

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE FAB FOUNDATION Doing business as FAB ACADEMY Number and street (or P.O. box if mail is not delivered to street address) Room/suite 50 MILK ST, 16TH FLOOR City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02109 F Name and address of principal officer: SHERRY LASSITER SAME AS C ABOVE	D Employer identification number 26-4836002 E Telephone number (857) 333-7777 G Gross receipts \$ 4,382,728. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FABFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2009		M State of legal domicile: CA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	10
	6	Total number of volunteers (estimate if necessary)	6	45
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,746,391.	Current Year 3,154,784.
	9	Program service revenue (Part VIII, line 2g)	1,857,671.	1,217,384.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,466.	1,060.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-10,500.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,606,528.	4,362,728.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,242.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,010,743.	887,519.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	6,000.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,981.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,823,407.	2,052,281.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,851,392.	4,359,956.
	19	Revenue less expenses. Subtract line 18 from line 12	-244,864.	2,772.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 3,324,565.	End of Year 3,585,576.
	21	Total liabilities (Part X, line 26)	799,396.	1,058,702.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,525,169.	2,526,874.

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer SHERRY LASSITER, PRESIDENT Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name EUGENE BORGONZI	Preparer's signature	Date 11/02/21	Check if self-employed <input type="checkbox"/>	PTIN P01269879
	Firm's name ▶ EDELSTEIN AND COMPANY LLP	Firm's EIN ▶ 04-2442519	Firm's address ▶ 160 FEDERAL STREET, 9TH FLOOR BOSTON, MA 02110		
			Phone no. 617-227-6161		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE FAB FOUNDATION WAS FORMED FEBRUARY 6, 2009 TO FACILITATE AND SUPPORT THE GROWTH OF THE INTERNATIONAL FAB LAB NETWORK. THE FAB FOUNDATION IS A US NON-PROFIT 501(C)(3) ORGANIZATION EMERGING FROM THE MASSACHUSETTS INSTITUTE OF TECHNOLOGY'S CENTER FOR BITS & ATOMS' (CBA)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,219,779. including grants of \$ 258,656.) (Revenue \$ 507,530.) THE ORGANIZATION PROMOTES DIGITAL FABRICATION BY FACILITATING THE DEVELOPMENT OF COMMUNITY-BASED AND EDUCATIONAL FAB LABS, THE DISSEMINATION OF BEST PRACTICES IN DIGITAL FABRICATION THROUGHOUT THE FAB LAB NETWORK, FACILITATION AND DISSEMINATION OF RESEARCH AND COMMUNITY-BENEFICIAL PROJECTS, THE FUNDING AND FACILITATION OF FAB LAB AND DIGITAL FABRICATION PROJECTS THAT BENEFIT PEOPLE AND COMMUNITIES IN EXEMPLARY WAYS, SUCH AS MOBILE FAB LABS FOR EMERGENCY AID, OR FAB LABS FOR DEVELOPING WORLD CONTEXTS. THESE SERVICES INCLUDE DEPLOYING, INSTALLING, TRAINING, AND CONSULTING FOR NEW FAB LABS AS WELL AS PROGRAMMATIC SUPPORT OF ESTABLISHED FAB LABS. THE ORGANIZATION WORKS TO GATHER AND PROVIDE CRITICAL EVALUATION DATA AS WELL AS PROVIDE TOOLS FOR TRACKING THE IMPACT OF FAB LABS IN EDUCATIONAL, BUSINESS AND SOCIAL

4b (Code:) (Expenses \$ 571,440. including grants of \$ 0.) (Revenue \$ 699,354.) THE ORGANIZATION BRINGS DIGITAL FABRICATION TOOLS AND PROCESSES TO PEOPLE OF ALL AGES, TEACHING THE SKILLS AND KNOWLEDGE OF DIGITAL FABRICATION, DEVELOPING CURRICULUM FOR FORMAL AND INFORMAL EDUCATIONAL SETTINGS, AS WELL AS DESIGNING AND OFFERING PROFESSIONAL DEVELOPMENT TRAINING PROGRAMS FOR TEACHERS, FAB LAB MANAGERS AND OTHER PROFESSIONALS. THE ORGANIZATION OFFERS ADVANCED TECHNICAL EDUCATION THROUGH THE FAB ACADEMY WHICH PROVIDES INSTRUCTION AND SUPERVISES INVESTIGATION OF MECHANISMS, APPLICATIONS, AND IMPLICATIONS OF DIGITAL FABRICATION AND OTHER TECHNOLOGIES. THE FAB ACADEMY IS A WORLDWIDE, DISTRIBUTED CAMPUS UTILIZING FAB LABS AS CLASSROOMS AND LIBRARIES FOR A NEW KIND OF TECHNICAL LITERACY.

4c (Code:) (Expenses \$ 1,204,223. including grants of \$ 1,161,500.) (Revenue \$ 0.) IN 2020 THE ORGANIZATION PARTICIPATED IN FUNDRAISING EFFORTS RELATED TO THE COVID-19 PANDEMIC. GRANTS AND CONTRIBUTIONS WERE RECEIVED TO ASSIST OTHER ORGANIZATIONS INVOLVED IN PROVIDING PERSONAL PROTECTIVE EQUIPMENT ("PPE") TO HEALTHCARE WORKERS AND COMMUNITIES IN NEED. THE FUNDRAISING WAS CONDUCTED THROUGH FISCAL SPONSORSHIPS AND OTHER AGREEMENTS, AND THE FUNDS RAISED WERE TRANSFERRED TO ENTITIES WITH WHOM THE ORGANIZATION HAD THESE AGREEMENTS TO BE USED FOR THEIR PPE PROJECTS AIMED AT THE PRODUCTION AND DISTRIBUTION OF PPE AND RELATED EFFORTS TO FIGHT THE EFFECTS OF THE PANDEMIC.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,995,442.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
SHERRY LASSITER - (857) 333-7777
50 MILK ST, 16TH FLOOR, BOSTON, MA 02109

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SONYA PRYOR JONES CHIEF IMPLEMENTATION OFFICER	40.00					X	102,500.	0.	20,487.	
(2) NEIL GERSHENFELD CHAIRMAN/DIRECTOR	1.00	X		X			100,000.	0.	0.	
(3) SHERRY LASSITER PRESIDENT/DIRECTOR	20.00	X		X			55,500.	0.	0.	
(4) MARIE PLANCHARD TREASURER/DIRECTOR	1.00	X		X			0.	0.	0.	
(5) BLAIR EVANS DIRECTOR	1.00	X					0.	0.	0.	
(6) KATIE RAST SECRETARY/DIRECTOR	1.00	X		X			0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							258,000.	0.	20,487.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							258,000.	0.	20,487.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
INSTITUT D' ARQUITECTURA CARRER PUJADES 102, BARCELONA, SPAIN 08005	FAB ACADEMY CONSULTING	164,022.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	39,530.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,115,254.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			3,154,784.			
Program Service Revenue	2 a TUITION	Business Code	611430	699,354.	699,354.		
	b CONTRACTS		541700	518,030.	518,030.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,217,384.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,060.		1,060.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		9,500.				
			20,000.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			-10,500.	-10,500.			
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			4,362,728.	1,206,884.	0.	1,060.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,407,300.	1,407,300.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	9,250.	9,250.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,606.	3,606.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	155,927.	139,149.	8,389.	8,389.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	629,230.	565,718.	63,512.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	46,725.	41,250.	4,903.	572.
10 Payroll taxes	55,637.	49,117.	5,838.	682.
11 Fees for services (nonemployees):				
a Management				
b Legal	14,205.	12,546.	1,659.	
c Accounting	96,900.		96,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	898,347.	864,213.	34,134.	
12 Advertising and promotion	1,740.	1,740.		
13 Office expenses	47,510.	17,800.	29,372.	338.
14 Information technology				
15 Royalties				
16 Occupancy	48,835.		48,835.	
17 Travel	40,060.	30,116.	9,944.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,588.	1,177.	411.	
20 Interest	17,935.		17,935.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,432.		1,432.	
23 Insurance	36,193.	5,950.	30,243.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LAB COMPONENTS	846,736.	846,510.	226.	
b STATE FILING FEES	800.		800.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,359,956.	3,995,442.	354,533.	9,981.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,075,772.	1	1,772,430.
	2 Savings and temporary cash investments	732,580.	2	1,072,346.
	3 Pledges and grants receivable, net	83,500.	3	656,578.
	4 Accounts receivable, net	157,850.	4	72,197.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	265,800.	8	
	9 Prepaid expenses and deferred charges	4,231.	9	6,409.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 806,141.		
	b Less: accumulated depreciation	10b 804,664.	693.	10c 1,477.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,139.	15	4,139.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,324,565.	16	3,585,576.	
Liabilities	17 Accounts payable and accrued expenses	397,216.	17	473,363.
	18 Grants payable		18	
	19 Deferred revenue	267,180.	19	257,539.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	135,000.	23	135,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	192,800.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	799,396.	26	1,058,702.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	875.	27	-230,201.
	28 Net assets with donor restrictions	2,524,294.	28	2,757,075.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,525,169.	32	2,526,874.
33 Total liabilities and net assets/fund balances	3,324,565.	33	3,585,576.	

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	4,362,728.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,359,956.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,772.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,525,169.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,067.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,526,874.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
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? _____		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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization <p style="text-align: center;">THE FAB FOUNDATION</p>	Employer identification number <p style="text-align: center;">26-4836002</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 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 exclusively to test for public safety. See **section 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.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,565,630.	1,589,150.	3,178,499.	1,746,391.	3,154,784.	13,234,454.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	3,565,630.	1,589,150.	3,178,499.	1,746,391.	3,154,784.	13,234,454.
5 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)						7,822,827.
6 Public support. Subtract line 5 from line 4.						5,411,627.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3,565,630.	1,589,150.	3,178,499.	1,746,391.	3,154,784.	13,234,454.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	12,536.	8,364.	4,050.	2,466.	1,060.	28,476.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						13,262,930.
12 Gross receipts from related activities, etc. (see instructions)					12 10,091,589.	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	40.80 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	47.88 %
16a 33 1/3% support test - 2020. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. 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 supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN 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 was accomplished (such as by amendment to the organizing document).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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 carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section 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 the supported organization(s).		
1		

Section 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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2, above, 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 income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section 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 instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more 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.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
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.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations 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	
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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 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, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **THE FAB FOUNDATION** Employer identification number **26-4836002**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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 conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		806,141.	804,664.	1,477.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,477.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,382,728.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,382,728.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-20,000.	
c	Add lines 4a and 4b		4c	-20,000.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	4,362,728.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,381,023.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	21,067.	
e	Add lines 2a through 2d		2e	21,067.
3	Subtract line 2e from line 1		3	4,359,956.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	4,359,956.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD -20,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON UNCOLLECTIBLE RECEIVABLES 1,067.

COST OF GOODS SOLD 20,000.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 21,067.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization THE FAB FOUNDATION	Employer identification number 26-4836002
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	PURCHASE AND INSTALLATION OF A FAB LAB	63,821.
SOUTH ASIA	0	0	PROGRAM SERVICES	PURCHASE AND INSTALLATION OF A FAB LAB	70,097.
SOUTH AMERICA	0	0	GRANT TO RECIPIENT IN REGION	N/A	1,000.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	GRANT TO RECIPIENT IN REGION	N/A	1,250.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANT TO RECIPIENT IN REGION	N/A	1,256.
SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	ACADEMY INSTRUCTION	7,500.
SOUTH ASIA	0	12	PROGRAM SERVICES	ACADEMY INSTRUCTION	34,378.
3 a Subtotal	0	14			414,737.
b Total from continuation sheets to Part I	0	28			596,681.
c Totals (add lines 3a and 3b)	0	42			1,011,418.

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

Schedule F (Form 990) 2020

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	1	PAYMENTS FOR CONSULTING SERVICES	N/A	5,195.
SOUTH AMERICA	0	6	PROGRAM SERVICES	ACADEMY INSTRUCTION	5,240.
SOUTH AMERICA	0	3	PAYMENTS FOR CONSULTING SERVICES	N/A	51,112.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	4	PROGRAM SERVICES	ACADEMY INSTRUCTION	199,455.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	9	PAYMENTS FOR CONSULTING SERVICES	N/A	325,854.
MIDDLE EAST AND NORTH AFRICA	0	4	PROGRAM SERVICES	ACADEMY INSTRUCTION	7,725.
NORTH AMERICA	0	1	PROGRAM SERVICES	ACADEMY INSTRUCTION	2,000.
SUB-SAHARAN AFRICA	0	0	GRANT TO RECIPIENT IN REGION	N/A	100.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING	N/A	0.
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING	N/A	0.
Totals		28			596,681.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

EXPENDITURES ARE ACCOUNTED FOR ON THE ACCRUAL BASIS USED FOR FINANCIAL STATEMENT PURPOSES.

FORM 990, SCHEDULE F, PART I

THE ORGANIZATION RECEIVED DONATIONS FROM DONORS LOCATED IN THE EUROPE AND EAST ASIA AND THE PACIFIC REGIONS. THE ORGANIZATION DID NOT INCUR ANY FUNDRAISING EXPENDITURES IN THOSE REGIONS TO OBTAIN THE DONATIONS AND THEREFORE THE FUNDRAISING EXPENSES ARE ZERO. THE ORGANIZATION DID REPORT THOSE DONORS ON SCHEDULE B IN ACCORDANCE WITH IRS REGULATIONS.

FORM 990, SCHEDULE F, PART I

IN ACCORDANCE WITH THE INSTRUCTIONS OF FORM 990, THE ORGANIZATION HAS INCLUDED AWARDS AND HONORARIUM PAID IN CONJUNCTION WITH AN ANNUAL CONFERENCE IN GRANTS EXPENSE. AS SUCH, FOR THIS PURPOSE, IT DOES NOT CONSIDER ITSELF TO BE A GRANTMAKING ORGANIZATION, AND THEREFORE, THE QUESTIONS ON PART I OF THIS SCHEDULE DO NOT APPLY.

SCHEDULE F, PART II

THE ORGANIZATION DID NOT PROVIDE ANY FOREIGN GRANT RECIPIENTS WITH A GRANT THAT WAS MORE THAN \$5,000. THEREFORE, PART II HAS NOT BEEN COMPLETED IN ACCORDANCE WITH THE INSTRUCTIONS.

FORM 990, SCHEDULE F, PART IV, LINE 1

THE ORGANIZATION TRANSFERRED MONEY TO FOREIGN CORPORATIONS AS PAYMENT OF COMPENSATION FOR SERVICES RENDERED TO THE ORGANIZATION. A FORM 926 IS NOT REQUIRED TO BE FILED BECAUSE THE ORGANIZATION DID NOT RECEIVE AN

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

OWNERSHIP INTEREST IN THE FOREIGN CORPORATIONS.

Multiple horizontal lines for data entry.

International Boycott Report

(Rev. December 2010)
Department of the Treasury
Internal Revenue Service

For tax year beginning January 1, 20 20,
and ending December 31, 20 20.
▶ **Controlled groups, see instructions.**

**Attachment
Sequence No. 123**

Paper filers must file in
duplicate (see **When and Where
to File** in the instructions)

Name **The Fab Foundation** Identifying number **26-4836002**

Number, street, and room or suite no. If a P.O. box, see instructions.

50 Milk St, 16th Floor

City or town, state, and ZIP code

Boston, MA 02109

Address of service center where your tax return is filed

Efile

Type of filer (check one):

- Individual Partnership Corporation Trust Estate Other

1 Individuals—Enter adjusted gross income from your tax return (see instructions) **N/A**

2 Partnerships and corporations:

- a Partnerships**—Enter each partner’s name and identifying number.
- b Corporations**—Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.
If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.

Name	Identifying number
N/A	N/A

If more space is needed, attach additional sheets and check this box

Code	Description
813000	Religious, grantmaking, civic, etc org
N/A	N/A

3 Partnerships—Each partnership filing Form 5713 must give the following information:

- a Partnership’s total assets** (see instructions) **N/A**
- b Partnership’s ordinary income** (see instructions) **N/A**

4 Corporations—Each corporation filing Form 5713 must give the following information:

- a Type of form filed** (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.) **990**
- b Common tax year election** (see instructions)
 - (1) Name of corporation ▶ **N/A**
 - (2) Employer identification number **N/A**
 - (3) Common tax year beginning **N/A**, 20____, and ending **N/A**, 20____.
- c Corporations filing this form enter:**
 - (1) Total assets (see instructions) **\$3,585,576**
 - (2) Taxable income before net operating loss and special deductions (see instructions) **0**

5 Estates or trusts—Enter total income (Form 1041, page 1) **N/A**

6 Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions):

- a Foreign tax credit** **0**
- b Deferral of earnings of controlled foreign corporations** **0**
- c Deferral of IC-DISC income** **0**
- d FSC exempt foreign trade income** **0**
- e Foreign trade income qualifying for the extraterritorial income exclusion** **0**

**Please
Sign
Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature _____ Date _____ Title _____

7a	Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)?	Yes	No
			<input checked="" type="checkbox"/>
b	If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))?		
c	Do you own any stock of an IC-DISC?		<input checked="" type="checkbox"/>
d	Do you claim any foreign tax credit?		<input checked="" type="checkbox"/>
e	Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)?		<input checked="" type="checkbox"/>
	If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		
f	Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)?		<input checked="" type="checkbox"/>
	If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		
g	Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)?		<input checked="" type="checkbox"/>
h	Are you a partner in a partnership that has reportable operations under section 999(a)?		<input checked="" type="checkbox"/>
i	Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)?		<input checked="" type="checkbox"/>
j	Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from gross income?		<input checked="" type="checkbox"/>

Part I Operations in or Related to a Boycotting Country (see instructions)

8	Boycott of Israel —Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See Boycotting Countries in the instructions.)	Yes	No
	If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box <input type="checkbox"/>	<input checked="" type="checkbox"/>	

(1) Name of country	(2) Identifying number of person having operations	(3) Principal business activity		(5) IC-DISCs only—Enter product code
		(3) Code	(4) Description	
a Saudi Arabia	26-4836002	813000	Religious, grantmaking, civic, etc organizatio	N/A
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

9 Nonlisted countries boycotting Israel— Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

10 Boycotts other than the boycott of Israel—Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel?

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

11 Were you requested to participate in or cooperate with an international boycott?
If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.)

<input type="checkbox"/>	<input checked="" type="checkbox"/>

12 Did you participate in or cooperate with an international boycott?
If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------

Note: If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

Part II	Requests for and Acts of Participation in or Cooperation With an International Boycott	Requests		Agreements	
		Yes	No	Yes	No
13a Did you receive requests to enter into, or did you enter into, any agreement (see instructions):					
(1) As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to—					
(a) Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?					
(b) Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country?					
(c) Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?					
(d) Refrain from employing individuals of a particular nationality, race, or religion?					
(2) As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott?					

b Requests and agreements—if the answer to any part of 13a is “Yes,” complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person receiving the request or having the agreement (2)	Principal business activity		IC-DJSCs only— Enter product code (5)	Type of cooperation or participation			
					Number of requests		Number of agreements	
		Code (3)	Description (4)		Total (6)	Code (7)	Total (8)	Code (9)
a								
b								
c								
d								
e								
f								
g								
h								
i								
j								
k								
l								
m								
n								
o								
p								

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **THE FAB FOUNDATION** Employer identification number **26-4836002**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

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
MASKS ON CORPORATION 150 LINCOLN STREET, 5A BOSTON, MA 02111	85-0578635	501(C)(3)	1,007,223.	0.	N/A	N/A	FISCAL SPONSORSHIP FOR MASKS ON PROJECT
SHIFT 7, LLC 2329 CALIFORNIA STREET NW WASHINGTON, DC 20008	82-2199933	FOR PROFIT	145,727.	0.	N/A	N/A	FISCAL SPONSORSHIP FOR PERSONAL PROTECTIVE EQUIPMENT
JACKSON COUNTY SCHOOL DISTRICT 4700 COL VICKREY RD. VANCELEAVE, MS 39565	64-6000513	GOVT	5,130.	0.	N/A	N/A	MASK MAKING PROGRAM
INTERMEDIATE UNIT 1 ONE INTERMEDIATE UNIT DRIVE COAL CENTER, PA 15423	25-1394227	GOVT	0.	19,200.	FMV	PANCAKEBOTS	EDUCATION
REMARKABLE STEAM, INC. 11 JUNIPER RD. WESTPORT, CT 06880	46-1803605	501(C)(3)	0.	226,600.	FMV	PANCAKEBOTS	EDUCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**

3 Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) 2020

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TEACHER INNOVATION AWARD	8	5,500.	0.	N/A	N/A
BRILLIANT CAREER PLAY INNOVATION FUND	7	3,500.	0.	N/A	N/A
FABXLIVE	1	250.	0.	N/A	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTEES ARE REQUIRED TO MAKE PERIODIC REPORTS TO ENSURE THAT ANY FUNDS OR OTHER ASSISTANCE RECEIVED ARE USED FOR THE INTENDED PURPOSE(S) OF THE GRANT ONLY. THE BOARD OF DIRECTORS SHALL REVIEW ALL REPORTS FROM THE GRANT RECIPIENT, AND SOLICIT AND ANALYZE ANY OTHER INFORMATION THAT IS DEEMED NECESSARY AND PRUDENT, INCLUDING REVIEWING THE RECIPIENT'S OTHER RECORDS AND/OR PERFORMING ON-SITE VISITS WITH THE RECIPIENT(S), TO ENSURE THAT ALL GRANT FUNDS ARE BEING USED FOR THE INTENDED PURPOSE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE FAB FOUNDATION

Employer identification number

26-4836002

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE FAB FOUNDATION WAS FORMED FEBRUARY 6, 2009 TO FACILITATE AND SUPPORT THE GROWTH OF THE INTERNATIONAL FAB LAB NETWORK. THE FAB FOUNDATION IS A US NON-PROFIT 501(C)(3) ORGANIZATION EMERGING FROM THE MASSACHUSETTS INSTITUTE OF TECHNOLOGY'S CENTER FOR BITS & ATOMS (CBA) INTERNATIONAL FAB LAB OUTREACH PROGRAM. OUR MISSION IS TO PROVIDE ACCESS TO THE TOOLS, THE KNOWLEDGE AND THE FINANCIAL MEANS TO EDUCATE, INNOVATE AND INVENT USING TECHNOLOGY AND DIGITAL FABRICATION TO ALLOW ANYONE TO MAKE (ALMOST) ANYTHING, AND THEREBY CREATING OPPORTUNITIES TO IMPROVE LIVES AND LIVELIHOODS AROUND THE WORLD. COMMUNITY ORGANIZATIONS, EDUCATIONAL INSTITUTIONS AND NON-PROFIT CONCERNS ARE OUR PRIMARY BENEFICIARIES.

FORM 990, PART I, LINE 6 - VOLUNTEERS

THE VOLUNTEERS PROVIDE TIME AND EXPERTISE TO THE FAB FOUNDATION, IN DEVELOPING EDUCATION CONTENT, STRATEGIC OUTREACH IN EDUCATION AND ENTREPRENEURSHIP, FUNDRAISING, AND ASSISTANCE WITH ORGANIZING AND RUNNING FAB LAB COMMUNITY EVENTS LIKE THE ANNUAL GATHERING FABX EACH YEAR, OR LOCAL EVENTS FOR COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTERNATIONAL FAB LAB OUTREACH PROGRAM. OUR MISSION IS TO PROVIDE ACCESS TO THE TOOLS, THE KNOWLEDGE AND THE FINANCIAL MEANS TO EDUCATE, INNOVATE AND INVENT USING TECHNOLOGY AND DIGITAL FABRICATION TO ALLOW ANYONE TO MAKE (ALMOST) ANYTHING, AND THEREBY CREATING OPPORTUNITIES TO

Name of the organization THE FAB FOUNDATION	Employer identification number 26-4836002
---	---

IMPROVE LIVES AND LIVELIHOODS AROUND THE WORLD. COMMUNITY ORGANIZATIONS, EDUCATIONAL INSTITUTIONS AND NON-PROFIT CONCERNS ARE OUR PRIMARY BENEFICIARIES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2020 THE ORGANIZATION PARTICIPATED IN FUNDRAISING EFFORTS RELATED TO THE COVID-19 PANDEMIC. GRANTS AND CONTRIBUTIONS WERE RECEIVED TO ASSIST OTHER ORGANIZATIONS INVOLVED IN PROVIDING PERSONAL PROTECTIVE EQUIPMENT ("PPE") TO HEALTHCARE WORKERS AND COMMUNITIES IN NEED. THE FUNDRAISING WAS CONDUCTED THROUGH FISCAL SPONSORSHIPS AND OTHER AGREEMENTS, AND THE FUNDS RAISED WERE TRANSFERRED TO ENTITIES WITH WHOM THE ORGANIZATION HAD THESE AGREEMENTS TO BE USED FOR THEIR PPE PROJECTS AIMED AT THE PRODUCTION AND DISTRIBUTION OF PPE AND RELATED EFFORTS TO FIGHT THE EFFECTS OF THE PANDEMIC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONTEXTS. AS PART OF ITS SERVICES, THE ORGANIZATION PROVIDES A NETWORK FUNCTION FOR THE FAB LAB COMMUNITY, BRINGING TOGETHER FAB LABS AROUND THE WORLD EITHER PHYSICALLY (FOR ANNUAL MEETINGS AND WORKSHOPS) OR VIRTUALLY THROUGH ONLINE TOOLS AND RESOURCES. ADDITIONALLY, AS A RESOURCE TO EDUCATIONAL ORGANIZATIONS, ENTREPRENEURIAL ORGANIZATIONS AND THE GENERAL PUBLIC THE ORGANIZATION HAS DEVELOPED AN ONLINE GLOBAL MAP OF FAB LABS, MAKERSPACES, AND INNOVATION SPACES SUCH THAT PEOPLE OR ORGANIZATIONS THAT NEED ACCESS TO THESE FACILITIES CAN FIND THEM EASILY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PRESIDENT AND TREASURER OF THE ORGANIZATION REVIEW FORM 990 PRIOR TO

Name of the organization THE FAB FOUNDATION	Employer identification number 26-4836002
---	---

FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH OFFICER AND BOARD MEMBER SIGNS AN ANNUAL COI STATEMENT DISCLOSING ANY POTENTIAL CONFLICTS OF INTEREST. IT IS ALSO THEIR ONGOING DUTY TO REPORT ANY POTENTIAL CONFLICTS OF INTEREST THAT MAY OCCUR DURING THE YEAR TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD MET DURING THE YEAR TO REVIEW EXECUTIVE COMPENSATION. A SEARCH FOR PREVAILING SALARIES FOR SIMILAR NONPROFITS WAS PERFORMED, AND REPORTED TO THE BOARD. THE BOARD APPROVED THE PRESIDENT'S COMPENSATION INCREASE WHICH WAS IN LINE WITH THE RESULTS OF THE SEARCH.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE:
[HTTPS://FABFOUNDATION.ORG/ABOUT/#FINANCIAL-REPORTS](https://fabfoundation.org/about/#financial-reports) AS WELL AS UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MENTORING & SUPPORT:

PROGRAM SERVICE EXPENSES	260,430.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	260,430.

PROGRAM CONSULTANTS:

PROGRAM SERVICE EXPENSES	603,783.
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Name of the organization THE FAB FOUNDATION	Employer identification number 26-4836002
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MANAGEMENT AND GENERAL EXPENSES 32,320.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 636,103.

PAYROLL SERVICES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 1,814.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,814.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 898,347.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON UNCOLLECTIBLE RECEIVABLES -1,067.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	VIDEOCONFERENCING UNIT	10/25/13	SL	5.00		HY16	480,661.				480,661.	480,661.		0.	480,661.
2	VIDEOCONFERENCING UNIT	10/17/14	SL	5.00		HY16	318,794.				318,794.	318,794.		0.	318,794.
3	COMPUTER	01/09/17	SL	3.00		HY16	2,390.				2,390.	2,390.		0.	2,390.
4	COMPUTER	01/21/18	SL	3.00		HY16	2,080.				2,080.	1,387.		693.	2,080.
5	COMPUTER	02/20/20	SL	3.00		HY16	2,216.				2,216.			739.	739.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						806,141.				806,141.	803,232.		1,432.	804,664.
	* GRAND TOTAL 990 PAGE 10 DEPR						806,141.				806,141.	803,232.		1,432.	804,664.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						803,925.			0.	803,925.	803,232.			803,925.
	ACQUISITIONS						2,216.			0.	2,216.	0.			739.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						806,141.			0.	806,141.	803,232.			804,664.
	ENDING ACCUM DEPR											804,664.			
	ENDING BOOK VALUE											1,477.			

2020 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2020

Prepared for	The Fab Foundation 50 Milk St, 16th Floor Boston, MA 02109
Prepared by	Edelstein and Company LLP 160 Federal Street, 9th Floor Boston, MA 02110
To be signed and dated by	Not Applicable
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	This return has qualified for electronic filing. Please review your return for completeness and accuracy. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.
Return must be mailed on or before	Not Applicable
Special Instructions	

California Exempt Organization Annual Information Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **THE FAB FOUNDATION**

California corporation number: **3187038**

FEIN: **26-4836002**

Street address (suite or room): **50 MILK ST, 16TH FLOOR**

City: **BOSTON** State: **MA** ZIP code: **02109**

Foreign country name: _____ Foreign province/state/country: _____ Foreign postal code: _____

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$ _____ Yes No

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? _____ Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,227,944	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	3,154,784	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	4,382,728	00
	5	Cost of goods sold STMT 3 STMT 2	5	20,000	00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7	20,000	00
	8	Total gross income. Subtract line 7 from line 4	8	4,362,728	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	4,359,956	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	2,772	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and Interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Title: **PRESIDENT** Date: _____ Telephone: _____

Preparer's signature: _____ Date: **11/02/21** Check if self-employed PTIN: **P01269879**

Paid Preparer's Use Only Firm's name (or yours, if self-employed) and address: **EDELSTEIN AND COMPANY LLP
160 FEDERAL STREET, 9TH FLOOR
BOSTON, MA 02110** Firm's FEIN: **04-2442519** Telephone: **617-227-6161**

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

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	9,500	00
	2	Interest	•	2	1,060	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6		00
	7	Other income	•	7	1,217,384	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	1,227,944	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	1,420,156	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	155,927	00
	12	Other salaries and wages	•	12	629,230	00
	13	Interest	•	13	17,935	00
	14	Taxes	•	14	55,637	00
	15	Rents	•	15	48,835	00
	16	Depreciation and depletion (See instructions)	•	16	1,432	00
	17	Other expenses and disbursements	•	17	2,030,804	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	4,359,956	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)	
1 Cash		2,808,352		2,844,776	•
2 Net accounts receivable		157,850		72,197	•
3 Net notes receivable					•
4 Inventories		265,800			•
5 Federal and state government obligations					•
6 Investments in other bonds					•
7 Investments in stock					•
8 Mortgage loans					•
9 Other investments					•
10 a Depreciable assets	803,925		806,141		
b Less accumulated depreciation	(803,232)	693	(804,664)	1,477	
11 Land					•
12 Other assets	STMT 9	91,870		667,126	•
13 Total assets		3,324,565		3,585,576	
Liabilities and net worth					
14 Accounts payable		397,216		473,363	•
15 Contributions, gifts, or grants payable					•
16 Bonds and notes payable					•
17 Mortgages payable		135,000		135,000	•
18 Other liabilities	STMT 10	267,180		450,339	•
19 Capital stock or principal fund					•
20 Paid-in or capital surplus. Attach reconciliation					•
21 Retained earnings or income fund		2,525,169		2,526,874	•
22 Total liabilities and net worth		3,324,565		3,585,576	

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.				
1 Net income per books	•	1,705	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	1,067	Subtract line 9 from line 6	2,772
6 Total. Add line 1 through line 5	•	2,772		

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	1
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
NOVO FOUNDATION	535 FIFTH AVENUE NEW YORK, NY 10017	11/05/20	500,000.
CHEVRON U.S.A. INC.	6001 BOLLINGER CANYON RD. SAN RAMON, CA 94583	09/04/20	1,225,000.
DASSAULT SYSTEMS	175 WYMAN STREET WALTHAM, MA 02451	07/07/20	44,748.
BENIFICUS FOUNDATION	751 LAUREL ST. #717 SAN CARLOS, CA 94070	04/29/20	250,000.
THE BOSTON FOUNDATION	75 ARLINGTON STREET #1000 BOSTON, MA 02116	04/29/20	162,620.
BROTHER INDUSTRIES, LTD	15-1, NAESHIRO-CHO MIZUHO-KU JAPAN 467-8561	06/26/20	10,000.
FIDELITY INVESTMENTS CHARITABLE GIFT FUND	200 SEAPORT BLVD BOSTON, MA 02210	05/07/20	611,000.
LA VIDA FELIZ FOUNDATION	55 WALLS DRIVE, SUITE 302 FAIRFIELD, CT 06824	01/22/20	50,000.
MUSTARDSEED TRUST	NUMBER 6, PLANE TRE HOUSE, DUCHESS OF BEDFORD'S WALK LONDON UNITED KINGDOM W	04/29/20	12,500.
NATIONAL SCIENCE FOUNDATION	2415 EISENHOWER AVENUE ALEXANDRIA, VA 22314	12/31/20	39,530.
OREGON COMMUNITY FOUNDATION	1221 SW YAMHILL ST., SUITE 100 PORTLAND, OR 97205	08/28/20	5,000.
RICHARD KING MELLON FOUNDATION	P.O. BOX 690 LIGONIER, PA 15658	05/21/20	200,000.
WEND COLLECTIVE	1550 LARIMER STREET, STE 680 DENVER, CO 80202	06/08/20	14,000.
BULENS FAMILY FOUNDATION	C/O GW WADE 93 WORCESTER STREET WELLESLEY, MA 02481	05/07/20	10,000.
TOTAL INCLUDED ON LINE 3			3,134,398.

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR		265,000
2.	MERCHANDISE PURCHASED.		
3.	COST OF LABOR.		
4.	MATERIALS AND SUPPLIES		
5.	OTHER COSTS.	-245,000	
6.	ADD LINES 1 THROUGH 5		20,000
7.	INVENTORY AT END OF YEAR		
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		20,000

CA 199	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	3
DESCRIPTION		AMOUNT	
FMV OF ITEMS DONATED BY ORGANIZATION		-245,000.	
TOTAL INCLUDED ON FORM 199, PART I, LINE 5		-245,000.	

CA 199	OTHER INCOME	STATEMENT	4
DESCRIPTION		AMOUNT	
CONTRACTS		518,030.	
TUITION		699,354.	
TOTAL TO FORM 199, PART II, LINE 7		1,217,384.	

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 5
AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION: FISCAL SPONSORSHIP

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MASKS ON CORPORATION	150 LINCOLN STREET, 5A - BOSTON, MA 02111	NONE	1,007,223.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SHIFT 7, LLC	2329 CALIFORNIA STREET NW - WASHINGTON, DC 20008	NONE	145,727.

TOTAL FOR THIS ACTIVITY 1,152,950.

ACTIVITY CLASSIFICATION: EDUCATION

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ARUNDHATI JADHAV	BHOSALE NAGAR - SHIVAJINAGAR PUNE, KUMASI, INDIA	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MARIA CARLOTA LIM	1079 HARVEST CIRCLE - PLEASANTON, CA 94566	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MIRANDA STRINGER	2139 BEESLEY RD. - LUCEDALE, MS 39452	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OWEN PERRY	1535 BUCHANAN STREET, APT. 5 - SAN FRANCISCO, CA 94115	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TYLER COLSON	12814 BONNIE BLEU - DENHAM SPRINGS, LA 70726	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MONIQUE DAVIS	13813 LAKESHORE DRIVE - BATENAHL, OH 44110	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BEN COGSWELL	301 LA JOLLA CIRCLE - SALINAS, CA 93901	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MEREDITH JONES	C/O MISSION PARK ELEMENTARY SCHOOL, 403 W. ACACIA ST. - SALINAS, CA 93901	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VINCENT JORLEMON	41-22 24TH STREET, APT. 11G - LONG ISLAND CITY, NY 11101	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HUIJING WU	45 MONUMENT AVE. - CHARLESTOWN, MA 02129	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KEVIN CARPENITO	53 NORTH STREET - WILMINGTON, MA 01887	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CAITLIN GONZALEZ	17 CORDIS STREET #1 - CHARLESTOWN, MA 02129	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LAURA DEGELMANN	86D WHARF STREET - SALEM, MA 01970	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RAUSHANAH MUHAMMAD	703 METROPOLITAN AVE. - HYDE PARK, MA 02136	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MEGHAN SINGLETON	141 NORTH STREET, UNIT 2 - SALEM, MA 01970	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WENDY MERRERO	130 DANA AVE - WORCESTER, MA 01604	NONE	500.

TOTAL FOR THIS ACTIVITY 10,000.

ACTIVITY CLASSIFICATION: HONORARIUM

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HYPHEN-LABS	SOMERSET HOUSE, STRAND - LONDON, UNITED KINGDOM WC2R 1LA	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DIANA DI TOLLA VELASQUEZ	JR. QUIROGA 165-URB. RESIDENCIAL HIGUERETA, SANTIAGO DE SURCO - LIMA,	NONE	250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ANA GALE	JR. QUIROGA 165-URB. RESIDENCIAL HIGUERETA, SANTIAGO DE SURCO - LIMA,	NONE	250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ADRIAN TORRES OMANA	C/CARDENAL CISNEROS 10-1D - LEON, SPAIN 24010	NONE	255.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ANGELA BARBOUR	ATELIE E PRODUCAO CULTURAL ARTISTICA ME, RUA CLODOMIRO, PEREIRA, 63 CASA	NONE	251.

TOTAL FOR THIS ACTIVITY 1,506.

ACTIVITY CLASSIFICATION: GLOBAL FAB AWARD

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NORELLA CORONELL	CRA 55 NO. 96-150 - BARRANQUILLA, COLOMBIA	NONE	250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ABHINAV AJITH	138 SOUTH CHAUNCEY AVENUE, APARTMENT 3 - WEST LAFAYETTE, IN 47906	NONE	250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JULIAN GALLIMORE	DE CLERCQSTRAAT 47-3 - AMSTERDAM, NETHERLANDS 1053AC	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
STELLA UZOUCHUKWU DENIS	NO 3 MARTIN LUTHER KING STREET 5TH AVENUE - GWARIMPA ABUJA, NIGERIA	NONE	100.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PRADNYA SHINDEKAR	SHASTRI CHOWK, BAZAR PETH, RAJGURUNAGR - TAL.-KHED DIST.-PUNE, INDIA 410505	NONE	250.

TOTAL FOR THIS ACTIVITY 1,350.

ACTIVITY CLASSIFICATION: COVID-19 RESPONSE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DELGADO COMMUNITY COLLEGE	615 CITY PARK AVENUE - NEW ORLEANS, LA 70119	NONE	3,420.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JACKSON COUNTY SCHOOL DISTRICT	4700 COL VICKREY RD - VANCLEAVE, MS 39565	NONE	5,130.

TOTAL FOR THIS ACTIVITY 8,550.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 1,174,356.

CA 199 NONCASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 6
AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION: EDUCATION

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
INTERMEDIATE UNIT 1	ONE INTERMEDIATE UNIT DRIVE - COAL CENTER, PA 15423	NONE	19,200.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
	19,200.	PANCAKEBOTS	FMV

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
REMARKABLE STEAM, INC.	11 JUNIPER RD. - WESTPORT, CT 06880	NONE	226,600.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
	226,600.	PANCAKEBOTS	FMV

TOTAL FOR THIS ACTIVITY 245,800.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 245,800.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
SONYA PRYOR JONES 50 MILK ST, 16TH FLOOR BOSTON, MA 02109	CHIEF IMPLEMENTATION OFFIC 40.00	0.
NEIL GERSHENFELD 50 MILK ST, 16TH FLOOR BOSTON, MA 02109	CHAIRMAN/DIRECTOR 1.00	100,000.
SHERRY LASSITER 50 MILK ST, 16TH FLOOR BOSTON, MA 02109	PRESIDENT/DIRECTOR 20.00	55,927.
MARIE PLANCHARD 50 MILK ST, 16TH FLOOR BOSTON, MA 02109	TREASURER/DIRECTOR 1.00	0.
BLAIR EVANS 50 MILK ST, 16TH FLOOR BOSTON, MA 02109	DIRECTOR 1.00	0.
KATIE RAST 50 MILK ST, 16TH FLOOR BOSTON, MA 02109	SECRETARY/DIRECTOR 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		155,927.

CA 199 OTHER EXPENSES STATEMENT 8

DESCRIPTION	AMOUNT
LAB COMPONENTS	846,736.
STATE FILING FEES	800.
OTHER EMPLOYEE BENEFITS	46,725.
LEGAL FEES	14,205.
ACCOUNTING FEES	96,900.
OTHER PROFESSIONAL FEES	898,347.
ADVERTISING AND PROMOTION	1,740.
OFFICE EXPENSES	47,510.
TRAVEL	40,060.
CONFERENCES AND CONVENTIONS	1,588.
INSURANCE	36,193.
TOTAL TO FORM 199, PART II, LINE 17	2,030,804.

CA 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEPOSITS		3,639.	3,639.
OTHER ASSET		500.	500.
PLEDGES AND GRANTS RECEIVABLE		83,500.	656,578.
PREPAID EXPENSES AND DEFERRED CHARGES		4,231.	6,409.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		91,870.	667,126.

CA 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE		267,180.	257,539.
UNSECURED NOTES AND LOANS PAYABLE		0.	192,800.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		267,180.	450,339.

CA 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT	11
DESCRIPTION		AMOUNT	
LOSS ON UNCOLLECTIBLE RECEIVABLES		1,067.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		1,067.	

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 26-4836002

Corporation name

California corporation number

THE FAB FOUNDATION

3187038

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for election details and 13 rows for property description and cost calculations.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation.

Part III Summary

Summary table with 3 rows for total expense, total depreciation, and depreciation adjustment.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC Section, (f) Period or percentage, (g) Amortization for this year.

CA 3885	DEPRECIATION	STATEMENT 12
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ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 VIDEOCONFERENCING UNIT	10/25/13	480,661.	480,661.	SL	5.00	0.	
2 VIDEOCONFERENCING UNIT	10/17/14	318,794.	318,794.	SL	5.00	0.	
3 COMPUTER	01/09/17	2,390.	2,390.	SL	3.00	0.	
4 COMPUTER	01/21/18	2,080.	1,387.	SL	3.00	693.	
5 COMPUTER	02/20/20	2,216.		SL	3.00	739.	
TOTAL TO FORM 3885		806,141.	803,232.			1,432.	

TAXABLE YEAR
2020

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
THE FAB FOUNDATION	26-4836002

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	4,382,728
2 Total gross income (Form 199, line 8)	2	4,362,728
3 Total expenses and disbursements (Form 199, line 9)	3	4,359,956

Part II Settle Your Account Electronically for Taxable Year 2020

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer



I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**



Sign Here			
	Signature of officer	Date	PRESIDENT

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature 	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P01269879
Must Sign	Firm's name (or yours if self-employed) and address 	EDELSTEIN AND COMPANY LLP 160 FEDERAL STREET, 9TH FLOOR BOSTON, MA			Firm's FEIN 04-2442519 ZIP code 02110

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN	
Must Sign	Firm's name (or yours if self-employed) and address 	Firm's FEIN			ZIP code

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2020

Prepared for	The Fab Foundation 50 Milk St, 16th Floor Boston, MA 02109
Prepared by	Edelstein and Company LLP 160 Federal Street, 9th Floor Boston, MA 02110
Amount due or refund	Balance due of \$150.00
Make check payable to	Department of Justice
Mail tax return and check (if applicable) to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	November 15, 2021
Special Instructions	<p>The report should be signed and dated by the authorized individual(s).</p> <p>A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.</p> <p>We strongly suggest the use of certified mail, obtaining a return receipt, when filing all returns to substantiate a timely filing.</p>

**ANNUAL REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**
 Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

(For Registry Use Only)

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p>THE FAB FOUNDATION <small>Name of Organization</small></p> <p>FAB ACADEMY <small>List all DBAs and names the organization uses or has used</small></p> <p>50 MILK ST, 16TH FLOOR <small>Address (Number and Street)</small></p> <p>BOSTON, MA 02109 <small>City or Town, State, and ZIP Code</small></p> <p>(857) 333-7777 INFO@FABFOUNDATION.ORG <small>Telephone Number</small> <small>E-mail Address</small></p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number CT0181781</p> <p>Corporation or Organization No. C3187038</p> <p>Federal Employer ID No. 26-4836002</p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2020 ending 12/31/2020) list:

Gross Annual Revenue \$ <u>4,362,728</u>	Noncash Contributions \$ <u>0</u>	Total Assets \$ <u>3,585,576</u>
Program Expenses \$ <u>3,995,442</u>	Total Expenses \$ <u>4,359,956</u>	

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 13	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? SEE STATEMENT 14	X	

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

SHERRY LASSITER	PRESIDENT
<small>Signature of Authorized Agent</small>	<small>Printed Name</small>
	<small>Title</small>
	<small>Date</small>

CA RRF-1

INFORMATION REGARDING RESTRICTED ASSETS
PART B, LINE 9

STATEMENT 14

IN 2020, ALL RESTRICTED FUNDS RECEIVED FROM DONORS WERE USED FOR THEIR RESTRICTED PURPOSES. A LARGE AMOUNT OF RESTRICTED CONTRIBUTIONS WERE RECEIVED IN 2020 WHICH HAVE NOT YET BEEN SPENT AND RELEASED FROM RESTRICTIONS, RESULTING IN A NEGATIVE BALANCE IN NET ASSETS WITHOUT DONOR RESTRICTIONS AT THE END OF THE YEAR. HOWEVER, THIS IS ONLY A TEMPORARY SITUATION, AND ULTIMATELY THE NET ASSETS WITHOUT DONOR RESTRICTIONS WILL BE RESTORED TO A POSITIVE AMOUNT WHEN THE RESTRICTED FUNDS ARE USED IN ACCORDANCE WITH THE PURPOSES FOR WHICH THEY WERE RESTRICTED BY DONORS.

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING
December 31, 2020

Prepared for	The Fab Foundation 50 Milk St, 16th Floor Boston, MA 02109
Prepared by	Edelstein and Company LLP 160 Federal Street, 9th Floor Boston, MA 02110
Amount due or refund	Balance due of \$500.00
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	Non-Profit Org/Public Charities Div Office of the Attorney General One Ashburton Place Boston, MA 02108
Return must be mailed on or before	November 15, 2021
Special Instructions	<p>The report should be signed and dated by the authorized individual(s).</p> <p>Payment for the balance due must be made electronically via the Commonwealth of Massachusetts website at:</p> <p>Https://www.paybill.com/maagocharities</p> <p>All the necessary attachments should be included with Form PC before filing.</p> <p>We strongly suggest the use of certified mail, obtaining a return receipt, when filing all returns to substantiate a timely filing.</p>

**THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108**

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/01/20 to 12/31/20AG Account #: 053495 Federal ID #: 26-4836002Electronic Payment Confirmation #: 295008
*Attach printout of electronic payment confirmation.*Electronic Payment Date: 10/22/2021When did the organization first engage in
charitable work in Massachusetts? 01/24/2012Has the organization applied for or been granted
IRS tax exempt status? Yes NoIf yes, date of application **OR** date of determination letter: 05/26/2011IRS Exemption under 501(c): 3If exempt under 501(c), are contributions to the organization
tax deductible as charitable contributions? Yes No**Organization Data**Name: THE FAB FOUNDATIONMailing Address: 50 MILK ST, 16TH FLOORCity: BOSTON State: MA ZIP: 02109Phone Number: (857) 333-7777 Fax Number: (857) 415-5485Email: INFO@FABFOUNDATION.ORG Website: WWW.FABFOUNDATION.ORGIn the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	9	Organization Purpose Code 1	8
Type of Organization (Table 2)	21	Organization Purpose Code 2	59

Please check box if final return prior to dissolution: **Check all items attached
(if applicable)**

- Filing Fee or Printout of
Electronic Payment Confirmation
- Copy of IRS Return
- Audited Financial Statements/Review
- Amended Articles/By-Laws
- Schedule A-1
- Schedule A-2
- Schedule RO
- Schedule VCO
- Probate Account

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 02/06/2009

2. Where was the organization created? CALIFORNIA

3. What is the form of organization? (check one)

Corporation	<input checked="" type="checkbox"/>	Testamentary Trust	<input type="checkbox"/>
Unincorporated Association	<input type="checkbox"/>	Inter Vivos Trust	<input type="checkbox"/>

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No

5. Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	3,154,784.
B.	Gross support and revenue	4,362,728.
C.	Program services and similar amounts paid out	3,995,442.
D.	Fundraising expenses	9,981.
E.	Management and general expenses	354,533.
F.	Payments to affiliates	0.
G.	Total expenses	4,359,956.
H.	Net assets or fund balances at the end of the year	2,526,874.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	SONYA PRYOR JONES CHIEF IMPLEMENTATION OFFICER	40.00	102,500.	20,487.	0.
2.	LUCIANO BETOLDI INTERNATIONAL OPERATIONS DIRECTO	40.00	95,850.	14,468.	0.
3.	ALTHEA CAMPBELL SR. MGR. OF RELATIONSHIPS	40.00	80,000.	422.	0.
4.	AIDAN MULLANEY MANAGER OF INSTRUCTION	40.00	80,000.	7,403.	0.
5.	LIZ WHITEWOLF EDUCATION DIRECTOR	40.00	71,923.	359.	0.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	INSTITUT D'ARQUITECTURA	164,022.	FAB ACADEMY CONSULTING
2.	NEIL GERSHENFELD	100,000.	FAB ACADEMY PROFESSOR
3.	SA FAB CITY FOUNDATION	80,000.	PROGRAM CONSULTING
4.	FOUNDATION MANAGEMENT ASSOCIAT	70,000.	FINANCE & ACCOUNTING
5.	TIES	60,112.	PROGRAM CONSULTING

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
WEBSTER BANK, NA	100 FRANKLIN STREET, BOSTON, MA 02110	617-717-6850

10. What is the organization's accounting method? Cash Accrual
 Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:
 Address: N/A
 City: N/A State: _____ ZIP Code: N/A

12. Contact Person Name: SHERRY LASSITER
 Street Address: 50 MILK ST, 16TH FLOOR
 City: BOSTON State: MA ZIP Code: 02109
 Phone Number: (857) 333-7777

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. **STATEMENT 1**

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization. **STATEMENT 2**

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records. **STATEMENT 3**

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

STATEMENT 4

If yes attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT	1
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NAME AND ADDRESS	PHONE NUMBER
N/A	N/A

FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	2
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NAME AND ADDRESS	TITLE
NEIL GERSHENFELD 50 MILK ST, 16TH FLOOR BOSTON, MA 02109	CHAIRMAN/DIRECTOR
SHERRY LASSITER 50 MILK ST, 16TH FLOOR BOSTON, MA 02109	PRESIDENT/DIRECTOR
MARIE PLANCHARD 50 MILK ST, 16TH FLOOR BOSTON, MA 02109	TREASURER/DIRECTOR
BLAIR EVANS 50 MILK ST, 16TH FLOOR BOSTON, MA 02109	DIRECTOR
KATIE RAST 50 MILK ST, 16TH FLOOR BOSTON, MA 02109	SECRETARY/DIRECTOR

FORM PC

PAGE 4, LINE 18

STATEMENT 3

NAME AND ADDRESSAREA OF RESPONSIBILITY

BOARD OF DIRECTORS
50 MILK ST, 16TH FLOOR
BOSTON, MA 02109

RESPONSIBLE FOR CUSTODY OF FUNDS

BOARD OF DIRECTORS
50 MILK ST, 16TH FLOOR
BOSTON, MA 02109

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

BOARD OF DIRECTORS
50 MILK ST, 16TH FLOOR
BOSTON, MA 02109

RESPONSIBLE FOR FUNDRAISING

BOARD OF DIRECTORS
50 MILK ST, 16TH FLOOR
BOSTON, MA 02109

CUSTODY OF FINANCIAL RECORDS

SHERRY LASSITER
50 MILK ST, 16TH FLOOR
BOSTON, MA 02109

AUTHORIZED TO SIGN CHECKS

REBECCA OTTINGER
50 MILK ST, 16TH FLOOR
BOSTON, MA 02109

AUTHORIZED TO SIGN CHECKS

NEIL GERSHENFELD
50 MILK ST, 16TH FLOOR
BOSTON, MA 02109

AUTHORIZED TO SIGN CHECKS

FORM PC

PAGE 4, LINE 19

STATEMENT 4

STATE

REG AGENCY

CALIFORNIA

ATTORNEY GENERAL

DATE OF REG

REG NUMBER

OTHER NAMES USED

04/26/12

CT-0181781

FAB ACADEMY

SOLICIT DATE

TYPE OF SOLICITATION

10/01/20

CORPORATE SOLICITATIONS

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes No
- (d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

STATEMENT 5

FORM PC

PAGE 6, LINE 24

STATEMENT 5

NAME AND ADDRESS

SHERRY LASSITER
50 MILK STREET, 16TH FLOOR
BOSTON, MA 02109

NATURE OF TRANSACTION

SALARY

AMOUNT INVOLVED

55,927.

PROCEDURE FOLLOWED

APPROVAL BY BOARD OF DIRECTORS WITH MS. LASSITER RECUSING HERSELF

NAME AND ADDRESS

NEIL GERSHENFELD
50 MILK STREET, 16TH FLOOR
BOSTON, MA 02109

NATURE OF TRANSACTION

COMPENSATED FOR SERVICES AS FAB ACADEMY PROFESSOR

AMOUNT INVOLVED

100,000.

PROCEDURE FOLLOWED

APPROVAL BY BOARD OF DIRECTORS WITH MR. GERSHENFELD RECUSING HIMSELF

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: SHERRY LASSITER

Title: PRESIDENT

Name of Preparer: EDELSTEIN AND COMPANY LLP

Address 160 FEDERAL STREET, 9TH FLOOR

City BOSTON State MA ZIP Code 02110

Phone Number 617-227-6161

Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

FAB ACADEMY

Types of solicitation activities in which you expect to engage (check all that apply):

Table with 2 columns: Activity and checkbox. Activities include Mass Mailing, Door-to-door, Entertainment event, Telemarketing without sale of goods or ads, Telemarketing with sale of goods, Telemarketing with sale of ads, Via the Internet, Raffle, beano, bingo or gaming event, Sale of goods other than by telephone, Individual Mailings, Corporate solicitations, Grant Proposals.

X Other (specify): NEWSLETTERS

Identify the method or methods you expect to use for the fundraising (check all that apply):

Table with 2 columns: Method and checkbox. Methods include Professional solicitor*, Professional fundraising counsel*, Commercial co-venturer*, Own employees, Volunteers.

* Provide applicable names and addresses:

Professional Solicitor Name: N/A

Address

City State ZIP Code

Professional Fundraising Counsel Name: N/A

Address

City State ZIP Code

Commercial Co-Venturer Name: N/A

Address

City State ZIP Code

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

SHERRY LASSITER

Name and Title: PRESIDENT/DIRECTOR

Address 50 MILK ST, 16TH FLOOR

City BOSTON

State MA

ZIP Code 02109

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

SHERRY LASSITER

Name and Title: PRESIDENT/DIRECTOR

Address 50 MILK ST, 16TH FLOOR

City BOSTON

State MA

ZIP Code 02109

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

FAB ACADEMY

Types of solicitation activities in which you expect to engage (check all that apply):

Table with 2 columns: Activity type and checkbox. Rows include Mass Mailing, Door-to-door, Entertainment event, Telemarketing without sale of goods or ads, Telemarketing with sale of goods, Telemarketing with sale of ads, Via the Internet, Raffle, beano, bingo or gaming event, Sale of goods other than by telephone, Individual Mailings, Corporate solicitations, Grant Proposals.

X Other (specify): NEWSLETTERS

Identify the method or methods you expect to use for the fundraising (check all that apply):

Table with 2 columns: Method and checkbox. Rows include Professional solicitor*, Professional fundraising counsel*, Commercial co-venturer*, Own employees, Volunteers.

* Provide applicable names and addresses:

Professional Solicitor Name: N/A

Address

City State ZIP Code

Professional Fundraising Counsel Name: N/A

Address

City State ZIP Code

Commercial Co-Venturer Name: N/A

Address

City State ZIP Code

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

SHERRY LASSITER

Name and Title: **PRESIDENT/DIRECTOR**

Address **50 MILK ST, 16TH FLOOR**

City **BOSTON**

State **MA**

ZIP Code **02109**

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

SHERRY LASSITER

Name and Title: **PRESIDENT/DIRECTOR**

Address **50 MILK ST, 16TH FLOOR**

City **BOSTON**

State **MA**

ZIP Code **02109**

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: SHERRY LASSITER

Title: PRESIDENT

Signature: _____ Date: _____

Printed Name: NEIL GERSHENFELD

Title: CHAIRMAN