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## 990

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service For the 2008 calendar year, or tax year beginning 7/1/2008 and ending 6/30/2009 Please C Name of organization Check if applicable Webb Institute D Employer identification number use IRS Address change Doing Business As label or 11-1630912 print o Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number type. Initial return 298 Crescent Beach Road 516-671-2213 Specific Termination City or town, state or country, and ZIP + 4 Instruc-Glen Cove, New York 11542 1398 G Gross receipts \$ Amended return tions 30.610.440 Application pending Name and address of principal officer: H(a) Is this a group return for affiliates? X Robert Olsen, President, 298 Crescent Beach Rd. Glen Cove. NY 11542 H(b) Are all affiliates included? Tax-exempt status X If "No." attach a list (see instructions) 501(c) ( 3 ) **◄** (insert no.) 4947(a)(1) or 527 Website: ▶ www.webb-institute.edu H(c) Group exemption number X Other ▶ College K Type of organization Corporation Trust Association L Year of formation M State of legal domicile 1888 NY Part I Summarv Briefly describe the organization's mission or most significant activities: Webb Institute is an accredited 4-year college offering a single major in Naval Architecture and a minor in Marine Engineering. Webb Institute has approximately 90 students enrolled on a full-time basis. In addition to a rigorous education, Webb Institute strives to develop skills to enable graduates to become lead-8 II DRY GANNYOS Activities & Governance ers in and make significant conributions to their chosen profession and to the social environment in which it functions. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) 24 Number of independent voting members of the governing body (Part VI, line 1b) . . . 24 5 56 Total number of volunteers (estimate if necessary) . . . . . . . . . . . . 6 32 Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . . . . . 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h). 2,883,884 3,653,270 9 Program service revenue (Part VIII, line 2g) . . . . . 814.500 817.000 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 4,006,593 -3,621,518 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 30c, and 11e) 11 112,736 95,913 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A) line 12 7.817.713 944,665 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . 29,525 33,000 Benefits paid to or for members (Part IX, column (A), Ine 4) OGDE 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5710) 15 3.380.180 3,569,614 Professional fundraising fees (Part IX, column (A), line 11e) . . . b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . . . 3,541,141 3,200,279 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 6.950.846 6.802.893 19 Revenue less expenses. Subtract line 18 from line 12. 866.867 -5,858,228 Beginning of Year End of Year 20 Total assets (Part X, line 16) . . 66,370,483 51,720,088 21 Total liabilities (Part X, line 26) . . . . . . 1,372,464 1,311,187 Net assets or fund balances. Subtract line 21 from line 20 64,998,019 50,408,901 Signature Block Part II Under penalties of perjury, I declate that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge se, co<del>pect, and d</del>omplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Date Here Robert C. Olsen, Jr. President Type or print name and title Preparer's Date Preparer's identifying number Check if signature Paid selfemployed Preparer's Firm's name (or yours EIN **Use Only** if self-employed), Phone no

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

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

(HTA)

X

Pa	rt III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:
	To prepare graduates for prominent careers by: (1) Providing a rigorous education in the principles of engineering and a broad
	based knowledge of the fundamentals of naval architecture and marine engineering, (2) Developing skills that will enable grad-
	uates to become leaders in their profession and social environment and (3) Instilling in our graduates the highest ethical stand-
	ards and sense of professionalism, while cultivating curiosity in the arts, sciences and humanities & to support life-long learning.
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
,	Did the organization cease conducting, or make significant changes in how it conducts, any program
)	
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
ŧа	(Code: ) (Expenses \$ 4,610,894 including grants of \$ 0 ) (Revenue \$ 817,000 )
	Webb Institute offers a single program service: A college education. It's program entails a four-year college education for the
	goal of achieving a Bachelor of Science degree in Naval Architecture and Marine Engineering. This is the only major presently
	offered by Webb Institute that is bestowed upon its graduates. Webb Institute is a 4-year college accredited by Middle States and
	ABET (The Accrediting Board of Engineering Technology).
	***************************************
	***************************************
16	(Code)
₽D	(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)
	Not applicable
	***************************************
	***************************************
	•••••••••••••••••••••••••••••••••••••••
łc	(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)
	Not applicable
	***************************************
	***************************************
	***************************************
	***************************************
	•••••••••••••••••••••••••••••••••••••••
	Otherwise (Oracite 's Orbidate O)
ld	Other program services. (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)
le	Total program service expenses ► \$ 4,610,894 (Must equal Part IX, Line 25, column (B).)

Par	t IV Checklist of Required Schedules			- Jago -
			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 public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		х
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; serve as a custodian for amounts not listed in Part	<b> </b>	<del>  ^-</del>	-
J	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
40	complete Schedule D, Part IV	9	<del></del>	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	<u> </u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	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 U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 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 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	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		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) 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		х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
. =	person from a prior year? If "Yes," complete Schedule L, Part I	25b		×
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	1		<del>  ^</del>
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х

#### Part IV Checklist of Required Schedules (continued) Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L. 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b Х Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 29 Х 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Χ Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Form **990** (2008)

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Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			l
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 56			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			l
	this return?	_3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.		-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		X
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).	,		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			<del></del>
	\$75?	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 was required to file Form 8282?	7-		V
	required to file Form 8282?	_7c		X
d	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
8		70		X
	benefit contract?	7e 7f		x
f g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Х	_^
b h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	-/9		_
••	required?	7h	х	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	<del></del>	<u> </u>	
•	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0			1
11	Section 501(c)(12) organizations. Enter:			ĺ
а	Gross income from members or shareholders			l
b	Gross income from other sources (Do not net amounts due or paid to other sources			l
	against amounts due or received from them.)			
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			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sect</u>	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
_	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	_
3	Did the organization delegate control over management duties customarily performed by or under the direct		<del></del>	
J	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 organizational documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u> </u>
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			,
а	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	X	_
9a	Does the organization have local chapters, branches, or affiliates?	9a		х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			<u> </u>
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		<u>x</u>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sect	ion B. Policies			
40-	Doce the executaction have a written conflict of interest notice Q If IIA II we to two 42	40-	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<del></del>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	_^_	<del></del>
C	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	_
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			$\vdash$
. •	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	
b	Other officers or key employees of the organization?	15b	X	
-	Describe the process in Schedule O. (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			1
	the organization's exempt status with respect to such arrangements?	16b		X
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► N/A			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the control of the contro	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	he		
	organization:  Webb Institute, care of Andrew Berko, C.P.A., C.F.O. 516-671-22	13		
	298 Crescent Beach Road, Glen Cove, NY 11542-1398			

	000	(2008)	
⊢nm	yyu.	(ZUUG)	

Webb Institute

11-1630912

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.										
(A) (B) (C)						(D)	(E)	(F)		
Name and Title	Average hours per week	हें Individual trustee O or director	Institutional trustee	he Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
William J. Blanton Trustee	5.	Х						0	0	0
Donald T Bollinger										
Trustee	5.	Х						0	0	0
Joseph J. Cuneo Chairman	20.	_ X		X				0	0	0
Charles R. Cushing Audit Cmttee Chair	5.	Х						0	0	0
Patrick J.Gilmartin Secretary	10.	Х		x				0	0	0
Richard A. Gilmore Trustee	5.	x						0	0	0
Jennifer E. Kollmer Trustee	5.	Х						0	0.	0
Robert E. Kramek Trustee	5.	X						0	0	0
Charles Kurz II Trustee	5.	X						0	0	0
John A. Malone Devlpmt Cmttee Chair	10.	Х						0	0	0
Henry S. Marcus Trustee	5.	Х						0	0	0
Gregory M. Matzat Trustee	10.	Х						0	0	0
R. Keith Michel Vice Chairman	10.	X		X				0	0	0
Eugene R. Miller Trustee	5.	X						0	0	0
Robert C. Olsen President	40.	Х		X				160,000		13,435
Jennifer B. Panosky Trustee	5.	Х						0		0
Edwin J. Roland Trustee	5.	х						0		

	90 (2008) Webb Institute									11-1630			Page 8
Pai	t VII Section A. Officers, Directors, Tru		plo	yees			ghes	t Co			nuec		
	(A)	(B)	١_		-	C)			(D)	(E)		(F)	
	` Name and title	Average hours per week	or director		Officer	all Key employee	Highest compensated a employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	١.	Estima amoun other ompens from the organiza and relation	nt of er sation he ation ated
Trus		5.	х						0	0			0
	W. Russell Chairman	10.	X		x				0				0
Stev	en T. Scalzo	5.	x						0	0			0
Mich	ael W. Toner												
	new L. Unger	<u>5</u> .				<u> </u>			0				0
Trus Pete	ee r Van Dyke	5.	X	ļ		┢			0	<u> </u>	-		0
Trea Chris	surer stopher Wiernicki	10.	X	<del>                                     </del>	X	-	-		0	<u> </u>	-		0
Trus	ee	5.	X		<u> </u>		<u> </u>		0	c			0
Chai	French, Jr. rman Emeritus	5.	х						0	c			0
	les G. Visconti rman Emeritus	5. X				0				0			
	ıld K. Kıss dent Emeritus	5.	х						0	0			0
Robe	ert D. Goldbach				_								
	eee Emeritus am O. Gray	5.	X					-	0	<u> </u>	-		0
	ee Emeritus d H. Klinges	5.	X		_	_	+		0		-		0
Trus	ee Emeritus	5.	X			<u> </u>		Ļ	005.070		-		0
1b 2	Total number of individuals (including those	in 1a) who rece	eivec	mor	e tha	an \$	 100,0	. <u>►</u> 000 iı	985,070 n reportable cor		_		14,332
	organization ▶ 9								<u>,-,</u> .		-1	Yes	No
3	Did the organization list any <b>former</b> officer, employee on line 1a? <i>If</i> "Yes," complete Sci					yee		-	st compensated	ļ	3		×
4	For any individual listed on line 1a, is the su the organization and related organizations g			•					•	)		<b></b>	
5	individual		otio								4	Х	
	services rendered to the organization? If "Yo										5		X
	tion B. Independent Contractors								<del></del>				
1	Complete this table for your five highest concompensation from the organization.	npensated inde	pend	dent o	contr	acto	rs tha	at re	ceived more tha	in \$100,000 of			
	(A) Name and business a	ddress							(B) Description of ser	vices		(C) censatio	'n
		901 Woodbury			7	-			d Services				07,916
		1697 Newark N			11/2 -	400	4		irance		281,734		
		thern Blvd. Gre 9037 Hicksville				102	1	Utilities			212,934 156,506		
		9037 Hicksville						Utili					18,251
2	Total number of independent contractors (in compensation from the organization		1 1) v			ved							!

Form **990** (2008)

Pari	t VIII	Statement of Revenue						
\ \ \					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1a	Federated campaigns	. 1a	0				
בים תח	Ь	Membership dues		0				
g, E	С	Fundraising events		0				
ifts	ď	Related organizations		0				
",g ni≅	e	Government grants (contributions)		14,016				
on: sir	_	All other contributions, gifts, grants		14,010				
her j	'	similar amounts not included above		3,639,254				
를 를	g	Noncash contributions included in I		34,096				
Contributions, gifts, grants and other similar amounts	l b				3,653,270			
	<del>  "</del>	Total. Add lilles Ta-Ti	<u> </u>	Business Code	3,003,270			
Program Service Revenue	20	Poom and board			017.000	047.000		
eve		Room and board		722320	817,000	817,000		<u> </u>
e e	b		· • • • • • • • • • • • • • • • • • • •		0			
چ	C		·		0			
Š	d		· <b></b>		0			
Гап	e				0		<u>.</u> .	
6	1	All other program service revenue			0			
<u> </u>	9		<del></del>		817,000	<u>-</u>		· · · · · · · · · · · · · · · · · · ·
	3	Investment income (including divide						
		other similar amounts)			1,897,176			1,897,176
	4	Income from investment of tax-exer			0			
	5	Royalties	<u> </u>	<u> </u>	0			
			(ı) Real	(ıi) Personal				
	6a	Gross Rents			_			
	b	Less: rental expenses						
	С	Rental income or (loss)		0 (	)			
	ď	Net rental income or (loss)			0			The second secon
	7a	Gross amount from sales of	(ı) Secunties	(II) Other		,, <u>-</u>		
		assets other than inventory	24,147,0	81 (				
	b	Less: cost or other basis			,			
		and sales expenses	29,665,7	75 (	)			ĺ
	С	Gain or (loss)	-5,518,6	94 (	ol			
	d	Net gain or (loss)			-5,518,694			-5,518,694
4	8a	Gross income from fundraising						
Other Revenue		events (not including \$	0					
Ķ		of contributions reported on line 1c						
Re		See Part IV, line 18		a (				i
er	b	Less direct expenses			5			
5	С	Net income or (loss) from fundraising	ng events		0			
	9a	Gross income from gaming activitie	s.					
		See Part IV, line 19		a (				İ
	b	Less direct expenses			5]			
	С	Net income or (loss) from gaming a	ctivities		0			
	10a	Gross sales of inventory, less						
		returns and allowances		a 0				i
	b	Less: cost of goods sold			<u> </u>			
		Net income or (loss) from sales of i			0	-		
		Miscellaneous Revenue		Business Code				
	11a	Miscellaneous income		900099	95,913			95,913
	b				0			
	С				0			
	ď	All other revenue			0			
	е	Total. Add lines 11a-11d			95,913			
	12	Total Revenue. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	8c,				
		9c, 10c, and 11e			944,665	817,000	0	-3.525.605

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colum	n (A) but are not rec	uired to complete	columns (B), (C), ar	nd (D).
	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 governments and				
	organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	33,000	33,000		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0		* /	
4	Benefits paid to or for members	0	0	<b>,</b> ,	
5	Compensation of current officers, directors,				
	trustees, and key employees	470,796	178,642	292,154	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			}	
_	persons described in section 4958(c)(3)(B)	0			<del></del>
7	Other salaries and wages	2,396,473	1,863,797	349,380	<u>183,296</u>
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	162,864			10,187
9	Other employee benefits	328,172			9,447
10	Payroll taxes	211,309	162,893	34,578	13,838
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	15,286		15,286	
С	Accounting	28,325		28,325	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17		1,000	No. 1 miles	
f	Investment management fees	315,171		315,171	
g	Other	305,642		79,540	13,399
12	Advertising and promotion	124,102			124,102
13	Office expenses	230,553		145,272	2,859
14	Information technology	73,054	13,876	59,178	
15	Royalties	0			
16	Occupancy	515,922			
17	Travel	56,807	30,954	14,827	11,026
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	37,740	34,439		1,567
20	Interest	24,519		24,519	
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	600,248			0
23	Insurance	205,205		205,205	· · · · · · · · · · · · · · · · · · ·
24	Other expenses. Itemize expenses not				ž 1777 i st
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				į
	5% of total expenses shown on line 25 below.)	2 4 5 2	2 7 1		
а	Food services	507,916		L	
b	Student services	102,264	102,264		
C	Life income funds	57,525		57,525	
d		0			
е		0			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	6,802,893	4,492,175	1,940,997	369,721
26	Joint Costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				
		<u> </u>		<del></del>	Form <b>990</b> (2008)

Г	art X	balance Sneet	(A)				B)	
		•	Beginning of year			End c	f year	
	1	Cash-non-interest-bearing					29	4,387
	2	Savings and temporary cash investments		2	<u> </u>			
	3	Pledges and grants receivable, net	721,986	_	<b>!</b>			21,672
	4	Accounts receivable, net	117,384	4	<u> </u>		26	9,003
	5	Receivables from current and former officers, directors, trustees, key	_					
		employees, or other related parties. Complete Part II of Schedule L .		5				0
	6	Receivables from other disqualified persons (as defined under section			1			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			<u> </u>			
		Part II of Schedule L		_	<b></b>			0
Assets	7	Notes and loans receivable, net		<u> </u>	ļ			0
SS	8	Inventories for sale or use		8	↓			
٩	9	Prepaid expenses and deferred charges	92,792	9	ļ		9	<u> 1,819</u>
	10a	Land, buildings, and equipment: cost basis 10a 17,926,	<u>196</u>					
	b	Less: accumulated depreciation. Complete	v. 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -					
		Part VI of Schedule D			ļ			3,290
	11	Investments-publicly traded securities			<u> </u>			9,507
	12	Investments-other securities. See Part IV, line 11			ļ		5,53	<u> 5,469</u>
	13	Investments-program-related. See Part IV, line 11	0		ļ			0
	14	Intangible assets		14	ļ			
	15	Other assets. See Part IV, line 11			ļ			4,941
	16_	Total assets. Add lines 1 through 15 (must equal line 34)		16			51,72	20,088
	17	Accounts payable and accrued expenses	644,988	17	ļ		58	3,711
	18	Grants payable		18	<u> </u>			
	19	Deferred revenue		19	<u> </u>		_	
	20	Tax-exempt bond liabilities		20				0
es	21	Escrow account liability. Complete Part IV of Schedule D		21				
iit	22	Payables to current and former officers, directors, trustees, key						
Liabilities		employees, highest compensated employees, and disqualified	<u> </u>					- 4
		persons. Complete Part II of Schedule L	0	22	<u> </u>			0
	23	Secured mortgages and notes payable to unrelated third parties	727,476	23	<u></u>		72	7,476
	24	Unsecured notes and loans payable	0	24				0
	25	Other liabilities. Complete Part X of Schedule D		25	<u> </u>			0
	26	Total liabilities. Add lines 17 through 25	1,372,464	26	<u> </u>		1,31	1,187
seo		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.		•				
ST.	27	Unrestricted net assets	58,495,938	27	·		A1 27	6,132
ale	28	Temporarily restricted net assets	4,168,863		<del> </del>		_	6,075
d E	29	Permanently restricted net assets			<del> </del>			6,694
5	29		2,533,216		<del>                                     </del>		3,34	0,034
Net Assets or Fund Balan		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.	\$	4%			*	
ets	30	Capital stock or trust principal, or current funds		30				
SSI	31	Paid-in or capital surplus, or land, building, or equipment fund .		31				
μ	32	Retained earnings, endowment, accumulated income, or other funds.		32				
ž	33	Total net assets or fund balances			1		50,40	8,901
	34	Total liabilities and net assets/fund balances	<del></del>			_		20,088
Pa	rt XI	Financial Statements and Reporting						
							Yes	No
1	Ac	counting method used to prepare the Form 990: 🔲 Cash 💢 A	ccrual Other		[			
2	a W	ere the organization's financial statements compiled or reviewed by an i	ndependent accountant?		. [	2a		Х
ı	b W	ere the organization's financial statements audited by an independent a	ccountant?		[	2b	Х	
	c If "	'Yes" to lines 2a or 2b, does the organization have a committee that ass	sumes responsibility for overs	ight o	f the			
	au	dit, review, or compilation of its financial statements and selection of an	independent accountant?.		[	2c	Х	
3	a As	a result of a federal award, was the organization required to undergo a	n audit or audits as set forth	in	ſ			
		e Single Audit Act and OMB Circular A-133?			. 1	3a		Х
1	b If_	Yes," did the organization undergo the required audit or audits?	<u> </u>			3b		

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Sts. Open to l

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Name	of the	organization			_				Employe	r identificat	ion numb	er	
Webl				11 21 (41)					11-16309				
Par				narity Status (All or					t.) (see i	nstructio	ns)		
1 ne (	orgar 			ation because it is: (Place) rches, or association of					'h\/1\/Δ\/i	i <b>\</b>			
2	炓			on 170(b)(1)(A)(ii). (Ai			7CG 111 3GC		, <del></del> )( 1)( <del></del> )(1	·/·			
3	屵			nospital service organi		•	section	170(b)(1)	( <b>Δ</b> \/iii\ //	Attach Sc	hedule l	4 )	
4	片	-	•	ation operated in conju								-	
•	_		me, city, and st										
5	Ш			r the benefit of a colle (Complete Part II.)	ge or univ	ersity ow	ned or op	erated by	a govern	mental u	nit desci	ribed	
6		A federal, st	ate, or local gov	ernment or governme	ntal unit c	described	in sectio	n 170(b)(	1)(A)(v).				
7		_		y receives a substanti (1)(A)(vi). (Complete	•	its suppo	rt from a g	governme	ntal unit o	or from th	e gener	al publ	ÍC
8		A community	y trust described	l in section 170(b)(1)	( <b>A)(vi)</b> . (C	Complete I	Part II.)						
9		An organiza	tion that normall	y receives: (1) more tl	han 33 1/	3% of its	support fro	om contril	butions, n	nembersh	nip fees,	and gi	ross
		•		ed to its exempt function		•		•					3
			-	ent income and unrelate a after June 30, 1975.				•		tax) from	busines	ses	
10		-	=	nd operated exclusive		=		•	•	( <b>4).</b> (see i	nstructio	ns)	
11		-	•	nd operated exclusive	-						•		
				blicly supported organ at describes the type o								section	on
		a Type	:I b 🗌	Type II c	Тур <del>с</del>	e III–Fund	ctionally in	ntegrated		d 🔲 1	ype III-	-Other	
е				y that the organization			-	-	•		•		
		-	er than foundation section 509(a)(3	on managers and othe 2).	er than on	e or more	publicly	supported	l organiza	itions des	cribed in	n secti	on
f		organization	, check this box							e III supp	oorting 		
g		Since Augus following per		the organization acce	pted any	gift or cor	ntribution 1	from any	of the				
				or indirectly controls,	either alo	ne or toge	ether with	persons	described	l in (ii)		Yes	No
				verning body of the su							11g(i)		
				person described in (i							11g(ii)		
				y of a person describe							11g(iii)		
<u>h</u>				ation about the organi: (iii) Type of organization		ie organiz organization		ports. ou notify	(vi)	ls the	(viii	Amount	of
(i)		e of supported anization	(II) EIN	(described on lines 1–9	ın col (i) lı	sted in your	the organ	nization in	organiza	tion in col		support	
	Ū			above or IRC section (see instructions))	governing	document?		of your port?		zed in the S?			
					Yes	No	Yes	No	Yes	No	]		
													0
									<u> </u>				0
											-		0
						ļ		ļ				_	0
													0
Total	1	<del></del>											

11-1630912

Par					1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked t	<u>he box on line</u>	5, 7, or 8 of	Part I.)			
	ion A. Public Support	· · · · · · · · · · · · · · · · · · ·	- <del></del>				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					ì	
	include any "unusual grants.")	0	0	0			0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf	0	o	0			0
3	The value of services or facilities						_
	furnished by a governmental unit to the		į				
	organization without charge	o	o	0			0
4	Total Add lines 1-3	0	0	0	0	0	0
5	The portion of total contributions by each						
	person (other than a governmental unit						
	or publicly supported organization)		1			Ī	
	included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
<u>_6</u>	Public support. Subtract line 5 from line 4.	. ^					0
	ion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2 <u>00</u> 6	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,					-	
	payments received on securities loans,			, ,	ļ		
	rents, royalties and income from similar	_	_				
_	sources	0	0	0			0
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or						0
10	loss from the sale of capital assets						
	(Explain in Part IV.)	o	ol	o			0
11	Total support. Add lines 7 through 10.						0
12	Gross receipts from related activities, etc. (s	ee instructions	.)			12	
13	First five years. If the Form 990 is for the or		-			section 501(c	1(3)
	organization, check this box and stop here	=			-	•	^``▶□
Sect	on C. Computation of Public Support						
<u>14</u>	Public support percentage for 2008 (line 6, c		ed by line 11.	column (f))		14	0.00%
15	Public support percentage from 2007 Sched					15	0.00%
16a	33 1/3% support test-2008. If the organizar	•	•				
.02	and <b>stop here</b> . The organization qualifies as						
b	33 1/3% support test–2007. If the organiza						check this
	box and stop here. The organization qualified			·			
17a	10%-facts-and-circumstances-test-2008.						
	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circum						
ь	10%-facts-and-circumstances test–2007.						
~	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circum						
40	•		•	•			
18	Private foundation. If the organization did not ch	eck a dox on line	13, 108, 160, 1	/a ,or 1/D, cneck	trus box and se	e instructions	▶∟

Par	Support Schedule for Organiz			ion 509(a)(2)			
Sec	(Complete only if you checked to tion A. Public Support	ne box on line	9 of Part I.)	<del></del>			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	107 = 00 .	(2) 2000	(0) 2000	(4) 2007	(0) 2000	
	membership fees received. (Do not						
	include any "unusual grants.")	0	0	0			0
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	0	0	0			0
3	Gross receipts from activities that are not an	1					
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on	1					
	its behalf	o	اه	0			0
5	The value of services or facilities						0
_	furnished by a governmental unit to the						
	organization without charge	ol	ol	0			0
6	Total. Add lines 1-5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
		\$ 2.	1. 2.2.	ڈھز .	, ¥		0
	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a							
	payments received on securities loans,						
	rents, royalties and income from similar sources .	i					•
ь	Unrelated business taxable income (less						0
-	section 511 taxes) from businesses	į					
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b,	i					
	whether or not the business is regularly						
12	carried on						0
12	loss from the sale of capital assets						
	(Explain in Part IV.)	0	o	o			0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						0
14	First five years. If the Form 990 is for the org	anization's first	, second, third	, fourth, or fifth	tax year as a	section 501(c)	(3)
	organization, check this box and stop here .						`.´ ▶ [ <u></u>
Sec	tion C. Computation of Public Support						
15	Public support percentage for 2008 (line 8, co		by line 13, co	olumn (f))		15	0.00%
16	Public support percentage from 2007 Schedul	le A, Part IV-A,	line 27g			16	0.00%
Sect	tion D. Computation of Investment Inco	me Percenta	ge				
17	Investment income percentage for 2008 (line	10c, column (f)	divided by line			17	0.00%
18	Investment income percentage from 2007 Sch	nedule A, Part I	V-A, line 27h .	`	[	18	0.00%
19a	33 1/3% support tests-2008. If the organizat	ion did not che	ck the box on	line 14, and lin	e 15 is more ti	nan 33 1/3% ar	id line 17 is
-	not more than 33 1/3%, check this box and st	<b>op here.</b> The o	rganization qu	alifies as a pul	blicly supporte	d organization	▶ 📘
b	33 1/3% support tests-2007. If the organization did						
	line 18 is not more than 33 1/3%, check this box an						▶∐
20	Private foundation. If the organization did no	t check a box o	on line 14, 19a	, or 19b, check	this box and	see instructions	▶ 🔲

#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Open to Public Inspection

Employer identification number

Webb Institute 11-1630912 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part ( the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . . . 4 Aggregate value at end of year . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) | Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a b Number of conservation easements on a certified historic structure included in (a) . . . . 2c C Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . . . d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: 

200	•	_

Part	Organizations Maintainin	g Collections of	<u>f Art, His</u>	torical '	Treasures, c	or Oth	er Similar A	ssets (c	ontinu	ied)
3	Using the organization's accession	and other records	check a	ny of the	following that	e ere	eignificant us	e of its co	allectio	'n
J	items (check all that apply):	and other records	, orlook a	ily of the	ionowing that	aic a	significant us	e or its co	mecho	41
_	X Public exhibition		d [	Loan	or exchange	nroara	me			
a				<u>,</u>						
b	X Scholarly research		θ [	Other						
С	X Preservation for future gener	ations								
4	Provide a description of the organiz Part XIV.	ation's collections	and expl	ain how t	they further th	e orga	anization's exe	empt purp	ose in	l
5	During the year, did the organizatio assets to be sold to raise funds rath								es 🛛	No
Part	IV Trust, Escrow and Custo	dial Arrangeme	ents. Co	mplete if	organization	n ans	wered "Yes"	to Form	990.	
	Part IV, line 9, or reported	_		•	_					
1a						s or ot	her assets no	t		
	included on Form 990, Part X?							Y	es 🔲	No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	following	g table:					
								Amount		
C	Beginning balance					. 1c				
d	Additions during the year					<u>1d</u>				
0	Distributions during the year						ļ			
f	Ending balance					1f	<u> </u>	<u></u> .		0
2a	Did the organization include an amount	ount on Form 990	, Part X, Ii	ine 21? .				Y	es 🗌	No
b	If "Yes," explain the arrangement in	Part XIV.								
Part	V Endowment Funds. Com	plete if organizat	tion ansv	vered "Y	es" to Form	990,	Part IV, line	10.		
		(a) Current year	(b) Pn	or year	(c) Two years t	back	(d) Three years ba	ck (e) Fo	our years	back
1a	Beginning of year balance	56,652,094	* * ·	, 			······································			
b	Contributions	1,845,190	>	,	. # 3		* *			
C	Investment earnings or losses .	-14,208,544		ŧ	*		% »		*	Ī
d	Grants or scholarships	33,000		* 5 *	, *		*			1
e	Other expenditures for facilities		v *	·> ## #		1				
	and programs	3,636,751								
f	Administrative expenses	334,013					····			
g	End of year balance	40,284,976			<u> </u>					
2	Provide the estimated percentage of	•	ance held	d as:						
а	Board designated or quasi-endown		<u>%</u>							
b	Permanent endowment	100%								
С	Term endowment	%								
3a	Are there endowment funds not in t	he possession of t	the organ	ization th	at are held ar	nd adn	ninistered for t	the		
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)	$\longrightarrow$	<u>X</u>
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(ii), are the related org		•					3b		
4	Describe in Part XIV the intended u					V Ca	- 40			
Part										
	Description of investment	(a) Cost or of			st or other s (other)	(c) D	epreciation	( <b>d</b> ) Bo	ok value	
1a	Land	<del></del>	0		654,957					<u>4,957</u>
b	Buildings		0		9,552,831		3,734,567		5,818	8,264
C	Leasehold improvements	·	0		0		0			0
d	Equipment	·	0		7,718,408		6,048,339		1,670	0,069
θ_	Other		0	L. <u> </u>	0		0			0
rotal	. Add lines 1a-1e. (Column (d) shou	ia equal Form 990	), Part X,	column (	B), line 10(c).	)	<u> •  </u>		8,143	3,290

uncertain tax positions under FIN 48.

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aue	•

Carlyle Strategic Partners	Part VII Investments—Other Securities	. See Form 990, Part X,	line 12.	
Closely-held equity interests   0		(b) Book value		
Other Commontunds	Financial derivatives and other financial products	0		
Commonfunds	Closely-held equity interests	0		
Cartyle Strategic Partners   L.P.	Other			
Captyle Strategic Pantners   I, L.P.	Commonfunds	3,069,769	FMV	
Lexin AM Trust Real Estate Partners, I.P.		1,742,320	FMV	
Column (b) should equal Form 990, Part X, col (B) line 12)   Fart X   Other Assets. See Form 990, Part X, col (B) line 13)   Part X   Other Liabilities. See Form 990, Part X, col (B) line 13)   Part X   Other Liabilities. See Form 990, Part X, col (B) line 15)   Part X   Other Liabilities. See Form 990, Part X, col (B) line 15)   Part X   Other Liabilities. See Form 990, Part X, col (B) line 15)   Part X   Other Liabilities. See Form 990, Part X, col (B) line 15)   Part X   Other Liabilities. See Form 990, Part X, col (B) line 15)   Part X   Other Liabilities. See Form 990, Part X, col (B) line 15)   Part X   Other Liabilities. See Form 990, Part X, col (B) line 15)   Part X   Other Liabilities. See Form 990, Part X, col (B) line 15)   Part X   Other Liabilities. See Form 990, Part X, col (B) line 15   Other Liabilities. See Form 990, Part X, col (B) line 15   Other Liabilities. See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liabilities See Form 990, Part X, col (B) line 15   Other Liab				
Column (b) should equal Form 990, Part X, col. (B) Ine 13)   Fart X   Other Assets. See Form 990, Part X, line 15. (a) Description of lived streams of lived and dividends receivable at June 30, 2009   14    Total. (Column (b) should equal Form 990, Part X, col. (B)   Ine 15. (a) Description of lived and lived equal Form 990, Part X, line 15. (a) Description (b) should equal Form 990, Part X, line 15. (a) Description (b) Should equal Form 990, Part X, line 15. (a) Description (b) Should equal Form 990, Part X, line 15. (a) Description (b) Should equal Form 990, Part X, line 15. (a) Description (b) Should equal Form 990, Part X, line 15. (a) Description (b) Should equal Form 990, Part X, line 15. (a) Description (b) Should equal Form 990, Part X, line 15. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 15. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b)	Lexin AM Trust Real Estate Partners, L.P.	73,280	FMV	
Column (b) should equal Form 990, Part X, col. (B) Ine 13)   Fart X   Other Assets. See Form 990, Part X, line 15. (a) Description of lived streams of lived and dividends receivable at June 30, 2009   14    Total. (Column (b) should equal Form 990, Part X, col. (B)   Ine 15. (a) Description of lived and lived equal Form 990, Part X, line 15. (a) Description (b) should equal Form 990, Part X, line 15. (a) Description (b) Should equal Form 990, Part X, line 15. (a) Description (b) Should equal Form 990, Part X, line 15. (a) Description (b) Should equal Form 990, Part X, line 15. (a) Description (b) Should equal Form 990, Part X, line 15. (a) Description (b) Should equal Form 990, Part X, line 15. (a) Description (b) Should equal Form 990, Part X, line 15. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 15. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b) Should equal Form 990, Part X, line 25. (a) Description (b)		0		
Total (Column (b) should equal Form 990, Part X, col. (B) Inn 12)		0		
Total (Column (b) should equal Form 990, Part X, col (B) line 12) ▶ 5,535,469    Part VIII   Investments—Program Related. See Form 990, Part X, line 13. (e) Method of valuation Cost or end-of-year market value		0		
Investments—Program Related. See Form 990, Part X, line 13.		0		
Investments—Program Related. See Form 990, Part X, line 13.		0		
(a) Description of investment type (b) Book value  (c) Method of valuation Cost or end-of-year market value  0  0  0  0  0  0  0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0 0  1 0 0 0  1 0 0 0  1 0 0 0  1 0				
Cost or end-of-year market value	Part VIII Investments—Program Related	<ol> <li>See Form 990, Part X,</li> </ol>	line 13.	
0   0   0   0   0   0   0   0   0   0	(a) Description of investment type	(b) Book value		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶ 0  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		
O   O   O   O   O   O   O   O   O   O		0		
O   O   O   O   O   O   O   O   O   O		0		
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Total. (Column (b) should equal Form 990, Part X, col. (β) line 13.) ▶ 0  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value  Interest and dividends receivable at June 30, 2009 14  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶ 14  Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13) ▶ 0  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value Interest and dividends receivable at June 30, 2009 14  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶ 14  Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.  (a) Description (b) Book value Interest and dividends receivable at June 30, 2009 14  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.).   Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.  (a) Description  (b) Book value  Interest and dividends receivable at June 30, 2009  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.).  Part X  Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability  (b) Amount  0  0  0  0  0  0 0 0 0 0 0		0		
Part IX         Other Assets. See Form 990, Part X, line 15.         (a) Description         (b) Book value           Interest and dividends receivable at June 30, 2009         14           Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)         ▶         14           Part X         Other Liabilities. See Form 990, Part X, line 25.         (a) Description of liability         (b) Amount         0           0         0         0         0           0         0         0         0           0         0         0         0           0         0         0         0           0         0         0         0           0         0         0         0           0         0         0         0           0         0         0         0           0         0         0         0           0         0         0         0           0         0         0         0           0         0         0         0           0         0         0         0           0         0         0         0           0         0         0         0		0		
(a) Description (b) Book value Interest and dividends receivable at June 30, 2009 14  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.). ▶ 14  Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		<u></u>		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.).				
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.). ▶ 14  Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		· · · · · · · · · · · · · · · · · · ·		
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Interest and dividends receivable at June 30, 2009			14,941
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				. 0
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<del></del>			0
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		<del></del>	<del></del>	0
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0
Other Liabilities. See Form 990, Part X, line 25.   (a) Description of liability   (b) Amount   0   0   0   0   0   0   0   0   0	Total (Column (h) should agual Form 000 Port V	and (B) line 15 )		14.041
(a) Description of liability (b) Amount  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Dort V. line 25.	· · · · · · · · · · · · · · · · · · ·	14,941
0 0 0 0 0 0 0 0 0				
	(a) Description of hability	(b) Amount	,	
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ı Uı			<del>- ]</del>	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	Total (Column (b) should equal Form 990, Part Y and (P) line 25.1		<u> </u>	
In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for		rapitation's financial state	monte that reports the assertant	tionle liability for

Webb Institute 11-1630912

#### SCHEDULE E (Form 990 or 990-EZ)

#### **Schools**

► To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Webb Institute

Employer identification number

11-1630912

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,	_ ا		
_	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			}
	programs, and scholarships?	2	x	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			ĺ.,
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe If "No," please explain	3	X	
	Nondiscrimination Policy:			
	Webb Institute draws a substantial percentage of U.S. students nationwide and therefore falls under the exception in Revenue Procedure 75-50 Section 4-03(b) that requires publication of its nondiscriminatory			
	policy in all brochures and catalogs distributed to prospective students only. However, the Institute has placed			
	ads in The New York Times and other current publications notifying the public of its nondiscrimination policy.			
4	Does the organization maintain the following?			ĺ
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	Х	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	<b> </b> -
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	statement.)			
				'
5	Does the organization discriminate by race in any way with respect to:			Ĺ:
а	Students' rights or privileges?	5a		X
L	Adminsiona nalissas			V
D	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		х
đ	Scholarships or other financial assistance?	5d		X
A	Educational policies?	5e		×
·		-		
f	Use of facilities?	5f		X
	Addition and annual C			· ·
g	Athletic programs?	5g		<u> </u>
h	Other extracurricular activities?	5h	:	Х
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate			
	statement.)			,
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	7	I X I	ı

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No 1545-0047

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

Attach to Form 990.

n number ·	Employer Identification number
Inspection	
Open to Public	٠
2008	
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å (h) Purpose of grant or assistance × Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 11-1630912 (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 0 (e) Amount of non-cash assistance 0 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed. Enter total number of section 501(c)(3) and government organizations. General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (c) IRC section ıf applicable Enter total number of other organizations (p) EIN 1 (a) Name and address of organization or government Webb Institute Part II Partl

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

Schedule I (Form 990) 2008

Page 2

Webb Institute

Schedule I (Form 990) 2008
Part III Grants al

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed

	Use scriedule I-1 (FORM 390) II additional space is needed.	ioriai space is net	eded.			
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Three scho	Three scholarship awards		12,100	0		not applicable
Two schola	Two scholarship awards	1	000'9	0		not applicable
One schola	One scholarship award	1	5,000	0	cash	not applicable
Three scho	Three scholarship awards	8	3,300	0		not applicable
		0	0	0		
		0	0	0		
		0	0	0		
Part IV	Supplemental Information. Complete this part to	te this part to prov	ide the information re	equired in Part I, line	provide the information required in Part 1, line 2, and any other additional information.	onal information.

Part I Line 1 and 2 Webb Institute distributed grants in the form of scholarship awards to qualified students. The money awarded was used by each student as payment

towards their annual room and board expense. For the 2008 Form 990 return year, the Institute awarded a total of \$33,000 in scholarship awards/cash to six students.

#### SCHEDULE J (Form 990)

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

**Compensation Information** 

2008

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Webb Institute

Name of the organization

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Inspection
Employer Identification number

11-1630912

Pa	rt I Questions Regarding Compensation			
 1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form		Yes	No
-	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or 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			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	_X_	<b></b>
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			,
	Form 990 of other organizations  X Approval by the board or compensation committee			
	7 Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	4a		Х
b	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		Х
	in test to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of:			<u> </u>
a b	The organization?	<u>5a</u> 5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	่อม		<del>-^-</del>
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
7	If "Yes" to line 6a or 6b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			<sup> </sup>
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	•		
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III..................................	8		Х

Schedule J (Form 990) 2008

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Part II

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W	W-2 and/or 1099-MISC compensation	C compensation				
		(a)		in the second	7	A Plantament	Total of a later	(F) Compensation
(A) Name		(i) base compensation	(II) Bonus & incentive compensation	(III) Other reportable	compensation	(D) Nontaxable benefits	(E) 104al 01 columns (B)(I)-(D)	reported in pnor Form 990 or
				compensation		-		Form 990-EZ
	€	160,000	0	0	10,500	2,935	173,435	170,500
Robert C. Olsen	(ii)	0	0	0	0	0		0
actamon H reaco	(E)	154,000	0	0	10,780	13,682	178,462	176,359
Nogel 11. Compton	Œ	0		0	0	0		0
Bichard A Boyce	(ı)	96,100	026,95	0	10,812	7,765	171,047	152,074
Nicilard A. Noyce	(ii)	0		0	0	0		0
	Ξ	0		0	0	0	0	0
	(ii)	0	0	0	0	0		0
	(1)	0	0	0	0	0	0	0
	(ii)	0		0	0	0		0
	Ξ	0		0	0	0	0	0
	<b>(ii)</b>	0	0	0	0	0		0
	(i)	0		0	0	0		0
	(ii)	0	0	0	0	0	0	0
	(1)	0	0	0	0	0		0
	Œ	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0		0
	<b>(E)</b>	0	0	0	0	0	0	0
	(1)	0		0	0	0		0
	€	0 0	0	0	0	0	0	0
	€	0		0	0	0		0
	€	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0		0
	⊞	0		0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	€	0	0	0	0	0		0
	Ξ	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0

Schedule J (Form 990) 2008

11-1630912

Page 3 Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part Part III Trustees of Webb Institute do not receive any kind of monetary compensation for their services. The only Officer serving as a member on the Board of Trustees is the President of Webb Institute whose salary and benefits are listed on Schedule J, Part II and on Form 990, Part VII, Supplemental Information for any additional information. Columns (A) - (F). Part III

#### **SCHEDULE J-2** (Form 990)

#### **Continuation Sheet for Form 990**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Name of the Organization

Employer Identification number

Webb Institute								11-1630912	·	
Part I Continuation of Officers,	Directors, Tru	stee	s, K	Cey	Em	ploy	ees	s, and Highest C	ompensated	
Employees (A) Name and Title	(B) Average hours	Posit	lion (		C) k all t	that app	oly)	(D) Reportable	(E)	(F) Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Jerrier A. Haddad Honorary Trustee	5.	х						0	0	0
Richard T. Soper Honorary Trustee	5.	X		_				0	0	0
Andrew Berko C.P.A., Director of Financial Affairs	40.			х				93,000	0	25,719
Roger H. Compton  Dean	40.				x	x		154,000	0	24,642
Richard A. Royce Professor Naval Arch. & Research	35.	-				x		152,470	0	18,577
Edwin Wiggins Professor Mechanical Engineering George R. Petrie	35.					x		112,400	0	15,649
Professor Naval Arch.	35.					<u>x</u>		106,400		21,234
Director of Institutional Advancmt.  John Hennings	40.					<u>x</u>		105,500	0	9,239
Professor Electrical Engineering	35.					х	_	101,300	0	15,837
	0.						_	0	0	0
	0.						_	0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0		0
	0.							0	0	0
	0.							0	0	0
	0.						<u> </u>	0	0	0
	0.						-	0	0	0
	0.							0	0	0
	0.					<u> </u>	L	0	0	0

# SCHEDULE M (Form 990)

Webb Institute

#### **NonCash Contributions**

20**08** 

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

Employer identification number 11-1630912

Part	Types of Property	<u> </u>						
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Met	(d) hod of de revenu		g
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles			-			_	
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	2	34.096	Fair mar	ket val	ue	
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous .							-
13	Qualified conservation		-					
	contribution (historic							
	structures)							
14	Qualified conservation							
	contribution (other)							
15	Real estate—Residential							
16	Real estate—Commercial .							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							•
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens						•	
24	Archeological artifacts							
25	Other ▶ ()		0	0				
26	Other ▶ ()		0	0				
27	Other ► ()		0	0				
28	Other ► ()		0	0				
29	Number of Forms 9292 receives							
29	Number of Forms 8283 received				00			
	which the organization complete	a Foill o	203, Part IV, Dollee Acknow	leagement	29		Yes	No
30 a	During the year, did the organiza	ation roca	ive by contribution any prope	orty reported in Bort Lines :	1 20		162	140
30 a	that it must hold for at least three				1-20			
	required to be used for exempt p	-				30a	I	X
<b>.</b>	The state of the s		_ ·			Jua		
31	If "Yes," describe the arrangement Does the organization have a gi			review of any non standard				
31		•	· •				·	X
32 ~	contributions?					31		
JZ d	noncash contributions?	•	•			22		×
h	If "Yes," describe in Part II.					32		
33	If the organization did not report	ravenuca	in column (c) for a type of a	roporty for which column (a)	\ ic			
JJ	checked describe in Part II	revenues	in column (c) for a type of p	roperty for which column (a)	, 15			

# SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

 Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
Open to Public
Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Webb Institute

Employer identification number

ı	1	1	-1	63	09	12
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Form 990, Part VI, Section A, Question 2:
Some trustees of Webb Institute are alumni of the college. As naval architects and marine engineers, alumni trustees often own
or belong to firms doing business in the marine industry. The firms alumni trustees belong to range in size from small partner-
ships and LLCs all the way up to corporations. Given the small size of Webb's graduating classes (less than 20 persons per
year) and given the small Webb Institute alumni base (less than 1,000 persons) as well as the highly specialized nature of the
marine industry, it is not unusual for some alumni serving as trustees to have forged on occasion, a business relationship with
each other. However, never has there been a direct or indirect business relationship existing between the Board of Trustees and
the Institute itself.
Form 990, Part VI, Section A, Line 10:
After a review of the Form 990 return by Webb's auditors, the 2008 Form 990 return with all supporting schedules were sent by
email to the members of the Audit Committee and Executive Committee for a final review and approval before filing. Webb
Institute was granted two extension requests to file its 2008 Form 990 by May 15th (effectively May 17, 2010). Due to the timing
of Webb's bi-annual Board of Trustee meetings that take place during the third or fourth weeks in May and October each year, the
2008 Form 990 return can only be presented to the full Board of Trustees at their next meeting date of May 21, 2010. As such, the
board will rely upon its auditors, Audit and Executive Committees to sanction the return's filing on or before the 5/17/2010 deadline.
It is management's intent to present future Form 990 Returns to the entire Board of Trustees for approval before filing with the IRS.
•
Form 990, Part VI, Section B, Line 12c:
The Board of Trustees is required annually at the May meeting, to sign and renew a Conflict of Interest Policy Statement. Any
conflict of interest that may arise during a trustee's term requires immediate and full disclosure. Depending on circumstances,
any trustee that has a conflict of interest surrounding a specific issue must recuse themselves from all decision-making process-
es with respect to the issue under review.

Schedule O (Form 990) 2008	Page 2
Name of the organization  Webb Institute	Employer Identification number 11-1630912
Form 990, Part VI, Section B, Line 15a:	
The compensation sub-committee of the Executive Committee is responsible for the determina	tion and awarding of the
President's annual salary. Salary increases are merit-based. The committee consults data fro	m various independent sources.
Form 990, Part VI, Section B, Line 15b:	
The President, pending Board approval, is responsible for determining the annual salary (and/o	or raises) of key and other
employees at the Institute. The President relies on published data obtained from independent	sources specific to the local and
regional area to determine an appropriate salary for employees and by using comparable data	of similar schools, positions and
ob responsibilities.	
Form 990, Part VI, Section C, Line 19:	
Webb Institute's governing documents, conflict of interest policy, financial statements and Forn	n 990 are stored and maintained
on campus within the appropriate administrative offices. It is Webb Institute's policy to make a	
the reguest from a third party. Webb's Form 990 Return is also open and available for public in	
Form 990, Schedule E, Line 6a:	••••••••••••
On a federal level, both Pell and Stafford loans are received from students. On a state level, B	undy aid and a small library grant
are also received annually by the Institute.	
	•
•••••••••••••••••••••••••••••••••••••••	
••••••	