

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	31,010	22 34,968
23 Land and buildings		23
24 Other assets (describe in Schedule O)	96,367	24 111,679
25 Total assets	127,377	25 146,647
26 Total liabilities (describe in Schedule O).	115,694	26 126,694
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	11,683	27 19,953

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 Develop an architecture and tools to represent and communicate 3D scenes and objects in a fully hardware and OS independent way

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 See Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	29a
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
30	30a
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 17,660

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MR CHRISTOPHER LANE BOARD MEMBER	1 00	0	0	0
MR MIKE MCCANN TREASURER	2 00	0	0	0
DR DARRELL HURT BOARD MEMBER	1 00	0	0	0
DR JOHANNES BEHR BOARD MEMBER	1 00	0	0	0
DR VINCENT MARCHETTI SECRETARY	1 00	0	0	0
MR MICHAEL RUSSALESI VICE PRESIDENT	1 00	0	0	0
DR NICHOLAS POLYS PRESIDENT	5 00	0	0	0
MS ANITA HAVELE EXECUTIVE DIRECTOR	40 00	0	0	0
MR MITCH WILLIAMS BOARD MEMBER	1 00	0	0	0
MR CHRISTOPHE MOUTON DIRECTING MEMBER	1 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here ***** Signature of officer MIKE MCCANN TREASURER Date 2018-10-22 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Kathleen M Hedges Preparer's signature Date Check if self-employed PTIN P00266514 Firm's name Hedges & Associates PC Firm's EIN 27-0380786 Firm's address 19818 Mack Ave Grosse Pointe Woods, MI 48236 Phone no (313) 640-9480

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 91-1752981

Name: WEB 3D CONSORTIUM INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28</p> <p>THE WEB3D CONSORTIUM SUPPORTS A COLLARBORATIVE ENVIRONMENT AND DRIVES PROGRAMS TO DEVELOP AND ADVANCE AN OPEN STANDARDS, ROYALTY FREE 3D INTERCHANGE FORMAT BASED ON XML, ALONG WITH TOOLS TO REPRESENT AND COMMUNICATE 3D SCENES AND OBJECTS BETWEEN DIVERSE AUTHORIZING AND PRESENTATION HARDWARE AND SOFTWARE ON THE WEB, DISTRIBUTED NETWORKS AND MOBILE DEVICES</p> <p>(Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	17,660

TY 2017 Transfers Personal Benefits Contracts Declaration

Name: WEB 3D CONSORTIUM INC

EIN: 91-1752981

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
WEB 3D CONSORTIUM INC**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2017**Open to Public
Inspection**

Employer identification number

91-1752981

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 4 - Other Investment Income	Description INTEREST INCOME Amount 3

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	Description BANKING & WIRING FEES Amount 623 Description TAXES & FEES Amount 10 Description TRAVEL & MEETINGS Amount 7,498 Description INSURANCE - LIABILITY, D AND O Amount 1,685 Description HACKATHON EXPENSES Amount 1,313 Total to Form 990-EZ, line 16 11,129

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24 - Other Assets	Description ACCOUNTS RECEIVABLE Beg of Year Amount 96,367 End of Year Amount 111,679

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26 - Other Liabilities	Description ACCOUNTS PAYABLE Beg of Year Amount 115,694 End of Year Amount 126,694