Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury

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

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Servic 7/1/2017 For the 2017 calendar year, or tax year beginning 6/30/2018 C Name of organization Check if applicable Webb Institute D Employer identification number Doing business as Address change Number and street (or P O box if mail is not delivered to street address) Room/suite 11-1630912 Name change 298 Crescent Beach Road Telephone number State ZIP code Initial return City or town (516) 671-2213 Glen Cove NY 11542 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return Gross receipts \$ 35,162,547 Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? R Keith Michel 298 Crescent Beach Road, Glen Cove, NY 11542 H(b) Are all subordinates included? 501(c) ¥527 If "No," attach a list (see instructions) X 501(c)(3)) < (insert no) 4947(a)(1) or Tax-exempt status www webb edu Website ▶ H(c) Group exemption number X Corporation K Form of organization Trust Association 1 Other > L Year of formation M State of legal domicile 1888 Part I Summary SCANNED AUG 0 5 2019 Briefly describe the organization's mission or most significant activities Webb Institute is an accredited 4-year college offering a single major of study in Naval Architecture and Marine Engineering. It has approximately 98 students enrolled on a full time basis Check this box ▶ if the organization discontinued its operations 2 Number of voting members of the governing body (Part VI, line 1a) 31 Number of independent voting members of the governing body (Part VI ĊΨ 30 पु Total number of individuals employed in calendar year 2017 (Part V, line 59 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 -784 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 8 5.073,350 11,533,166 Revenue 9 Program service revenue (Part VIII, line 2g) 5,577,625 6,194,836 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,659,529 3,720 575 11 Other revenue (Part VIII column (A), lines 5, 6d, 8c, 9c, 10c and 11e) 132,774 159,100 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 12,469,604 21,581,351 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,265,563 4 785 403 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 3,901,350 4,016 456 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX column (D), line 25) ▶ 483,121 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,533,590 3,530 312 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 12 362,171 11,700,503 19 Revenue less expenses Subtract line 18 from line 12 769,101 9.219.180 Assets or Balances Beginning of Current Year End of Year 20 Total@ssets (Part X, line 16) 78,209,842 88,375,923 Total abilities (Part X, line 26) 21 555,990 736 162 22 Net assets or fund balances Subtract line 21 from line 20 77,653,852 87,639,761 Part II Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Deciaration eparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Date Here R Keith Michel President Type or print name and title Print/Type preparer's name PTIN Preparer's signature Date Check Paid self-employed Preparer Firm's name Use Only Firm's EIN ▶ Firm's address Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

Form 9	90 (2017)	Webb Institute	11-1630912	Page 2
Pai	t III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly o	escribe the organization's mission		
		ternationally recognized as a leading undergraduate educational institution in		
		chitecture and marine engineering and an asset to the nation by providing		
		nal young men and women with a contemporary and comprehensive undergraduate		
2		n focused on naval architecture and marine engineering organization undertake any significant program services during the year which were not listed on		
2		Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O		
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services	2	Yes	X No
		describe these changes on Schedule O		
4		the organization's program service accomplishments for each of its three largest program services		
		s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported	ocations to others,	
	the total	expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 9,807,760 including grants of \$ 4,785,403) (Revenue	ie \$ 6,250	,240)
	Webb Ir	and the effects of the control of th		
	Marine	ngineering All students receive a Bachelor of Science in Naval Architecture and Marine		
		ring The Webb Institute is a 4 year college accredited by Middle States and ABET (The		
	Accredi	ed Board of Engineering Technology)		
4b	(Code) (Expenses \$ including grants of \$) (Revenu	 ie \$	<u> </u>
		/(=//		
4c	(Code) (Expenses \$ including grants of \$) (Revenu		<u> </u>
70	(0000	/(Expenses +		/

		······································		
4d	`	ogram services (Describe in Schedule O)		
4-	(Expens	es \$ 0 including grants of \$ 0) (Revenue \$	0)	

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	\dashv	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		_	
U	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		\neg	
	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	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	×	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44-		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	111		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	\neg		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		~
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A) line 3, more than \$5,000 of grants or other assistance to or	14b		<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_x_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	T		
	If "Yes," complete Schedule G, Part III	19		X

	990 (2017) VVEDD INSTITUTE	11-1630912	۲	age 4
Par	t IV Checklist of Required Schedules (continued)		V	r
20-	Did the second and a second horastal facilities 2 If "IVas " accordate School de H	20a	Yes	No X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		├^
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			 ^
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	ŀ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			İ
	employees? If "Yes," complete Schedule J	23	х	İ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			İ
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		İ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			ĺ
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	10 mm	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		200	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		200	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		ĺ
	Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	├^
30	Did the organization receive more than \$23,000 in hori-cash commoditions? It is a complete scriedate in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	50		 ^
	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlle	d		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	L	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			ĺ
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ĺ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note. All Form 990 filers are required to complete Schedule O .	38	Х	<u> </u>

Par									
	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 24								
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable								
_	gaming (gambling) winnings to prize winners?	1c							
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 59								
L	, , , , , , , , , , , , , , , , , , , ,	2b	×						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20							
20									
3a b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		Х					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority								
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial								
	account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts								
	(FBAR)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		:						
	organization solicit any contributions that were not tax deductible as charitable contributions?	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).			ŀ					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	 -		×					
	and services provided to the payor?	7a 7b		-^-					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70							
С	required to file Form 8282?	7c	х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 1	.,,	^						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	Ţ							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring 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		-	1					
11	Section 501(c)(12) organizations. Enter		•	-					
a	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources	-	•						
40-	against amounts due or received from them) [11b] [2-4] a 4047(a)(4) and a second of the form them is the constant of the Form 200 to how of Form 10412	420							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-					
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.								
a a	Is the organization licensed to issue qualified health plans in more than one state?	13a							
a	Note. See the instructions for additional information the organization must report on Schedule O	Ja							
b	Enter the amount of reserves the organization is required to maintain by the states in which								
J	the organization is licensed to issue qualified health plans 13b			١.					
С	Enter the amount of reserves on hand			'					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							

X Upon request

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records

available for public inspection. Indicate how you made these available. Check all that apply

298 Crescent Beach Road, Glen Cove, NY 11542

X Another's website

Webb Institute - Rhonda Lightcap

financial statements available to the public during the tax year

Own website

19

20

16-403-5390 Form **990** (2017)

Other (explain in Schedule O)

om 990 (2017)	Webb Institute				11-16309	112 Page 7
Part VII	Compensation of Officers, Dire		es, Key Employees, I	Highest Comp	ensated	
	Employees, and Independent C Check if Schedule O contains a re		ite to any line in this Pa	art VII		
Section A.	Officers, Directors, Trustees, Key E	mployees, and	Highest Compensated E	mployees		
1a Complete to organization's	this table for all persons required to be l tax year	isted Report co	mpensation for the calend	dar year ending v	vith or within the	
of compensate List all the List the who received organization a	of the organization's current officers, di ion Enter -0- in columns (D), (E), and (I of the organization's current key emplo organization's five current highest com- reportable compensation (Box 5 of Fori and any related organizations	F) if no compens yees, if any See npensated emplo m W-2 and/or Bo	sation was paid e instructions for definitior oyees (other than an offic ox 7 of Form 1099-MISC)	of "key employe er, director, trust of more than \$10	ee " ee, or key emplo 00,000 from the	yee)
	of the organization's former officers, ke eportable compensation from the organ		=	employees who r	eceived more tha	an
	of the organization's former directors o more than \$10,000 of reportable compe					the
•	n the following order individual trustees employees, and former such persons	or directors, ins	stitutional trustees, officers	s, key employees	s, highest	
Check thi	s box if neither the organization nor any	related organiz	zation compensated any c	urrent officer, dir	ector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) or linstitution or direct	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		organizations	[용 후 [호] 등 [호 증 등]	(W-2/1099-MISC)		organization

(A) Name and Title	(B) Average hours per week (list any hours for	box, office	unles er an	neck ss pe	rson	than o	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	y employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Bruce Rosenblatt Chairman	8 00	X		х						
(2) Jon LaBerge	8 00									
Vice Chairman		Х		Х	_					
(3) Gregory Mendenhall	8 00									
Treasurer		X		X	<u> </u>					
(4) John Costello	6 00									
Secretary		Х		Х	_					
(5) R Keith Michel	40 00									
President		X	ļ	Х	<u> </u>			212,722	- · · · · · · · · · · · · · · · · · · ·	29,980
(6) Christopher Allard	4 00									
Trustee		Х	igspace		<u> </u>					
(7) Benjamin Bordelon	4 00									1
Trustee		Х								
(8) David Bovet	6 00									
Trustee		Х			_					
(9) Jack Buono	4 00									
Trustee		Х								
(10) George Campbell Jr	6 00									
Trustee		X			_					
(11) CDR Richard Celotto	6 00									
Trustee		X	_							
(12) Nolan Conway	4 00									
Trustee		Х	Щ		_			;		
(13) Joseph Corvelli	4 00									
Trustee		Х	Щ	Щ		\sqcup				
(14) John Couch	8 00									
Trustee		Х								

11-1630912

Bentel & Bentel LLP

Cambridge Associates LLC Mariano's Cleaning Service

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
						•	2)	_				I			
	(4)		(0)			Pos		than c		(D)	(E)			(F)	
	(A) Name and	I title	(B) Average	٠,				ıs both		Reportable	Reportable		E:	stimate	đ
			hours per	office	er and			or/trust		compensation	compensation		ar	nount o	of
			week (list any hours for	or II	Inst	Officer	Key	Highest compensated employee	Former	from the	from relater organization		com	other pensat	ion
			related	Individual trustee or director	Institutional trustee	БE	en en	nest	Tec.	organization	(W-2/1099-MI			om the	
			organizations below dotted	or la	ona		employee	8 g		(W-2/1099-MISC)		Ì		anızatı d relate	
			line)	rust	ta		/ee	npe				ŀ		anızatıc	
				8	stee			nsal							
								ed							
(15)	Joseph Cuneo		10 00									一			
Trust				x											
	Hampton Dixon		4 00								_	一			
Trust			!	x											
	John Edgar III	· ·	4 00									\neg			
Trust				х											
	Fernando Frimm		4 00									\neg			
Trust			1	х								l			
(19)	Alison Granger		8 00												
Trust			1	X											
(20)	John Malone		8 00												
Trust				X		ł		L							
(21)	Mark Martecchini		6 00												
Trust	ee			X											
(22)	Eugene Miller		4 00												
Trus				X											
(23)	Stephen Payne		4 00												
Trust	ee			X											
(24)	Joseph Pyne		4 00												
Trust	ee			X											
(25)	Wombi Rose		6 00												
Trust	ee	·		X				L	L						
1b	Sub-total									212,722		의			9,980
С		on sheets to Part VII, S	ection A							846,679		0			,054
<u>d</u>	Total (add lines 1b ar								<u> </u>	1,059,401		0		156	6,034
2		luals (including but not li		sted a			vho	recei	ved	more than \$100	,000 of				
	reportable compensati	on from the organization	•		1	1								V	Nia
	5 446 1 1			1	1				L			1		Yes	NO
3	•	st any former officer, dire		-		ioye	e, o	or nigi	nes	compensated			~~		J -
	• •	If "Yes," complete Sched										}	3		X
4		d on line 1a, is the sum of										1			
	•	elated organizations grea	ater than \$150,00	00? <i>II</i>	ΈΥΕ	9S, "	con	nplete	Sc	hedule J for suci	ከ]	^		
	ındıvıdual												4	Х	
5	Did any person listed of	on line 1a receive or acci	rue compensatio	n fror	n ar	ny u	nrel	ated	org	anization or indiv	ndual	1			
	for services rendered t	o the organization? If "Y	es," complete Sc	chedu	ıle J	for	suc	h per	rson	<u>' </u>		;	5		X
Sec	tion B. Independent Co														
1		your five highest compe													
	compensation from the	e organization Report co	empensation for t	the ca	alen	dar	yea	r end	lıng	with or within the	e organizatio	n's t	ax		
	year														
		(A)	·						(B)			(C) Compensation			
	<u> </u>	Name and business add		044					_	Description of sen	vices		omper		
FLIK	-Compass Group USA	PO Box 417632	2 Boston, MA 02	241-7	632	<u> </u>			JF0	od Service				677	,499

22 Buckram Road Locust Valley, NY 11560

55 Anderson Avenue North Babylon, NY 11703

PO Box 412015 Boston, MA 02241-2015

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

Architect

4

Cleaning Service

Investment Adisory Services

249,470

147,463

116,621 0

Par	t VIII	Check if Schedule O contains	s a response o	note to any line	in this Part VIII			
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · ·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns	1	а	0			
ant	b	Membership dues	1	b	0]
G, G	С	Fundraising events	1	С	<u>o</u>			
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1	d	<u>o</u>			
s, (е	Government grants (contribution	ns) <u>1</u>	e	<u>o</u>			
rtior er S	f	All other contributions, gifts, gran	nts, and					
a to		similar amounts not included abo	ove 1	f 11,533,16	6			
ont	g	Noncash contributions included in	lines 1a-1f	6,680,85	3			
	h	Total. Add lines 1a-1f		•	1 1,000,100			
ne				Business Code				
ven	2a	Room and Board		611600	1,480,711			
Program Service Revenue	b	Tuition		611600	4,714,125	4,714,125		
vice	С				c			
Ser	d					+		
ää	е				c			
ogu	f	All other program service revenu	ie			-		ļ <u></u>
	g	Total. Add lines 2a-2f		<u> </u>	6,194,836		<u> </u>	
	3	Investment income (including div	vidends, interes				~~.	0.0.0.
		other similar amounts)			=,0,000		-784	2,049,720
	4	Income from investment of tax-e	exempt bond pr	oceeds	·			
	5	Royalties	(ı) Real	(II) Personal	· c	-		
	_		(I) Real	(II) Fersonal	-			
	6a	Gross rents	ļ	+	_			
	b	Less rental expenses						
	C	Rental income or (loss)		0]	<u> </u>	·		 i
	d	Net rental income or (loss) Gross amount from sales of	(i) Securities	(II) Other	·			
	/a	assets other than inventory	15,228,94		╗			
	h	Less cost or other basis	15,226,95	12	\dashv			
		and sales expenses	13,557,30	13	o			
	С	Gain or (loss)	1,671,63		 			
	d	Net gain or (loss)	1,071,00	, <u>u</u>		· 		1,671,639
<u>e</u>	8a	Gross income from fundraising			1,071,000			1,071,000
eur		9	0	i				
Other Reven		of contributions reported on line						
œ		See Part IV, line 18	•	12,35	6		•	
t l	ь	Less direct expenses	1	13,23		ļ		_
0	С	Net income or (loss) from fundra	ising events	•	-878			-879
	9a	Gross income from gaming activ	rities					
		See Part IV, line 19		a [0			
	b	Less direct expenses	ı	·	o]			
ł	С	Net income or (loss) from gamin	g activities		· 0			
	10a	Gross sales of inventory, less						
		returns and allowances	•	20,40	2			
	b	Less cost of goods sold	ı	10,65	9			
	С	Net income or (loss) from sales	of inventory	<u> </u>	9,743			
		Miscellaneous Revenue		Business Code	 			
	11a	Miscellaneous Income		900099	123,909	55,404		68,505
	b				c			
	С			ļ				
	d	All other revenue			C		_	
	е	Total. Add lines 11a-11d		•	121000			
	12	Total revenue. See instructions		<u> </u>	21,581,351	6,250,240	-784	3,788,985

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

	Check if Schedule O contains a response or note	to any line in this Pa	art ix		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			<u> </u>	
•	domestic governments See Part IV, line 21	l o			
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22	4,785,403	4,785,403		
3	Grants and other assistance to foreign		,		
-	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	l o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
•	trustees, and key employees	420,941	178,973	241,968	
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	ا			
7	Other salaries and wages	2,771,179	1,977,859	469,633	323,687
8	Pension plan accruals and contributions (include	=,,,,,,,,	.,,0,,000	100,000	525,651
·	section 401(k) and 403(b) employer contributions)	184,321	129,433	32,617	22,271
9	Other employee benefits	406,683	257,713	86,045	62,925
10	Payroll taxes	233,332	161,066	47,935	24,331
11	Fees for services (non-employees)	200,002	101,000	11,000	21,001
a	Management	o			
b	Legal	7,822		7,822	
C	Accounting	32,073	*	32,073	
d	Lobbying	0		02,070	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	393,598		393,598	
-	Other (If line 11g amount exceeds 10% of line 25, column	333,330		000,000	
g	(A) amount, list line 11g expenses on Schedule O)	242,379	191,069	51,310	
12	Advertising and promotion .	39,723	18,934	12,098	8,691
13	Office expenses	63,943	40,609	19,042	4,292
14	Information technology	317,456	228,926	75,459	13,071
15	Royalties	317,430	220,320	73,438	15,071
16	Occupancy	256,829	196,166	60,663	
17	Travel	80,783	66,480	11,758	2,545
18	Payments of travel or entertainment expenses	00,703	00,400	11,750	2,545
10	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	48,997	42,056	4,660	2,281
20	Interest	40,937	42,030	4,000	2,201
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	685,519	523,599	161,920	0
23	Insurance	228,386	323,333	228,386	
24	Other expenses Itemize expenses not covered	220,000	2 . <u></u> 9 .	220,000	WA.
	above (List miscellaneous expenses in line 24e If		- 1		
	line 24e amount exceeds 10% of line 25, column				•
	(A) amount, list line 24e expenses on Schedule O)	1	- -		÷.
а	Food Convens	551,517	551,517		
b	Student Services	97,038	97,038		
C	Repairs & Maintenance	297,293	228,889	68,404	
d	Topano & Mantonarios	297,293	220,009	00,404	
e	All other expenses	216,956	132,030	65,899	19,027
25	Total functional expenses. Add lines 1 through 24e	12,362,171	9,807,760	2,071,290	
25 26	Joint costs. Complete this line only if the	12,302,171	9,007,700	2,071,290	483,121
20	· · · · · · · · · · · · · · · · · · ·				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
	10110Willig 301 30-2 (A30 330-720)	1			

11-1630912

Form 990 (2017) 'Webb Institute

	AI C //	Dalatice Street					
		Check if Schedule O contains a response or	note to	any line in this Part X	<u> </u>		
					(A) Beginning of year		(B) End of year
	1	Cashnon-interest-bearing			23,184	1	29,417
	2	Savings and temporary cash investments		-	984,249	2	434,947
	3	Pledges and grants receivable, net			2,021,561	3	2,790,543
	4	Accounts receivable, net		-	65,254	4	94,096
	5	Loans and other receivables from current and for	ormer o	fficers directors			
	•	trustees, key employees, and highest compens		1			
		Complete Part II of Schedule L	-100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	5	0
	6	Loans and other receivables from other disqualified personal	ons (as d	efined under section			
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), a		k .			
		sponsoring organizations of section 501(c)(9) voluntary e					
ts		organizations (see instructions) Complete Part II of Sche		, -	0	6	0
Assets	7	Notes and loans receivable, net			0	7	112,682
Ä	8	Inventories for sale or use			12,346	8	12,170
	9	Prepaid expenses and deferred charges			225,355	9	258,200
	10a	Land, buildings, and equipment cost or		Γ			
		other basis Complete Part VI of Schedule D	10a	24,042,415			
	b	Less accumulated depreciation	10b	15,305,950	8,404,897	10c	8,736,465
	11	Investments—publicly traded securities			34,036,398	11	38,019,286
	12	Investments—other securities See Part IV, line	: 11	Γ	32,272,575	12	37,715,980
	13	Investments—program-related See Part IV, line	e 11		0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			164,023	15	172,137
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	78,209,842	16	88,375,923
	17	Accounts payable and accrued expenses			364,117	17	561,927
	18	Grants payable	0	18	0		
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete			0	21	0
es	22	Loans and other payables to current and former		j			*
Liabilities		trustees, key employees, highest compensated		ees, and			
jab		disqualified persons Complete Part II of Sched		1	0	22	0
_	23	Secured mortgages and notes payable to unrel		· -	0	23	0
	24	Unsecured notes and loans payable to unrelate		<u>-</u>	0	24	0
	25	Other liabilities (including federal income tax, pa	•	1			
		parties, and other liabilities not included on lines Part X of Schedule D	s 17-24	Complete	404.072	25	474 005
	26	Total liabilities. Add lines 17 through 25		-	191,873 555,990	25 26	174,235 736,162
	20				200,990	20	7 30, 102
s		Organizations that follow SFAS 117 (ASC 95		ck here ► X and			
Se		complete lines 27 through 29, and lines 33 a	nd 34.				
lar	27	Unrestricted net assets		-	60,103,758	27	67,830,094
æ	28	Temporarily restricted net assets			10,357,895	28	10,985,407
nd	29	Permanently restricted net assets			7,192,199	29	8,824,260
Ţ		Organizations that do not follow SFAS 117 (ASC958),	check h	ere ▶ 🔛 and			
Net Assets or Fund Balances		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			0	30	
\ss	31	Paid-in or capital surplus, or land, building, or e	quipme	nt fund	0	31	
€ ¥	32	Retained earnings, endowment, accumulated in	come,	or other funds	0	32	
ž	33	Total net assets or fund balances			77,653,852	33	87,639,761
	34	Total liabilities and net assets/fund balances			78,209,842	34	88,375,923

roim 9	90 (2017)		1-1030912	Pag	<u>e 12</u>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21	,581	,351
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	,362	,171
3	Revenue less expenses Subtract line 2 from line 1	3	9	,219	,180
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77	,653	852
5	Net unrealized gains (losses) on investments	5		760	,429
6	Donated services and use of facilities	6		6	,300
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
	column (B))	10	87	,639	<u>,761</u>
Part				-	
	Check if Schedule O contains a response or note to any line in this Part XII			L	<u></u> _
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_	1	-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			٠	اء ج
	Schedule O			<u> </u>	<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			X .	١,٠
	reviewed on a separate basis, consolidated basis, or both		אַ		:-
	Separate basis Consolidated basis Both consolidated and separate basis		واغسوا	1 2	<u>, 1</u> X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		, ° % .		54
	separate basis, consolidated basis, or both			. 4	5-3
	X Separate basis Consolidated basis Both consolidated and separate basis			12	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			1	- 18
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			-	٠, [
	Schedule O			-	لـــــ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h	l	

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Webb Institute

11-1630912

Percentage Charity Status (All organizations must complete this part.) See instructions

Pai	rt I	Reason for Public Char	ity Status (All org	ganizations must co	mplete ti	nis part.)	See instructions	·-			
The	orga	inization is not a private foundat	ion because it is (F	or lines 1 through 12, o	check only	one box)				
1		A church, convention of church	es, or association o	of churches described in	n section	170(b)(1)	(A)(i).				
2	X	A school described in section 1	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990 or 99	90-EZ))		n し			
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	ed in section 170(b)(1)(A)(iii).						
4		A medical research organization hospital's name, city, and state		nction with a hospital o	lescribed	ın section	170(b)(1)(A)(iii). En	ter the			
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in			
6		A federal, state, or local govern	ment or governmer	ntal unit described in se	ection 170)(b)(1)(A)(v).				
7		An organization that normally redescribed in section 170(b)(1)(m a gove	rnmental ι	unit or from the gene	ral public			
8		A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II)						
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.									
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11		An organization organized and	operated exclusivel	ly to test for public safe	ety See se	ection 509)(a)(4).				
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g									
а	[Type I. A supporting organize the supported organization(state organization) You must contact the support of th	s) the power to regu	ilarly appoint or elect a							
b	· [Type II. A supporting organization(s) You must of the organization(s) 	ne supporting organi	ization vested in the sa							
C	l	Type III functionally integral its supported organization(s)						rated with,			
d	[Type III non-functionally in that is not functionally integr requirement (see instruction	ntegrated. A supportated The organizat	ting organization operation generally must sati	ated in coi isfy a distr	nnection w abution red	rith its supported org quirement and an att	` '			
е	[Check this box if the organiz	ation received a wr	itten determination from	n the IRS	that it is a		e III			
f		functionally integrated, or Ty Enter the number of supported of	•	iny integrated supportin	ig organiz	ation		0			
q		Provide the following information	•	ed organization(s)							
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
(B)				· · · · · · · · · · · · · · · · · · ·				w=			
(C)											
(D)											
(E)					-						
Tota	1						0	0			

supported organization

instructions

11-1630912 Schedule A (Form 990 or 990-EZ) 2017 Webb Institute Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2013 (d) 2016 (b) 2014 (c) 2015(e) 2017 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on a 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column/f) divided by line 11, column (f)) 14 0 00% 15 Public support percentage from 2016 Schedule A, Part II, line 14 0 00% 16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990	r-EZ) 2017 Webl	Institu	te				11-1630	912
Part III Suppor	Schedule for	Organ	izations Des	scribed in Sec	tion 509(a)(2)		-	
(Comple	te only if you ch	necked	I the box on I	ine 10 of Part I	or if the organia	zation failed to	qualify under F	²art II.
If the org	anization fails	to qual	ify under the	tests listed bel	ow, please com	plete Part II.)		
Section A. Public	Support							
Calendar year (or fiscal y	ear beginning in)	•	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	1 6

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")						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
3	Gross receipts from activities that are not an					/	
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's					/ /	
	benefit and either paid to or expended on			,			
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the					/	
	organization without charge					/	0
6	Total. Add lines 1 through 5	0	0	0	Ø	0	0
7a	Amounts included on lines 1, 2, and 3						0
	received from disqualified persons						0
a	Amounts included on lines 2 and 3					,	
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
_	Add lines 7a and 7b	0	0	0	/ 0	0	0
8	Public support (Subtract line 7c from			/	4 1		
•	line 6)				-		0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 20 [°] 15	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 .	0	0	/ 0	0	0	0
10a	Gross income from interest, dividends,				'		
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		/				0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						0
42	or not the business is regularly carried on Other income Do not include gain or		/				<u> </u>
12	loss from the sale of capital assets						
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	/ 0	О	o	0	0	0
14	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourtl	n, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop here	/					▶
Sec	tion C. Computation of Public Su	pport/Percenta	age				
15	Public support percentage for 2017 (line 8, c	:olumn (f) divided b	y line 13, column (f)) ,		15	0 00%
	Public support percentage from 2016 Sched			···		16	0 00%
Sec	tion D. Computation of Investmer	7				· ·	
17	Investment income percentage for 2017 (line		•	olumn (f))		17	0 00%
18	Investment income percentage from 2016 S			4 and line 45 :	ore the - 22 4/201	18	0 00%
19a	33 1/3% support tests—2017. If the organization more than 33 1/3% check this box and s					and line 17 is	. □
h	not more than 33 1/3%, check this box and s 33 1/3% support tests—2016. If the organi					33 1/3% and	
	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation If the organization did						

determine whether the organization had excess business holdings)

Part IV Supporting Organizations

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

Sec	tion A. All Supporting Organizations		1.4	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	1		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		
_	class or purpose, describe the designation If historic and continuing relationship, explain	<u> </u>		_
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	<u> </u>		
	organization was described in section 509(a)(1) or (2)	2		-
3a		<u> </u>		
	(b) and (c) below	3a		<u> </u>
b				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	L	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		r .	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	<u> </u>	3	<u> </u>
	purposes	4c	L	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		-,	
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN		-	1, 2
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	<u></u>		
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	٠,		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or		İ	_
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a			·	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		-
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			7
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		ļ —
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			<u> </u>
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a		1	\vdash	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	i		
	supporting organizations)? If "Yes," answer 10b below	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a	\vdash	
U	bid the digatization have any excess business holdings in the tax year? (USB Schoule C, FORH 4720, to	1	1	1

10b

Part	Supporting Organizations (continued)			
	······································		Yes	No ,
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		Ь—
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Secti	on B. Type I Supporting Organizations			
	·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			F
	controlled the organization's activities of the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		<u> </u>	
	the supported organization(s)	1		L
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	-		1 1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	داد <u>.</u>		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1.]
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			لــــا
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a		•	
	significant voice in the organization's investment policies and in directing the use of the organization's		,	1 1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			لــــــــــــــــــــــــــــــــــــــ
	supported organizations played in this regard	3		L
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	ction	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government ontity (see ii	nstruc	ctions)
2	Activities Test Answer (a) and (b) below.	1	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	_	162	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	·		1 }
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		لتعت
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1 - 1
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		•	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			ئند
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	the second of th	-~		

Schedule A (Form 990 or 990-EZ) 2017

Webb Institute

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ig trus	it on Nov 20, 1970 (explain	in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ons must complete Sections	A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	-	
2 Recoveries of prior-year distributions	2		·
3 Other gross income (see instructions)	3		· · · · · · · · · · · · · · · · · · ·
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	o	0
Section B - Minimum Asset Amount	1 -	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	ŀ		
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other		**- *-	
factors (explain in detail in Part VI)	1	45. 45.	⋅ - 4
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			·
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount		e men e e e e	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2	1	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4	,	0
5 Income tax imposed in prior year	5	3.	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ly inte	grated Type III supporting	organization (see
instructions)			

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Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions		<u></u>	
7	Total annual distributions. Add lines 1 through 6			0
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			. 0
10	Line 8 amount divided by line 9 amount	<u>.</u>		0 000
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
	Underdistributions, if any, for years prior to 2017			•
2	(reasonable cause required—explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2017			
a			_	
<u> </u>	From 2013 0			•
С	From 2014 0			
<u>d</u>	From 2015 0			
	From 2016 0			
	Total of lines 3a through e	0		
	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2017 distributable amount			0
<u>i</u> _	Carryover from 2012 not applied (see instructions)	_		<u> </u>
i	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2017 from			,
	Section D, line 7 \$ 0	<u> </u>		
	Applied to underdistributions of prior years		0	
b	Applied to 2017 distributable amount			0
<u>c</u>	Remainder Subtract lines 4a and 4b from 4	0		
5	Remaining underdistributions for years prior to 2017, if			1
	any Subtract lines 3g and 4a from line 2. For result			1
	greater than zero, explain in Part VI See instructions		0	
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			0
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c	0		1
8	Breakdown of line 7			
	Excess from 2013 0	· · · · · · · · · · · · · · · · · · ·		
<u> </u>	Excess from 2014 0			
<u>.</u>	Excess from 2015 0			
d	Excess from 2016 0			
е	Excess from 2017 0			

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines	17b, Part Section 1c, 2a, 2b,	
	3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	Section E,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
			-
	ream Section of the Education of State of Control of State of Control of State of Control of State of		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Webi	Institute		11-1630912
Par	10.0000	Advised Funds or Other Similar	Funds or Accounts.
	Complete if the organization answer		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don	or advisors in writing that the assets he	eld in donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, dono		
	used only for charitable purposes and not for t		or, or for any other
	purpose conferring impermissible private bene	fit?	Yes No
Par	Conservation Easements.		
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line	e 7
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	
	Preservation of land for public use (e g , r	ecreation or education) 🔲 Presen	vation of a historically important land area
	Protection of natural habitat	Presen	vation of a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contrib	oution in the form of a conservation
-	easement on the last day of the tax year	on held a qualified control value is control	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ease	ments	2b
С	Number of conservation easements on a certification		2c
d	Number of conservation easements included i	, ,	n a
	historic structure listed in the National Registe		2d
3	Number of conservation easements modified,	transferred, released, extinguished, or	terminated by the organization during
	the tax year ▶		
4	Number of states where property subject to co		•
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation		Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enforc	cing conservation easements during the year
_	·		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing of	conservation easements during the year
	Dans and appearant and a	a line 2(d) shows cattafy the requiremen	nte of agetion 170/h)/4\/P\/i\
8	Does each conservation easement reported o and section 170(h)(4)(B)(ii)?	Time 2(d) above satisfy the requirement	Yes No
9	In Part XIII, describe how the organization rep	orts conservation easements in its reve	
•	balance sheet, and include, if applicable, the t		•
	the organization's accounting for conservation	-	manda datamente trat decembes
Par	III Organizations Maintaining Collect		s. or Other Similar Assets.
	Complete if the organization answer		
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil	ar assets held for public exhibition, edu	ucation, or research in furtherance
	of public service, provide, in Part XIII, the text	of the footnote to its financial statemen	its that describes these items
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its r	evenue statement and balance sheet
	works of art, historical treasures, or other simil	ar assets held for public exhibition, edu	ucation, or research in furtherance
	of public service, provide the following amount	s relating to these items	
	(i) Revenue included on Form 990, Part VIII, I	ine 1	> \$
	(ii) Assets included in Form 990, Part X		▶ \$ 95,025
2	If the organization received or held works of a	t, historical treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported und	er SFAS 116 (ASC 958) relating to the	se items
а	Revenue included on Form 990, Part VIII, line	1	> \$
b	Assets included in Form 990, Part X		▶ \$

Sched	ule D (Form 990) 2017 Webb Institute						11-1630	912	\$	Page 2
Part		lections of Ar	t, Histo	rical Tre	asures, or (Other	Similar Assets	(conti	าued)	
3	Using the organization's acquisition, acce									
•	collection items (check all that apply) Public exhibition		d [] 1020 /	or exchange p	rogran	ne			
а			· ' =	ñ	or exchange p	Jogran	ris			
b	Scholarly research		e] Other						
С	X Preservation for future generations									
4	Provide a description of the organization's XIII	collections and	explain h	low they fu	rther the orga	anızatıc	on's exempt purpo	se in Pa	ırt	
5	During the year, did the organization solid assets to be sold to raise funds rather that							Ye	s X	No
Part	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?	odian or other in	termediai	ry for contr	ributions or ot	her ass	sets not	Ye	es 🔲	No
b	If "Yes," explain the arrangement in Part 2	(III and complete	the follo	wing table						
						<u> </u>	_	mount		
C	Beginning balance					10				0
d	Additions during the year					10				
e	Distributions during the year					16				0
f	Ending balance						·	<u> </u>		
2a	Did the organization include an amount of						-	Ye	"s	No
b	If "Yes," explain the arrangement in Part	(III Check here	f the exp	lanation ha	as been provi	ded on	Part XIII			
Part										
	Complete if the organization ans	wered "Yes" o	n Form	<u>990, Part</u>						
		(a) Current year		or year	(c) Two years	-	(d) Three years back	(e) Fo	ur years	
1a	Beginning of year balance	26,487,553		3,079,520	15,60		7,269,927	ļ		5,142
b	Contributions	2,656,601	•	1,878,812	8,10	7,189	9,174,445	ļ	2	9,480
С	Net investment earnings, gains,				_					
	and losses	1,483,084		2,392,857		2,166	-155,394			7,895
d	Grants or scholarships	394,065		399,950	44	7,500	323,150	<u> </u>	4	9,000
е	Other expenditures for facilities						000 50			
_	and programs	963,825		463,686	26	5,659	362,504	<u> </u>	10	3,590
f	Administrative expenses				20.07	2.500	45.000.004	ļ		
9	End of year balance	29,269,348		5,487,553	23,07		15,603,324	i	7,26	9,927
2	Provide the estimated percentage of the o	current year end		line ig, co	iumn (a)) nei	as as				
a b	Board designated or quasi-endowment Permanent endowment	27%	41%							
C	Temporarily restricted endowment	32%								
•	The percentages on lines 2a, 2b, and 2c s		10%							
3a	Are there endowment funds not in the pos			on that are	held and adn	nınıstei	red for the			
••	organization by							[Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related orga	nizations listed a	s require	d on Sche	dule R?			3b	-	
4	Describe in Part XIII the intended uses of		-							
Part		nt.				See	Form 990 Part	X line	10	
	Description of property	(a) Cost or oth		T	st or other		Accumulated Accumulated		ok value	<u> </u>
	bescription of property	(a) Cost of our			s (other)		depreciation	(4) 50	,un valut	-
1a	Land	- 	0	<u> </u>	654,957	-			65	4,957
b	Buildings		0	 	11,874,430		5,554,690			9,740
c	Leasehold improvements		0		0		0,004,000		0,01	0
d	Equipment		0	•	9,731,354		8,208,596		1.52	2,758
e	Other		0	1 	1,781,674		1,542,664			9,010
	. Add lines 1a through 1e (Column (d) mus	t equal Form 99	0, Part X,	column (E			>			6,465

Part VII Investments—Other Securities.			000 5 1 7 1 40
Complete if the organization answer	ered "Yes" on Form 990		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
(1) Financial derivatives	0		
(2) Closely-held equity interests	0		
(3) Other See attached statement	37,715,980		
(A)	0		
(B)	0		
(C)	0	V. 12-2	
(D)	0		
(E)	0		
(F)	0		
(G)	0		
(H)	0		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	37,715,980		
Part VIII Investments—Program Related. Complete if the organization answer	ered "Yes" on Form 990), Part IV, line 11c See Forn	n 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year i	
(1)			
(2)			
(3)			
(4)	-		
(5)			
(6)			
(7)			
(8)			
(9)			·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶	0		
Part IX Other Assets. Complete if the organization answer), Part IV, line 11d See Forn	
	escription		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)		· · · · · · · · · · · · · · · · · · ·	
(7)			
(8)			
Total (Column (b) must equal Form 000, Flort V, and (Fl) for	20.15.)	•	0
Part X Other Liabilities.	le 13)		U
Complete if the organization answer	ered "Yes" on Form 990), Part IV, line 11e or 11f Se	e Form 990, Part X,
1. (a) Description of liability	(b) Book value	الما يهمو كا	·······
(1) Federal income taxes	0		• •
(2) Liability under split interest agreements	174,235		
(3)	,		, m
(4)		- *	
(5)			•
(6)		- •	•
(7)	†"	•	**
(8)			
(9)	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	,
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	174,235		
2 Landida for an addition to a post to a Deat VIII and to	177,200	· · ·	

Х

Par	Reconciliation of Revenue per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part			eturn	•
1	Total revenue, gains, and other support per audited financial statements	. IV, III	124	1	17,169,079
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			-	17,103,073
a	Net unrealized gains (losses) on investments	2a	760,429		
a b	Donated services and use of facilities	2b	6,300		
C	Recoveries of prior year grants	2c	0,000		
ď	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d		,	2e	766,729
3	Subtract line 2e from line 1			3	16,402,350
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	393,598		
b	Other (Describe in Part XIII)	4b	4,785,403		
c	Add lines 4a and 4b		1,1 4 5,1 1.5 5	4c	5,179,001
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	21,581,351
	t XII Reconciliation of Expenses per Audited Financial Statemen	ts Wi	th Expenses per	Retu	
	Complete if the organization answered "Yes" on Form 990, Part		•		
1	Total expenses and losses per audited financial statements	,		1	7,183,170
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII)	2d		44	
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	7,183,170
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	393,598		
b	Other (Describe in Part XIII)	4b	4,785,403		
С	Add lines 4a and 4b			4c	5,179,001
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	12,362,171
	t XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa				e 4, Part X, line
2, Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prov	vide an	y additional informa	ition	
Part	III Line 1a The Institute does not record contributions of works of art, historical				
treas	sures and similar assets if the donated items are added to collections that meet all				
of the	e following conditions a) are held for public exhibition, education, or research in				
furth	erance of public service rather than financial gain, b) are protected, kept				
uner	cumbered, cared for, and preserved, and c) proceeds from sales of collection item	s are			
used	to acquire other items for collections Expanding upon the preceding text detailed	ın			
the a	udit report footnote, Webb Institute's art and historical treasures consist primarily				
-6		_			
or mi	odels of ships, art work of ships and related maritime events, original ship drawings	5,			
and :	portraits of Mohbie foundar and dispetare/trustage. Those are utilized by our faculty	,			
anu	portraits of Webb's founder and directors/trustees. These are utilized by our faculty				
and (students of naval architecture and marine engineering for educational purposes				
and .	siduents of havar architecture and manne engineering for educational purposes				
Part	V Line 4 The endowment funds exist primarily to provide tuition and room & board				
. 411	- Line 1 1110 Glidowillont failed exist printally to provide taltion and room & board				
scho	larships, support faculty positions through endowed chairs, support student research	ch			
: '9	The state of the s				
and a	education, and for infrastructure development				

Schedule D (Form 990)'2017 Webb Institute	11-1630912	Page 5
Part XIII Supplemental Information (continued)		
Part X Line 2 The Institute recognizes the effect of income tax positions only if those		
positions are more likely than not of being sustained. Management has determined that the		
Institute had no uncertain tax positions that would require financial statement		
recognition or disclosure		
Part XI Line 4b & XII Line 4b Scholarships that were netted against related revenues were		
reclassed as expense for the purpose of reporting on the 990. Webb ensures that each		
student that is a U.S. citizen or permanent resident receives full tuition scholarships		
These are primarily paid through annual fundraising, some restricted scholarship funds,		
and drawing on the unrestricted endowment		
		
	·····	

SCHEDULE E (Form 990 or 990-EZ)

Schools

 Complete if the organization answered "Yes" on 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

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

Webb Institute

Part I

Employer identification number

11-1630912

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
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	L
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,			
	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 If you need more space, use Part II	3	Х	
	Webb Institute has a nondiscrimination policy in place which is publicized in its catalog and on its web site			
		,	,	,
			•	"
4	Does the organization maintain the following?		,	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	1		
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	ļ .
	If you answered "No" to any of the above, please explain. If you need more space, use Part II		'	
		_ '	***	
		' -		. ` :
5	Does the organization discriminate by race in any way with respect to		, -	
а	Students' rights or privileges?	5a		$ \mathbf{x} $
_		T-		
b	Admissions policies?	5b		Х
C	Employment of faculty or administrative staff?	5c		X
		l		
d	Scholarships or other financial assistance?	5d		X
	Educational policies? .	5e		х
-	Educational policies.	1		<u> </u>
f	Use of facilities?	5f		x
9	Athletic programs? .	5g		Х
h	Other extracurricular activities?	5h	<u> </u>	X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II		χ*.	
		**		1,
				ļ
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	×	
b	Has the organization's right to such aid ever been revoked or suspended?	6b	- ^ 	X
-	If you answered "Yes" on either line 6a or line 6b, explain on Part II	J		• • • •
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through	,	٠.	ن
	4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	×	

)

Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions
Line 6a The	Institute receives Pell and Stafford loans on behalf of students from the
Federal gov	rernment, and Higher Education Services Corp (HESC) scholarships from New York
State on be	half of students, as well as small amounts for Bundy Aid and a Library grant
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•••••	-
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	······································
)

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Webb Institute

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

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

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OMB No 1545-0047

Open to Public " Inspection

Employer identification number

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

Vebt	Vebb Institute	11-1630912	12 .
Par	Part General Information on Grants and Assistance		
_	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ince, and	
	the selection criteria used to award the grants or assistance?	×	X Yes No
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States]	

Part II	Grants and Other of 990, Part IV, line 21	Assistance to , for any recip	Domestic Organient that received	nizations and Dom more than \$5,000	i estic Governments Part II can be duplic	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	ganization answered	"Yes" on Form
1 (a) Name	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Ente	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and g	overnment organiza	strons listed in the line	1 table		A	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2017)

Webb Institute

vveob Institute Schedule I (Form 990) (2017) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

Scholarship applied to room & board Scholarship applied to room & board Scholarship applied to room & board Scholarship applied to room & board Scholarship applied to room & board Scholarship applied to room & board (f) Description of noncash assistance Scholarship to cover tuition Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) 10,000 2,500 2,500 2,000 10,000 4,713,625 (d) Amount of noncash assistance (c) Amount of cash grant 88 (b) Number of recipients (a) Type of grant or assistance Crowley Maritime Scholarship Corky Sautkulis Scholarship Glosten Scholars Program Hopkinson Scholarship Tuition Scholarships Zeien Scholarship ABS Scholarship Part IV

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Webb Institute

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

Employer identification number

11-1630912

Pa	rt I Questions Regarding Compensation				
•				Yes	No
1a		ovided any of the following to or for a person listed on Form 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 (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the or or reimbursement or provision of all of the expenses	rganization follow a written policy regarding payment described above? If "No," complete Part III to			
	explain		1b	X	
2	Did the organization require substantiation prior to re	eimbursing or allowing expenses incurred by all			
		Executive Director, regarding the items checked on line			
	1a?		2	X	1 1"
3	Indicate which, if any, of the following the filing organ	nization used to establish the compensation of the	 	، د مدا د	7
		at apply Do not check any boxes for methods used by a		*** ***	10 a
	related organization to establish compensation of the	e CEO/Executive Director, but explain in Part III	`	````.	200
	X Compensation committee	X Written employment contract	·		, ``
	Independent compensation consultant	X Compensation survey or study	()	. 2	1,1
	Form 990 of other organizations	X Approval by the board or compensation committee	'		
	_				٠
4	During the year, did any person listed on Form 990,	Part VII, Section A, line 1a, with respect to the filing	•	, ~*. ,}	1
	organization or a related organization Receive a severance payment or change-of-control	navmant2	4a	<u>"</u>	X
a b	Participate in, or receive payment from, a supplement		4a 4b		x
c	Participate in, or receive payment from, an equity-ba		4c		X
	If "Yes" to any of lines 4a-c, list the persons and pro				84, 4
			ŀ		د -
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) o For persons listed on Form 990, Part VII, Section A,		İ	,,	,
5	compensation contingent on the revenues of	ille 1a, old the organization pay or accide any			:
а	The organization?		5a		X
b	Any related organization?		5b		Х
	If "Yes" on line 5a or 5b, describe in Part III				
6	For persons listed on Form 990, Part VII, Section A,	line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of	The same of the sa			
а	The organization?		6a		X
b	Any related organization?		6b		Х
	If "Yes" on line 6a or 6b, describe in Part III			۸,	
7	For persons listed on Form 990, Part VII, Section A,	line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," d		7	Х	
8	Were any amounts reported on Form 990, Part VII, p	·			
		Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III		8		X
9	If "Yes" on line 8, did the organization also follow the	e rehuttable presumption procedure described in			
•	Regulations section 53 4958-6(c)?	resettable presumption procedure described in			

Schedule J (Form 990) 2017 Webb Institute

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

NOTE: THE SUIT OF COLUMNS (D/() - (III) FOR EACH INSTEAD INTO THE COLUMNS FOR THE COLUMNS (D/() - (III) FOR EACH INSTEAD INTO THE COLUMNS FOR EACH INSTEAD INTO THE COLUMNS FOR EACH INTO THE COLUMNS FOR EACH INTO THE COLUMNS FOR EACH INTO THE COLUMN (D) AND THE	naisi	Individual Indistraction	THE TOTAL ALLICATION OF THE	1111 330, Fall VII, 350	BOLLA, IIITE IA, APPIILO	DIE COIUIIII (C) AIIU (E	ן מוווטחווגא וטו נוומן וווי	uiviouai
		(b) Breakdown of	(b) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(ı)(a)	in column (B) reported as deferred on prior Form 990
R Keith Michel	€	196,922	15,800		14,931	15,049	242,702	
1 President	<u>(ii)</u>							
Matthew Werner	ε	155,068	2,000		11,494	3,058	176,620	
2 Dean	Ξ							
Richard Royce	ε	156,685			11,005	10,768	178,458	
3 Professor	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1			0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Anthony Zic	ε	139,406	5,000		10,518	24,457	179,381	
4 Development Director	Ξ						0	
	ε	131,477	800		9,664	25,631	167,572	
5 Professor	Ξ						0	
	Ξ							
9	(ii)							
	ε							
7	<u>(i)</u>							
	(i)							
8	(ii)							
	ε							
6	<u>(i)</u>							
	Ξ							
10	E		1					
	Θ						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
11	€							
	Ξ		1		1			
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	Ξ			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
13	Ξ							
	Ξ							
14	≘							
	Ξ							
15	Ξ							
	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* * * * * * * * * * * * * * * * * * *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
16							į	
							Sche	Schedule J (Form 990) 2017

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047 2017

► Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

Internal Revenue Service
Name of the organization

Webb Institute

Employer identification number

11-1630912

4	(a) Name of discoulded assess	(b) Relationship between disqualified person and	(a) December of transporter	(d) Corr	rected?
1	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2		by the organization managers or disqualified per	rsons during the year		
	under section 4958		▶ \$_		
3	Enter the amount of tax, if any, of	on line 2, above, reimbursed by the organization	▶ \$		

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In c	iefault?		proved ard or nittee?	(ı) W agree	/ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												L
(6)						·						
(7)												
(8)												
(9)					•							
10)												

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
10)				

Business Transactions Inv Complete if the organization	olving Interested Persons. answered "Yes" on Form 990, P	art IV, line 28a, 28b	or 28c		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	atio
				Yes	No
ıcıa Edgar	Spouse of Trustee	58,005	Employment-Institutional Outreach	\vdash	X
			<u> </u>		
				╂─┤	
				\vdash	
Supplemental Information				L1	
			·		
-			,		
-			,		
-		··	,		

SCHEDULE M (Form 990)

Webb Institute

Noncash Contributions

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

OMB No 1545-0047
2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

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

Employer identification number

11-1630912

Part	Types of Property	,			,			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co			
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	X	37		Avg High/Lo	w Mk	-Gift [Date
10	Securities—Closely held stock	X	1	150,243	Sale Price			
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				ļ			
22	Historical artifacts				ļ			
23	Scientific specimens							
24	Archeological artifacts				<u> </u>			
25	Other ► (Misc)	X	2	1,600	Comparable	sale	price	
26	Other ▶ ()							
27	Other ► ()							
28	Other • (<u> </u>						
29	Number of Forms 8283 received by which the organization completed				29			1
	which the organization completed	F 01111 0203,	, Fait IV, Dollee Acknowled	gement	23		Yes	No
30a	During the year, did the organizati	on receive t	ny contribution any property	reported in Part I lines 1 thi	rough		163	110
Jua	28, that it must hold for at least thr		•		-			
	to be used for exempt purposes for	•		and which lonered	uncu	30a		X
h	If "Yes," describe the arrangement		noiding period			- 00a		
31	Does the organization have a gift a		noticy that requires the revi	ew of any nonstandard				
J 1	contributions?	acceptance	poncy that requires the levi	Cir of any nonstandard		31	_ <u>x</u>	
32a	Does the organization hire or use	third parties	or related organizations to	solicit, process, or sell				
a	noncash contributions?	parties	. T DIGIGG DI GUINZUNDI IO	23 p. 22220, 01 0011		32a		Х
b	If "Yes," describe in Part II							- 1
33	If the organization didn't report an	amount in d	column (c) for a type of prop	erty for which column (a) is				
	checked describe in Part II			21., 12				

Schedule M (Fo	drm 990) 2017 Webb Institute	11-1630912	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, an the organization is reporting in Part I, column (b), the number of contributions, the number or a combination of both. Also complete this part for any additional information.	d 33, and whe	ther
	of a combination of both Also complete this part for any additional mornation.		
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 (0)

Open to Public Inspection

Employer identification number

11-1630912 Webb Institute Form 990, Part VI, Section A, Line 2 Some trustees are engaged in the marine industry often as CEO or owner of firms doing business in the industry. The firms range in size from small partnerships and LLCs to large corporations. Given the highly specialized nature of the marine industry, it is not unusual for some trustees to on occasion have a business relationship with each other. However, there have been no direct or indirect business relationships between the Board of Trustees and the Institute itself Form 990, Part VI, Section B, Line 11b. The 990 is prepared by the Director of Financial Affairs and provided to the President of the Institute for a detailed review Schedule B is provided to the representatives of the Board's Gift Acceptance Committee for review Except for Schedule B, the 990 is then circulated to all Board members for any questions and/or feedback prior to filing Form 990, Part VI, Section B, Line 12c. At least once each year, the Board of Trustees is required 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 the circumstances, any trustee that has a conflict of interest surrounding a specific issue must recuse themselves from all decision-making processes with respect to the issue at hand and/or under review Form 990, Part VI, Section B, Line 15a/b. The Compensation Committee, an independent body of the Board, is responsible for determination and awarding of the President's annual salary subject to approval by the Executive Committee Salary increases are merit-based and the Committee consults data from various independent sources and/or peer organizations to determine annual compensation which is contemporaneously documented in minutes to the meeting The President, subject to the approval of the Compensation Committee, is responsible for determining the annual salary (and/or raises) of key employees. The President and Compensation Committee rely on published data obtained from independent sources specific to the regional

area as well as comparable data of similar schools, positions and job responsibilities in

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization Webb Institute	Employer identification number 11-1630912
	11 10000 12
order to determine employee salaries. The President is responsible for determining salaries	
(and/or increases) for other employees within the Compensation Committee approved guidelines	
Form 990, Part VI, Section C, Line 19 Webb Institute's governing documents, Conflict of	
Interest policy, financial statements and Form 990 returns are stored and maintained on the	
campus within the appropriate administrative offices. It is Webb's policy to make these	
documents available upon request of a third party. Webb's Form 990 returns are also available	
for public inspection on Guidestar com	
Form 990, Part VI, Section A, Line 4 Webb Institutes bylaws were modified as follows 1) The	
required notice to the Trustees of a meeting to approve changes to the bylaws was increased	
from ten days to thirty days 2) Requirements for members of the Audit Committee were modified	
to include a) Shall not be fewer than three (3) members b) All members of the Committee	
shall be comprised of "Independent, Director" as that term is defined in the New York	
Not-For-Profit Corporate Law c) The Audit and Compliance Committee may not include the	
Chairman/Chairwoman of the Board of Trustees, the Chairman/Chairwoman of the Finance	
Committee, the Chairman/Chairwoman of the Investment Committee, the Treasurer, or the	
President of the Institute 3) a) Trustees shall not be entitled to compensation for their	
service on the Board b) No Trustee who is serving the Institute in any other capacity shall	
be barred from receiving compensation and reimbursement for reasonable expenses for such other	er
service c) No Trustee or individual who benefits from any compensation may be present at, or	
participate in any Board or Committee discussions, deliberations or voting on that	
compensation	
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