS WEBSITE, WWW.AWS.ORG. GRANTS AND ALLOCATIONS ARE GIVEN TO VARIOUS SCHOOLS - WHO IN TURN, GIVE THEM TO THE (a) Type of grant or assistance PART I, LINE 2: APPLICANTS. Part III:

Š

65-0148545

AWS FOUNDATION INCORPORATED

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

## **SCHEDULE J** (Form 990)

Part I

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AWS FOUNDATION INCORPORATED

**Questions Regarding Compensation** 

Employer identification number

65-0148545

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			1
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			i I
	Travel for companions Payments for business use of personal residence	١.		1 1
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			. 1
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)		3	
				1 1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	٠		لـــا
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		X
			`	]
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			-
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to			1 1
	establish compensation of the CEO/Executive Director, but explain in Part III	١.,		
	Compensation committee Written employment contract		_ # ·	·
	Independent compensation consultant  X Compensation survey or study			I . I
	Form 990 of other organizations  X Approval by the board or compensation committee		<del></del>	
		•		l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	2 7	16.00	`
	organization or a related organization:			لبيبا
а	Receive a severance payment or change-of-control payment?	4a	77	X
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			1 1
		- 🐫	the t	;
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	•	•	i • 1
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the revenues of	_		┰┤
	The organization?	5a	X	
b	Any related organization?	5b_	Α.	<del> </del>
_	If "Yes" on line 5a or 5b, describe in Part III			1 1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the net earnings of	<del></del>		X
	The organization?	6a 6b		X
b	Any related organization?	OD		<u> </u>
_	If "Yes" on line 6a or 6b, describe in Part III.			l l
1	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	<del></del>		X
_	not described on lines 5 and 6? If "Yes," describe in Part III			<del>^</del>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		X
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53 4958-6(c)?	9_		

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

Schedule J (Form 990) 2017

65-0148545

Page 2

AWS FOUNDATION INCORPORATED

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2017

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation -
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)·(i)(B)	in column (B) reported as deferred on prior Form 990.
(1) RAY SHOOK	[3	0	0	0	0	0	0	0
EXECUTIVE DIRECTOR	: <b>E</b>	447,14	115,467.		39,600.	0.	602,209.	0
(2) GESANA VILLEGAS	ε				ıı	0.		0
CHIEF FINANCIAL OFFICER	(E)	224,161.	28,891.	0.	17,933.	0.	270,98	0.
(3) SAMUEL GENTRY	Ξ	1	1			0		0
EXEC. DIR. AWS FOUNDATION	Ξ	125,345.	21,772.	4,400.	9,192.	0	160,709.	0
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	Ξ							
	Ξ							
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	(1)							
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.

PART I, LINE 1A:
THE EXECUTIVE DIRECTOR RECEIVES A REIMBURSEMENT OF TRAVEL EXPENSES UNDER A
NONACCOUNTABLE PLAN. A KEY EMPLOYEE RECEIVES A CAR ALLOWANCE UNDER A
NONACCOUNTABLE PLAN.
Schedule J (Form 990) 2017

## **SCHEDULE 0**

(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-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

AWS FOUNDATION INCORPORATED	65-0148545
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION'S AUDIT COMMITTEE REVIEWS AND APPROVES T	HE 990 PREPARED BY
THE INDEPENDENT ACCOUNTANTS BEFORE IT IS FILED.	
·	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS AND STAFF ARE REQUIRED TO SIGN A CONFLI	CT OF INTEREST
POLICY ANNUALLY. TWICE A YEAR, THE EXECUTIVE DIRECTOR OF	THE FOUNDATION
SHALL SUBMIT A REPORT TO THE PRINCIPLES OF CONDUCT COMMIT	TEE CERTIFYING
THAT THE REQUIREMENTS OF "NOTICE" AND "ACCEPTANCE" HAVE B	EEN MET AND SHALL
INCLUDE THE NAME IN EACH REPORT.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT	OF INTEREST
POLICY AVAILABLE ON THE INTERNET, AND THE AUDITED FINANCE	IAL STATEMENTS ARE
PUBLISHED ANNUALLY IN THE JUNE WELDING JOURNAL.	
FORM 990, PART XII, LINE 2C:	
THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF T	HE
ORGANIZATION'S AUDIT AND FOR THE SELECTION OF THE INDEPEN	DENT
ACCOUNTANTS. ONCE THE FINANCIAL STATEMENTS HAVE BEEN FINA	LIZED, IT IS
REVIEWED IN DETAIL WITH THE AUDITORS BY THE FINANCE COMMI	ITTEE. THEN,
THE FINANCIAL STATEMENTS ARE DISTRIBUTED TO THE FULL BOAR	D FOR REVIEW
AND FINAL APPROVAL.	

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

Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Open to Public Inspection 2017

OMB No 1545-0047

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

Schedule R (Form 990) 2017 (g) Section 5 (2(b)(13) Employer identification number 65-0148545 Ŷ × controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax exempt organizations during the tax year Direct controlling End-of-year assets N/A <u>e</u> status (if section Public charity 501(c)(3)) e LINE 11 Total income Exempt Code section 501(C)(3) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) FLORIDA TO PROMOTE EDUCATION AND Primary activity RESEARCH ACTIVITIES AWS FOUNDATION INCORPORATED Primary activity RELATED TO WELDING 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. - 13-0434890 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity AMERICAN WELDING SOCIETY, INC. 8669 NW 36TH STREET, SUITE 130 MIAMI, FL 33166 Part Part II

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Schedule R (Form 990) 2017 AWS FOUNDATION INCORPORATED

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

(a) Name, address, and EIN	(b) Primary activity	(c)	gullo	) Predomina	(e)	(f) Share of total			(h) Disproportionate	(i) Code V-UBI	(J) General	(k) or Percentag
of related organization		(state or foreign country)	entrty	(related, i	(related, unrelated, excluded from tax under sections 512-514)	ıncome	<b>—</b>	l	No No	amount in box 20 of Schedule K-1 (Form 1065)	nx managing lle partner? 15) Yes No	managing ownership partner?
						1						
											-	
									-			
					<del></del>							
									-		+	
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ganizations Taxable a	is a Corport	oration or Trust. Cyear.	omplete if th	ne organizatio	n answered "	res" on Form	1 990, Part I	V, line 34	, because rt ha	ad one or	more related
(a) Name address and E		Prim	(b) Primary activity	(c)	(d) Direct controlling		(e) of entity	(f) Share of total	E	(g) Share of	(h) Percentad	Section 512(b)(13)
of related organization				(state or foreign			(C corp, S corp, or trust)	Income		_	ownership	contro
				Managa		+	+		+			Yes No
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Page 3

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	slated organizations listed	In Parts II:IV?	
a Receipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity	<b>&gt;</b>			Ta X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				₽ X.
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				×
g Sale of assets to related organization(s)				1g ⊠
h Purchase of assets from related organization(s)				Th X
i Exchange of assets with related organization(s)				i-
j Lease of facilities, equipment, or other assets to related organization(s)				ij.
k Lease of facilities, equipment, or other assets from related organization(s)	,			1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			11 X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			th X
o Sharing of paid employees with related organization(s)				10 X
				À
p reimoursement paid to related organization(s) for expenses				+
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>				7q X
r Other transfer of cash or property to related organization(s)			· . <u>1</u>	<del> </del>   <del> </del>
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete tl	ns line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	lved
(1) AMERICAN WELDING SOCIETY, INC.	S	5,293,002.CASH	CASH	
(2)				
(3)				
(4)				
(5)				
1 @				
732163 09-11-17	43		Schedule B	Schedule B (Form 990) 2017

65-0148545 Page 4

Schedule R (Form 990) 2017 AWS FOUNDATION INCORPORATED

Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

Name, address, and EIN  Frimary activity  Cegal domicile  (state or foreign  Country)  Sections 512-514)  Sections 512-514)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	total income	end-of-year assets	Usproport	Cude V-1020 Of Schedule K-1 (Form 1065)	Ves No	ownership
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Schedule R	(Form 990) 2017	AWS F	OUNDATION	INCORPOR	ATED	65-0148545	Page 5
Part VII	(Form 990) 2017 Supplemental Info	rmation.					
	Provide additional inform	nation for rest	onses to question	s on Schedule R	See instructions		
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