

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form
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 1545-1150
2019
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
WEB 3D CONSORTIUM INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
133 LORIMER
City or town, state or province, country, and ZIP or foreign postal code
SALINAS, CA 93901

D Employer identification number
91-1752981
E Telephone number
(248) 342-7662
F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ www.web3d.org
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 42,012

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	6
	2 Program service revenue including government fees and contracts	2	9,600
	3 Membership dues and assessments	3	32,404
	4 Investment income	4	2
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	42,012	

Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	9,299
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	38,500
	14 Occupancy, rent, utilities, and maintenance	14	10,700
	15 Printing, publications, postage, and shipping	15	712
	16 Other expenses (describe in Schedule O)	16	11,626
17 Total expenses. Add lines 10 through 16	17	70,837	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-28,825
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-1,222
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	-30,047

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	28,090	22	7,765
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	85,582	24	73,082
25 Total assets	113,672	25	80,847
26 Total liabilities (describe in Schedule O).	114,894	26	110,894
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-1,222	27	-30,047

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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

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

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

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

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, 42a.

The organization's books are in care of ANITA HAVELE Telephone no (248) 342-7662
Located at 700 E Maple Rd Birmingham, MI ZIP + 4 48009

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) Organizations Only

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

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

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

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

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

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

52 Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A

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

Sign Here ***** Signature of officer MIKE MCCANN TREASURER Date 2020-07-01 Type or print name and title

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

May the IRS discuss this return with the preparer shown above? See instructions

Additional Data

Software ID:

Software Version:

EIN: 91-1752981

Name: WEB 3D CONSORTIUM INC

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

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

TY 2019 Transfers Personal Benefits Contracts Declaration

Name: WEB 3D CONSORTIUM INC

EIN: 91-1752981

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

SCHEDULE O
(Form 990 or 990-EZ)**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

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
WEB 3D CONSORTIUM INC

Employer identification number

91-1752981

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 4 - Other Investment Income	Description INTEREST INCOME Amount 2

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	Description BANKING & WIRING FEES Amount 729 Description TAXES & FEES Amount 60 Description TRAVEL & MEETINGS Amount 8,137 Description HACKATHON EXPENSES Amount 2,700 Total to Form 990-EZ, line 16 11,626

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24 - Other Assets	Description ACCOUNTS RECEIVABLE Beg of Year Amount 85,582 End of Year Amount 73,082

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26 - Other Liabilities	Description ACCOUNTS PAYABLE Beg of Year Amount 114,894 End of Year Amount 110,894