Form **990-EZ**

Short Form

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

OMB No. 1545-1150

private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. Department of the Treasury Open to Public Inspection Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. FEB 2, 2009 For the 2009 calendar year, or tax year beginning and ending DEC 31, 2009 Check if applicable C Name of organization D Employer identification number use IRS Address change label or Name change print or THE FAB FOUNDATION 26-4836002 type, X Initial return E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Specific 2931 FILLMORE STREET Termin-ated (978) 897-0510 Instruc-City or town, state or country, and ZIP + 4 Amended return F Group Exemption SAN FRANCISCO, CA 94123 Number > • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Cash X Accruai G Accounting method: Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► HTTP://FABFOUNDATION.ORG H Check ► if the organization is not Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Check LX if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. 5,000. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts.

Program service revenue including government fees and contracts 5,000. 1 2 2 3 Investment income 4 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5с Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ _____ of contributions reported on line 1) 6b b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7r. Other revenue (describe 8 5,000. **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 16 Other expenses (describe 16 17 Total expenses. Add lines 10 through 16 17 5,000. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 5,000. 21 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. Part II (See the instructions for Part II.) (A) Beginning of year (B) End of year 0. 5,000. 22 22 Cash, savings, and investments 23 23 Land and buildings 24 Other assets (describe 24 5,000. 25 Total assets 25 26 Total liabilities (describe

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Net assets or fund balances (line 27 of column (B) must agree with line 21)

Form 990-EZ (2009)

5,000.

27

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	art III Statement of Program Service Accomplishme	· · · · · · · · · · · · · · · · · · ·	Part III.)		-1	Expenses
	at is the organization's primary exempt purpose? SEE STATEMEN				1 '	for section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pu			be		47(a)(1) trusts; optiona
	services provided, the number of persons benefited, and other releva		gram title.		for others.)
28	THERE WERE NO PROGRAMS CONDUCTED D	URING 2009.				
	(Grants \$ 0 •) If this amount includes foreign	grants, check here	>		28 a	0.
29						
	(Grants \$) If this amount includes foreign	grants, check here	>		29a	
30						
	(Grants \$) If this amount includes foreign				30a	
	Other program services (attach schedule)			·		
	(Grants \$) If this amount includes foreign			<u> </u>	31a	
	Total program service expenses (add lines 28a through 31a)				32	
Pa	art IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	ven if not compensated. (
		(b) Title and average hours	(c) Compensation		ontribution emplovee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		efit plans &	1 ' ' ' '
		position	-0)	d	eferred	other allowances
				com	pensation	
_	UART GANNES, 2931 FILLMORE STREET,				•	
	N FRANCISCO, CA 94123	5.00	0.		0	. 0.
	ERRY LASSITER	TREASURER/SEC		REC		
10			0.		0	. 0.
	IL GERSHENFELD	DIRECTOR			•	
10	5 WALTHAM STREET, MAYNARD, MA 0175	4 5.00	0.		0	. 0.
9321	72 3-10				Form	990-EZ (2009

Pa	Other Information (Note the statement requirements in the instructions for Part V.)			- ago o
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	_N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	_		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a	*********	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	_		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization >			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ► CA, MA			
42 a	The organization's books are in care of ► SHERRY LASSITER Telephone no. ► (978)	897	<u>-05</u>	10
	Located at ► 105 WALTHAM STREET, MAYNARD, MA ZIP+4 ► C	175	4	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			•
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
				,
		popular in a	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		<u> X</u>
		Earm O	00 67	(0000)

Pai	Section 501(c)(3) organizations and section 49 organizations and section 4947(a)(1) nonexempt charitable t and 51.	947(a)(1) nonexempt rusts must answer question	charitable tru ns 46·49b and co	ists only. All mplete the table	sections for	n 501	(c)(3) 60
	Did the organization engage in direct or indirect political campaign activities o					Yes	No
	office? If "Yes," complete Schedule C, Part I	•••••			46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Sche	edule C, Part II	•••••		47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes,	" complete Schedule E			48		Х
49 a	Did the organization make any transfers to an exempt non-charitable related o	rganization?			49 a		X
	If "Yes," was the related organization a section 527 organization?				49b	 l	!
	Complete this table for the organization's five highest compensated employee than \$100,000 of compensation from the organization. If there is none, enter '		, trustees and key e	mployees) wno ea	ich rec	elved r	nore
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e	e) Experience (and
	Complete this table for the organization's five highest compensated independe organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more the second or the s		(b) Type of ser			om the pensati	
						•	
d T	otal number of other independent contractors each receiving over \$100,000		>				
Sign Here	Under penalties of perjury, I declare that I have examined this return, including according correct, and complete. Declaration of preparer (other than officer) is based on all info	ompanying schedules and statement ormation of which preparer has any k	s, and to the best of my nowledge.	knowledge and belie	ef, it is t	rue,	
	SHERRY LASSITER, TREASURER Type or print name and title			Jaic			
Paid Prepar Use On		11/21/11 empl	oyed ▶ □	rer's identifying nur	nber (S	ee instr.)	
	Firm's name (or yours if self-employed), address, and ZIP+4 EDELSTEIN AND COMPANY, 160 FEDERAL STREET, 9TH BOSTON, MA 02110-1772	LLP FLOOR	Phone no.		7–6	161	
May th	e IRS discuss this return with the preparer shown above? See instructions			<u> </u>			No
				Fo	rm 99	0-EZ (2	2009)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization **Employer identification number** THE FAB FOUNDATION 26-4836002 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 that describes the type of supporting organization and complete lines 11e through 11h. a ____ Type i **b** Type II c Type III - Functionally integrated ___ Type III · Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (iii) Type of (i) Name of supported (iv) Is the organization (v) Did you notify the (vi) Is the (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. (i) organized in the organization organization in col. (described on lines 1-9 support governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes Yes

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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.)

Se	ection A. Public Support			,			
Ca	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(a) 2000	(8 T)
1	Gifts, grants, contributions, and		(4, 2000	(0) 2007	(d) 2008	(e) 2009	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")					5,000.	5,000
2	Tax revenues levied for the organ-					3,000.	
	ization's benefit and either paid to				i		
	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					5,000.	5,000
5	The portion of total contributions					3,000.	3,000
	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)						4 000
_6	Public support. Subtract line 5 from line 4.						4,900.
Se	ction B. Total Support			***************************************			100.
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(-) 2000	(0.T.)
	Amounts from line 4		1-7-2000	(6) 2501	(0) 2000	(e) 2009 5,000.	(f) Total 5,000.
8	Gross income from interest,					3,000.	3,000.
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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 IV.)						
11	Total support. Add lines 7 through 10						5,000.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	3,000.
13	First five years. If the Form 990 is for	the organization's	first, second, third	fourth or fifth tax	v vear as a soction	501(0)(3)	
	organization, check this box and stop	here		2, 1001111, 07 11111 (2)	r year as a section	1 30 1(0)(3)	▶ X
Sec	tion C. Computation of Publi	c Support Per	centage				P A
14	Public support percentage for 2009 (li	ne 6, column (f) div	rided by line 11. co	olumn (fl)		14	
15	Public support percentage from 2008	Schedule A, Part I	I, line 14			15	<u>%</u>
16a	33 1/3% support test - 2009. If the or	ganization did not	check the box on	line 13, and line 14	Lis 33 1/3% or mo	ore check this box or	%
	stop here. The organization qualifies a	as a publicly suppo	rted organization		110 00 170 70 01 1110	ore, check this box at	\ ▶ □
b	33 1/3% support test - 2008. If the or	ganization did not	check a box on lin	e 13 or 16a, and li	ne 15 is 33 1/3%	or more, check this b	P
	and stop here. The organization qualif	ies as a publicly su	pported organiza	tion	10 10 10 00 170 70	or more, check this b	ox ▶□
17a	10% -facts-and-circumstances test	- 2009 If the organ	nization did not ch	eck a box on line 1	3 16a or 16b ar	nd line 14 is 10% or n	P
	and if the organization meets the "fact	s-and-circumstanc	es" test, check thi	s box and ston he	re. Explain in Part	IV how the arabitat	tion
	meets the "facts-and-circumstances" t	est. The organizati	on qualifies as a n	ublicly supported	organization	Tranow the organizat	110H
b	10% -facts-and-circumstances test	- 2008.If the organ	ization did not ch	eck a box on line 1	3.16a 16b or 17	'a and line 15 in 1000	L
	more, and if the organization meets the	e "facts-and-circum	stances" test_ch	eck this box and et	on here Evalais	a, and mie 10 is 10% in Dort IV houst-) Of
	organization meets the "facts and circu	umstances" test. T	he organization or	ialifies as a publich	v supported area	nir art iv now the	
8	Private foundation. If the organization	did not check a be	ox on line 13. 16a	16b. 17a or 17b	check this hav an	nzation	
				, ,, 0, ,,0,		lule A (Form 990 or t	
					Scriet	A from an or s	99U-EZ/ ZUU9

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Schedule A (Form 990 or 990-EZ) 2009 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (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 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) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (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 IV.) 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 16 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2008 Schedule A, Part III, line 17

19a 33 1/3% support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

	Schedule A /Form 990 or 990		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions]
	- I supported organization	Ь	J

17

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%

%

FO:	RM 990-EZ	EZ INFORMATION REGARDING TRANSFERS STATA ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				TEMENT		
A)	DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, REC	[]	YES	[X]	NO	
B)	DID THE ORG	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. []	YES	[X]	NO	

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STATEMENT

2

TO EDUCATE THE GENERAL PUBLIC AND PROVIDE A GLOBAL NETWORK OF LOCAL LABS, ENABLING INVENTION BY PROVIDING ACCESS FOR INDIVIDUALS TO TOOLS FOR DIGITAL FABRICATION.