Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

А Г	OI LITE	2023 Calefidat year, or tax year beginning	enung		
В с	heck if	C Name of organization		D Employer identifi	cation number
	Addre	THE FAB FOUNDATION			
	Name chang	Doing business as FAB ACADEMY		26-48360	02
F	Initial return Fiṇal	50 MILK ST 16TH FLOOR	Room/suite	E Telephone numbe (857)333	
	⊐return/ termin ated			G Gross receipts \$	2,247,573.
	□Amen			H(a) Is this a group re	
\vdash	_return			for subordinates	
	⊥tion pendir	SAME AS C ABOVE		H(b) Are all subordinates in	······ = =
т т		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1 ` ′	list. See instructions
	Vebsit		01 321	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Vear		M State of legal domicile; CA
Pa	rt I	Summary	∟ Toai	or formation. 2005[1	VI State of legal dofficite. C11
	_	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O	
Activities & Governance	•	briefly describe the organization at most of most of mission of most of mission and activities.			
rnai	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as:	sets.
)Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5 3
8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	5
/itie	6	Total number of volunteers (estimate if necessary)		6	100
cţi				7a	0.
4	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		1,095,819.	1,226,112.
nu-	9	Program service revenue (Part VIII, line 2g)		1,553,428.	788,615.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		82.	192,120.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,649,329.	2,206,847.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,350,757.	648,230.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		284,751.	504,204.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ď	b	Total fundraising expenses (Part IX, column (D), line 25)		0 100 000	0.000.441
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,100,272.	2,089,441.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,735,780.	3,241,875.
		Revenue less expenses. Subtract line 18 from line 12		-1,086,451.	-1,035,028.
ts or			Бе	ginning of Current Year	End of Year
Net Assets or - -und Balances	20	Total assets (Part X, line 16)		3,453,460. 1,487,679.	1,634,179.
let A	21	Total liabilities (Part X, line 26)		1,965,781.	926,239.
	rt II	Net assets or fund balances. Subtract line 21 from line 20		1,303,701.	720,237.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			, knowledge and belief, it is
,	001100	g and completel books and of property (client than officer) to become an information of the	non proparor	That any knowledge.	
Sigr	1	Signature of officer		Date	
Her		SHERRY LASSITER, PRESIDENT			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Paid		EUGENE BORGONZI	1	.1/04/24 if self-employ	P01269879
	arer	Firm's name EAG NEW ENGLAND LLC		Firm's EIN 9	9-2277914
-	Only	Firm's address 160 FEDERAL STREET, 9TH FLOOR			_
	_	BOSTON, MA 02110		Phone no. 61	7-227-6161
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

SEE SCHEDULE O FOR CONTINUATION(S)

) (Revenue \$

Form **990** (2023)

09231107 700333 23355

Other program services (Describe on Schedule O.)

Total program service expenses

2,823,477.

including grants of \$

Form 990 (2023) THE FAB FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Pid the approximation projection on office and because the state of the United Obstaco	14a	Х	1
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144	-22	\vdash
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446	Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	22	\vdash
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-	v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	\vdash
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		v	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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Form 990 (2023) THE FAB FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7.7
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
Da	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Щ_
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		V	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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023) THE FAB FOUNDATION

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2 a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccounts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				.,
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	•	١.,		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
b		no roquirod	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 92922	•	7.		х
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		<u> </u>
e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1 1			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	106			
_	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.	/o O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		1-10		
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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			X
Sec	tion 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.			
b	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?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		X
Sec	tion 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?	10a		Х
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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?	16a		X
b	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?	16b		
Sec	tion 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))	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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	finan	cial	
	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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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 the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do box	Positior (do not check more box, unless person officer and a director			ion ore than one on is both an		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LUCIANO BETOLDI	40.00							110 400		0
VICE PRESIDENT/COO	1 00					X		112,423.	0.	0.
(2) NEIL GERSHENFELD CHAIRMAN/DIRECTOR/CONSULTANT	1.00	Х		х				64,275.	0.	0.
(3) SHERRY LASSITER	20.00	Λ		^				04,275.	0.	0.
PRESIDENT/DIRECTOR	20.00	Х		х				60,116.	0.	0.
(4) MARIE PLANCHARD	1.00	T-						00,2201	0.1	
TREASURER/DIRECTOR		х		x				0.	0.	0.
(5) BLAIR EVANS	1.00									
DIRECTOR		Х						0.	0.	0.
(6) KATIE RAST	1.00									
SECRETARY/DIRECTOR		Х		Х				0.	0.	0.
		1								

(B) Average hours per week (list any hours for	box,	not ch unles	CPosineck nass pers	tion nore t	han o		(D) Reportable	(E) Reportable		(F Estim	
hours per week (list any	box,	not ch unles	neck n	nore t	han o		·	•		∟stim	ated
week (list any	offic			JUI 15		an I	compensation	compensation		amou	ınt of
1 '		_	a a air	rector	/truste		from	from related		oth	
l houre for	ector						the	organizations	cc	mper	nsation
related	or dir	96		ŀ	ated		organization	(W-2/1099-MISC		from	
organizations	rustee	truste		e e	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	zation elated
below	Individual trustee or director	Institutional trustee	_	mploy	Highest compensated employee	-e	1099-1120)				ations
line)	Indivi	Instit	Officer	Key employee	Highe emplo	Former					
									_		
	1										
				-					+		
	1										
				-					_		
	1										
_											
	1										
											0.
						- 1					0.
) •		0.
t not limited to th	iose	liste	d ab	ove)	wno	o red	ceived more than \$100,	JUU of reportable			1
										Ye	
er, director, trust	ee, k	ey e	mplo	oyee	e, or	high	nest compensated empl	oyee on			
		•	•	•		•	·	•	. з		Х
150,000? If "Yes,	," coi	mple	ete S	che	dule	J fo	or such individual		. 4		X
											37
<u>omplete Schedul</u>	e J fo	or su	ch p	ersc	on				. 5		X
compensated in	dana	nder	nt co	ntra	ctor	e th	at received more than \$	100 000 of compe	neation	from	
									isation	110111	
			<u>g</u>				(B)			(C)	
ss address	NC	NE	3				Description of s	ervices	Comp	ensa	tion
						4					
						\dashv					
						\dagger					
		_									
	ot lin	nited	l to t	_		ed a	above) who received mo	ore than			
anization				- 0							
	t not limited to the ser, director, trust or such individual esum of reportable 150,000? If "Yes, or accrue compercomplete Schedul compensated incorrection the calendar years address."	ever, director, trustee, ker such individual	ever, director, trustee, key en en such individual en sum of reportable compensation fromplete Schedule J for succompensated independent or the calendar year endingers address NONE	ever, director, trustee, key emplayers such individual esum of reportable compensation from a complete Schedule J for such processes address NONE s (including but not limited to the set of the calendar year ending with the set of	ever, director, trustee, key employee or such individual esum of reportable compensation from any complete Schedule J for such personation from an	ever, director, trustee, key employee, or or such individual esum of reportable compensation and 150,000? If "Yes," complete Schedule or accrue compensation from any unrecomplete Schedule J for such person compensated independent contractors or the calendar year ending with or with ess address NONE s (including but not limited to those list	will, Section A It not limited to those listed above) who receiver, director, trustee, key employee, or high or such individual Is sum of reportable compensation and other accrue compensation from any unrelate complete Schedule J for such person compensated independent contractors the or the calendar year ending with or within the calendar year ending with or within the sess address NONE s (including but not limited to those listed and the calendar year)	236 , 814. VII, Section A 236 , 814. it not limited to those listed above) who received more than \$100, or such individual sum of reportable compensation and other compensation from the sum of reportable compensation and other compensation or individual or accrue compensation from any unrelated organization or individual complete Schedule J for such person compensated independent contractors that received more than \$ or the calendar year ending with or within the organization's tax years address NONE Bescription of selections above) who received more than \$ or the calendar year ending with or within the organization's tax years address NONE Description of selections above) who received more than \$ or the calendar year ending with or within the organization or individual selections and the calendar year ending with or within the organization or individual selections.	236 , 814 . C VII, Section A 236 , 814 . C 236 ,	236 , 814 . 0 . VII, Section A 236 , 814 . 0 . 236 , 814 . 0 . 1 t not limited to those listed above) who received more than \$100,000 of reportable 236 , 814 . 0 . 236 , 814 . 0 . 236 , 814 . 0 . 236 , 814 . 0 . 236 , 814 . 0 . 236 , 814 . 0 . 236 , 814 . 0 . 236 , 814 . 0 . 236 , 814 . 0 . 236 , 814 . 0 . 236 , 814 . 0 . 236 , 814 . 0 . 236 , 814 . 0 . 236 , 814 . 0 . 237	VII, Section A 236,814. 0. 236,814. 0. 1

332008 12-21-23

Form 990 (2023) THE FAB FOUNDATION
Part VIII Statement of Revenue

			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	_ (D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts									
رج ان و									
fts, Ar			Fundraising events						
ig ig			Related organizations						
ns, Sim			Government grants (contribution						
utio er (Ť	All other contributions, gifts, gran		226 112				
현된			similar amounts not included above		226,112.				
ont od (_	Noncash contributions included in lines	1a-1f 1g \$	4,000.	1 006 110			
<u>0 g</u>		h	Total. Add lines 1a-1f		1	1,226,112.			
	<u> </u>				Business Code	404 045	404 045		
e S			TUITION		611430	491,817.			
e <u>v</u> i			CONTRACTS		541700	152,677.	152,677.		
Program Service Revenue		С	CONFERENCE FEES		541900	144,121.	144,121.		
		d							
og B		е							
P		f	All other program service reve	nue					
		g	Total. Add lines 2a-2f			788,615.			
	3		Investment income (including						
						27,846.			27,846.
	4		Income from investment of tax						_
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b	1					
			Rental income or (loss) 6c						
			Net rental income or (loss)	1	1				
			Gross amount from sales of	(i) Securities	(ii) Other				
	•	а	assets other than inventory 7a		205,000.				
		h	Less: cost or other basis		203,000				
Φ		D			40,726.				
ň		_	and sales expenses		164,274.				
eve			Gain or (loss) 7c		•	164,274.			164,274.
her Revenue			Net gain or (loss)		T	104,274.			104,274.
	8	а	Gross income from fundraising ev	`					
Ò			including \$						
			contributions reported on line	, I					
			Part IV, line 18		1				
			Less: direct expenses						
			Net income or (loss) from fund						
	9	а	Gross income from gaming ac						
			Part IV, line 19						
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gam	ing activities					
	10	а	Gross sales of inventory, less	I					
			and allowances	10:	3				
		b	Less: cost of goods sold	10k	o e				
		С	Net income or (loss) from sale	s of inventory					
10					Business Code				
no e	11	а							
ane Dut		b							
Miscellaneous Revenue		С							
lisc		d	All other revenue						
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			2,206,847.	788,615.	0.	192,120.

332009 12-21-23

Form 990 (2023) THE FAB FOUNDATION Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must com	nolete column (A)	
00011	Check if Schedule O contains a response				X
	not include amounts reported on lines 6b, 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	223,092.	223,092.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	10,500.	10,500.		
3	Grants and other assistance to foreign	20,0000	20,000		
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	414,638.	414,638.		
4	Benefits paid to or for members	,	,		
5	Compensation of current officers, directors,	125,160.	106,894.	9,133.	9,133.
6	Compensation not included above to disqualified	123,100.	100,054.	3,133.	3,133.
·	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	324,634.	288,636.	23,745.	12,253.
8	Pension plan accruals and contributions (include	·		,	•
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	23,059.	19,813.	1,966.	1,280.
10	Payroll taxes	31,351.	26,938.	2,674.	1,739.
11	Fees for services (nonemployees):				
a	Management	953.	887.	6.6	
b		109,096.	00/•	109,096.	
	Accounting	109,090.		109,090.	
d e					
f	Investment management fees				
g g					
J	column (A), amount, list line 11g expenses on Sch 0.)	878,578.	811,686.	66,892.	
12	Advertising and promotion	5,879.	4,566.	1,313.	
13	Office expenses	72,426.	26,201.	46,221.	4.
14	Information technology				
15	Royalties	25 006	015	24 171	
16	Occupancy	35,086.	915. 210,814.	34,171.	
17	Travel	228,579.	210,814.	1/,/03.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	155,650.	154,894.	756.	
20	Interest	18,442.	201,001.	18,442.	
21	Payments to affiliates	- , = - - - ·		-,	
22	Depreciation, depletion, and amortization	31,519.		31,519.	
23	Insurance	14,185.	469.	13,686.	30.
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.)				
а	LAB COMPONENTS	538,025.	522,534.	15,491.	
b	STATE FILING FEES	700.		700.	
С	GRANT AND AWARDS ADMINI	323.		323.	
d					
е		2 244 275		200 272	
25	Total functional expenses. Add lines 1 through 24e	3,241,875.	2,823,477.	393,959.	24,439.
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)				
	11 IOIIOWING SOF 90-2 (ASC 930-720)				000

Part X	Balance Sheet					
	Check if Schedule O contains a response or note t	to any	ine in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			2,511,123.	1	1,032,634
2	Savings and temporary cash investments			52,867.	2	466,101
3	Pledges and grants receivable, net			564,593.	3	25,000
4	Accounts receivable, net			244,109.	4	83,479
5	Loans and other receivables from any current or fo					
	trustee, key employee, creator or founder, substan	ntial co	ntributor, or 35%			
	controlled entity or family member of any of these		5			
6	Loans and other receivables from other disqualified					
	under section 4958(f)(1)), and persons described in	n sectio	on 4958(c)(3)(B)		6	
္ 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use				8	3,114
₹ 9	Prepaid expenses and deferred charges			5,337.	9	17,127
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D		14,583.			
1	Less: accumulated depreciation	74,243.	10c	4,598		
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	1 100	14	2 12		
15	Other assets. See Part IV, line 11		1,188.	15	2,126	
16	Total assets. Add lines 1 through 15 (must equal			3,453,460.	16	1,634,179
17	Accounts payable and accrued expenses			399,152.	17	257,324
18	Grants payable	869,566.	18	215 (16		
19	Deferred revenue	83,961.	19	315,616		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Pa				21	
22	Loans and other payables to any current or former					
	trustee, key employee, creator or founder, substan					
	controlled entity or family member of any of these	-		135,000.	22	135,000
23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·	133,000.	23	133,000
24	Unsecured notes and loans payable to unrelated the				24	
25	Other liabilities (including federal income tax, paya					
	parties, and other liabilities not included on lines 1	-			OE.	
26	of Schedule D			1,487,679.	25 26	707,940
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check		X	1,407,075.	20	707,540
<u>ရှ</u>	and complete lines 27, 28, 32, and 33.	liele.				
Ö 27	Net assets without donor restrictions			415,920.	27	-1,122
28	Net assets with donor restrictions	1,549,861.	28	927,361		
	Organizations that do not follow FASB ASC 958			2,015,0021		32.,302
돌	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
S 30	Paid-in or capital surplus, or land, building, or equi				30	
88 30 31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances 27 28 29 31 32 32	Total net assets or fund balances			1,965,781.	32	926,239
Z 33	Total liabilities and net assets/fund balances			3,453,460.	33	1,634,179
_ 1 00	Total habilities and net assets/fully balances			0,100,100.	55	Form 990 (20

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

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

OMB No. 1545-0047

THE FAB FOUNDATION

26-4836002 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.) 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 (Form 990).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1746391.	3154784.	2221740.	1095819.	1226112.	9444846.
2	Tax revenues levied for the organ-						
	ization'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	1746391.	3154784.	2221740.	1095819.	1226112.	9444846.
	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)						5717137.
6	Public support. Subtract line 5 from line 4.						3727709.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1746391.	3154784.	2221740.	1095819.	1226112.	9444846.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,466.	1,060.	568.	82.	27,846.	32,022.
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						9476868.
	Gross receipts from related activities,	etc. (see instructio	ns)			12 6	,787,440.
	First 5 years. If the Form 990 is for the			ourth, or fifth tax v	ear as a section 50		· · ·
	organization, check this box and stor	•					
Sec	tion C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	39.33 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	35.93 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	: 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	-		• • •			
	more, and if the organization meets the						
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-	•	• •		
							(Form 990) 2023

332022 12-21-23

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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 organ- ization'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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on 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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
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3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			
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5a 5b 5c 6 7 8 9a 9b 9c 10a	4b		
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5b 5c 6 7 8 9a 9b 9c 10a	4c		
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5c 6 7 8 9a 9b 9c 10a 10b	Eh		
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7 8 9a 9b 9c 10a	50		
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7 8 9a 9b 9c 10a			
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9b 9c 10a			
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10a	9b		
10a			
10b	9с		
10b			
10b			
	10a		
			<u> </u>

332024 12-21-23 Schedule A (Form 990) 2023

Par	rart IV Supporting Organizations (continued)			
			Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described on lines 1	11b and		
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described on line 11a above?	11b		
С	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or	11c, provide		
	detail in Part VI.	11c		
Sect	ection B. Type I Supporting Organizations			
			Yes	No
1	1 Did the governing body, members of the governing body, officers acting in their official capacity, or m	nembership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the or			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported of effectively operated, supervised, or controlled the organization's activities. If the organization had more			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were a			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the			
2	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	ı in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that oper	rated,		
_	supervised, or controlled the supporting organization.	2		
Sect	ection C. Type II Supporting Organizations			
			Yes	No
1	1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors of t	rectors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how or	control		
	or management of the supporting organization was vested in the same persons that controlled or management	aged		
	the supported organization(s).	1		
Sect	ection D. All Type III Supporting Organizations			
			Yes	No
1	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) cop	pies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously processes the second of the extent of t	provided? 1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in P	Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization	ion(s).		
3	By reason of the relationship described on line 2, above, did the organization's supported organization	ns 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	n's		
2001	supported organizations played in this regard.			
	ection E. Type III Functionally Integrated Supporting Organizations			
		e year (see instructions).		
а	= c			
b				
C	5 Jeodine iii van yea eappertea a ge	vernmental entity (see instructio		NIa
2			Yes	No
	, , , , , , , , , , , , , , , , , , , ,			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ide			
	those supported organizations and explain how these activities directly furthered their exempt purp how the organization was responsive to those supported organizations, and how the organization dete			
	that these activities constituted substantially all of its activities.	2a		
h	b Did the activities described on line 2a, above, constitute activities that, but for the organization's invo			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," e			
	Part VI the reasons for the organization's position that its supported organization(s) would have engage	·		
	these activities but for the organization's involvement.	2b		
		25		
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, c 	or		
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activit			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this			
			_	

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations 2	20 2 030002 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations mus		·	i dit vi). Occ insu ucuons.
Sect	ion A - Adjusted Net Income	st domplete ((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		
Sect	ion 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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		

Schedule A (Form 990) 2023

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

09231107 700333 23355

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 Inspection

Name of the organization

THE FAB FOUNDATION

Employer identification number 26-4836002

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ar Funds or Ad	Counts. Complete if the
		(a) Donor advised fund	ds	(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 w	riting that the assets held in c	donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat		servation of a histo	orically important land area
	Protection of natural habitat	· —		ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution i	n the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а				2a
b	-			2b
c	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included on line 2c acquir	•••		
-	on a historic structure listed in the National Register	• • • •		2d
3	Number of conservation easements modified, transferred, rele			
Ü	year	asca, extinguished, or termin	ated by the organi	zation during the tax
4	Number of states where property subject to conservation ease	ament is located		
5	Does the organization have a written policy regarding the peri		andling of	
3	violations, and enforcement of the conservation easements it	• • • • • • • • • • • • • • • • • • • •	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	etan and volunteen neare develous to membering, mepeeting, r	arraining of Violationic, and orni	oromig comportation	on eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing	a conservation ea	sements during the year
-	, under the expenses meaned in monitoring, indposting, marian	ing of violations, and officions	g concervation ca	comente dannig the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of se	ction 170(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?			· — —
9	In Part XIII, describe how the organization reports conservatio			
·	balance sheet, and include, if applicable, the text of the footnote		•	
	organization's accounting for conservation easements.	oto to the organization o infant		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasur	es, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form		•	
	If the organization elected, as permitted under FASB ASC 958		statement and hala	ance sheet works
	of art, historical treasures, or other similar assets held for public	, .		
	service, provide in Part XIII the text of the footnote to its finance			ice of public
b	If the organization elected, as permitted under FASB ASC 958			sheet works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	exhibition, education, or resea		or public service,
				¢
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	curse or other similar assets		
2				provide
_	the following amounts required to be reported under FASB AS			c
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	IUI FUIIII 99U.		Schedule D (Form 990) 2023

3. Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection frems (check all that apply). a	Par	t III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	easures, o	r Other	Similar	Assets	(continue	ed)
a Public achibition d Loan or exchange program b Scholarly research e Other c Preservation for hubre generations 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 scollictor or deview 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 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, custodial, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodial, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance 1	3	Using the organization's acquisition, accessio	n, and other record	s, check	any of the	following that	t make sig	nificant us	se of its	,	
b Scholarly research control future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds after than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is its the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is its evaparization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is its evaparization than a management in Part XIII and complete the following table: C Beginning balance Is described by the service of the complete of the following table: C Beginning balance Is Distributions during the year Is Distributions during the year Is Ending balance Beginning of year balance Is Distributions and the year Is Distributions and the year and the organization answerred "Yes" on Form 990, Part X, line 10. If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowrhent Funds Complete if the organization answerred "Yes" on Form 990, Part X, line 10. Beginning of year balance Is Distributions Is Beginning of year balance Is Contributions Is Beginning of year balance Is Contributions Is Beginning of year balance Is Contributions Is Administrative expenses Is End of year balance Is Part W Is Beginning and Sequence of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Is Described in Part XIII the intended uses of the organizations is indowner th		collection items (check all that apply).			•						
b Scholarly research control future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds after than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is its the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is its evaparization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is its evaparization than a management in Part XIII and complete the following table: C Beginning balance Is described by the service of the complete of the following table: C Beginning balance Is Distributions during the year Is Distributions during the year Is Ending balance Beginning of year balance Is Distributions and the year Is Distributions and the year and the organization answerred "Yes" on Form 990, Part X, line 10. If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowrhent Funds Complete if the organization answerred "Yes" on Form 990, Part X, line 10. Beginning of year balance Is Distributions Is Beginning of year balance Is Contributions Is Beginning of year balance Is Contributions Is Beginning of year balance Is Contributions Is Administrative expenses Is End of year balance Is Part W Is Beginning and Sequence of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Is Described in Part XIII the intended uses of the organizations is indowner th	а	Public exhibition	c	t	Loan or exc	hange progra	am				
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? Part VI 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, line 21. 1b Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1c Beginning balance 1d Amount 1d Individual organization and the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Distributions arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2 Description of year balance 3 Description of year balance 4 Description of year balance 5 Contributions 2 Description of quasi-endowment 9 Septimized organizations and particular answered "Yes" on Form 990, Part IV, line 10. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 9 Septimized organizations? 3 Description of property 4 Description of property 1 Description of property 1 Description of property 1	b	Scholarly research	e								
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? 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. Is the organization an angust, fustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: If "Yes," explain the arrangement in Part XIII and complete the following table: If Ending balance It It It It It It It I	С	Preservation for future generations									
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? 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. Is the organization an angust, fustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: If "Yes," explain the arrangement in Part XIII and complete the following table: If Ending balance It It It It It It It I	4		lections and explain	n how th	ey further th	ne organizatio	on's exem	ot purpose	e in Part	XIII.	
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 ine 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	5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or othe	er similar a	ssets			
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 ine 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				,		•			\square	Yes	☐ No
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? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year f Ending balance 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 in 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) Tirree years back (e) Four years back Contributions c Net investment earnings, gains, and losses d Grants or scholarships c 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 96 C Term endowment 96 T erm endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? 5 If "Yes" on line 3a(ii), are the related organizations isled as required on Schedule R? 4 Describe in Part XIII the intended uses of the organizations endowment funds. Describe in Part XIII the intended uses of the organizations endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds.	Par									ne 9, or	
on Form 990, Part X? If Yes, "explain the arrangement in Part XIII and complete the following table: Amount											
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1e	1a	Is the organization an agent, trustee, custodia	n, or other intermed	diary for	contribution	ns or other as	sets not ir	ncluded			
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1e		on Form 990, Part X?		-						Yes	☐ No
c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If Y'es'; xyalain the arrangement in Part XIII. Check here if the explanation has been provided in 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 (e) Four years back (e) Four years back (f) Tree years back (e) Four years back (f) Tree years back	b										
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d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If 'Ves,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organizations 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 (e) Four years back (e) Four years back (e) 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 — 96 b Permanent endowment — 96 c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (ii) Unrelated organizations? (iii) Related organizations? (iii) Related organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property — (a) Control (b) Cost or other basis (other) depreciation 1a Land b Buildings c Leasehold improvements [a] Course years back (e) Four yea	С	Beginning balance						1c			
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f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds Complete if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Cal Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back											
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Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Table Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		_					•			_	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e) Four year	_										
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 y6 b Permanent endowment y6 c Term endowment 10/96 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: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? 5 b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements d Equipment 4 Equipment 5 Equipment 6 Equipment 6 Equipment 7 Equipment 7 Equipment 8 Equipment 9 Equipment 9 Equipment 9 Equipment 9 Equipment 14 Equipment 9 Equipment 9 Equipment 14 Equipment 9 Equipment 9 Equipment 14 Equipment 9 Equipme						1			ars back	(e) Four y	ears back
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 y6 b Permanent endowment y6 c Term endowment 10/96 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: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? 5 b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements d Equipment 4 Equipment 5 Equipment 6 Equipment 6 Equipment 7 Equipment 7 Equipment 8 Equipment 9 Equipment 9 Equipment 9 Equipment 9 Equipment 14 Equipment 9 Equipment 9 Equipment 14 Equipment 9 Equipment 9 Equipment 14 Equipment 9 Equipme	1a	Beginning of year balance									
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		ı									
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											
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											
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											
g End of year balance											
g End of year balance	f										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
a Board designated or quasi-endowment			nt vear end balanc	e (line 1c	ı. column (a)) held as:					
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: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 b Buildings c Leasehold improvements d Equipment e Other Other											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Other	_										
organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (3a(ii) Insurance Ins	За		•	ation tha	t are held a	nd administer	red for the				
(ii) Unrelated organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 1a Land b Buildings c Leasehold improvements d Equipment	-		5.5 5. 1 5. gu <u>-</u>							Y	es No
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements d Equipment e Other		•								3a(i)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements d Equipment e Other		/m =									
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 Buildings c Leasehold improvements d Equipment e Other	b										
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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other											
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (f) Book value (f) Book value (f) Accumulated depreciation (f) Accumulated depreciation (f) Accumulated depreciation (f) Book value (f) Book value	Par										
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		Complete if the organization answered	"Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X, lii	ne 10.			
b Buildings c Leasehold improvements d Equipment e Other		Description of property	1 ' '		. ,				i	(d) Book	/alue
b Buildings c Leasehold improvements d Equipment e Other	1a	Land		-							
c Leasehold improvements 14,583. 9,985. 4,598. e Other 12,583. 14,583. 9,985. 14,598.	_		I								
d Equipment 14,583. 9,985. 4,598.											
e Other			I		1	4,583.		9,98	5.	4	,598.
				X. line 1	Oc. column	(B))				4	,598.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 THE FAB FOUL	NDATION	26	5-4836002 Page
Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1) Financial derivatives	(D) Book value	(c) meaned of valuation. Seek of one	a or your market value
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
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 en	d-of-year market value
(1)	. , ,	1	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
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, line 15, col	!. (B))		
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	j.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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 ... Schedule D (Form 990) 2023

(9)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Par	t XI	Reconciliation of Revenue per Audited Financial St	atements With Reve	nue per Returr	1	
		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		2,206,847.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a			
b	Dona	ed services and use of facilities	2b			
С		veries of prior year grants				
d	Other	(Describe in Part XIII.)	2d			
е	Add li	nes 2a through 2d		2e	<u>;</u>	0.
3		act line 2e from line 1		3	\bot	2,206,847.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а		ment expenses not included on Form 990, Part VIII, line 7b				
b	Other	(Describe in Part XIII.)	4b			•
С		nes 4a and 4b			\neg	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5		2,206,847.
Par	t XII	Reconciliation of Expenses per Audited Financial S		enses per Rett	ar i i	
		Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		$\overline{}$	2 246 200
1					+	3,246,389.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
а		ed services and use of facilities				
b		/ear adjustments	_			
С.		losses		4,514.		
d		(Describe in Part XIII.)	•			1 511
		nes 2a through 2d			\neg	4,514. 3,241,875.
3		act line 2e from line 1		3		3,241,073.
4		nts included on Form 990, Part IX, line 25, but not on line 1: ment expenses not included on Form 990, Part VIII, line 7b	40			
				40		0.
		nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line			-	3,241,875.
Par	t XIII	Supplemental Information	16.)			0,111,010
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV. lines 1b and 2b	o: Part V. line 4: Par	rt X.	line 2: Part XI.
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide			,	,
			,			
PAR	RT X	II, LINE 2D - OTHER ADJUSTMENTS:				
LOS	SS O	N UNCOLLECTIBLE RECEIVABLES				4,514.
					—	

SCHEDULE F (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

THE FAB FOUNDAT	ION			26-48360	02
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered	"Yes" on
Form 990, Part IV			·	J	
		n maintain record	ds to substantiate the amount of its gra	ants and other assistance,	
	ū		the selection criteria used to award the		Yes No
,	Ū	,			
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance ou	tside the
United States.		_	·		
3 Activities per Region. (Th	he following Part	I, line 3 table ca	an be duplicated if additional space is n	needed.)	
(a) Region	(b) Number of	(c) Number of	T · · · · · · · · · · · · · · · · · · ·	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		investments
		in the region	recipients located in the region)	of service(s) in the region	in the region
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,			GRANT TO RECIPIENT IN		
AUSTRIA, BELGIUM	0	0	REGION	N/A	250.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	43	PROGRAM SERVICES	ACADEMY INSTRUCTION	163,349.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,			PAYMENTS FOR CONSULTING		
AUSTRIA, BELGIUM	0	7	SERVICES	N/A	371,132.
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT,	0	6	PROGRAM SERVICES	ACADEMY INSTRUCTION	14,594.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	0	14	PROGRAM SERVICES	ACADEMY INSTRUCTION	85,225.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED			PAYMENTS FOR CONSULTING		
STATES	0	17	SERVICES	N/A	209,322.
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,					
COLUMBIA, ECUADOR,	0	8	PROGRAM SERVICES	ACADEMY INSTRUCTION	23,610.
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,			PAYMENTS FOR CONSULTING		
COLUMBIA, ECUADOR,	0	3	SERVICES	N/A	57,318.
3 a Subtotal	0	98			924,800.
b Total from continuation					,
sheets to Part I	0	17			531,389.
c Totals (add lines 3a					
and 3b)	0	115			1,456,189.

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

Schedule F (Form 990) 2023

Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) Part I (c) Number of (f) Total (a) Region (b) Number of (d) Activities conducted in region (e) If activity listed in (d) offices employees or expenditures (by type) (i.e., fundraising, is a program service, in the region agents in program services, grants to describe specific type for region recipients located in the region) region of service(s) in region SOUTH ASIA AFGHANISTAN, INSTALLATION, TRAINING, BANGLADESH, BHUTAN, PROGRAM MGMT & 4,760. INDIA, MALDIVES, 0 0 PROGRAM SERVICES CONSULTING SOUTH ASIA -AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES 0 10 PROGRAM SERVICES ACADEMY INSTRUCTION 33,488. SOUTH ASIA -AFGHANISTAN PAYMENTS FOR CONSULTING BANGLADESH, BHUTAN, INDIA, MALDIVES, 0 2 SERVICES N/A 19,374. SUB-SAHARAN AFRICA -ANGOLA, BENIN, PURCHASE AND BOTSWANA, BURKINA INSTALLATION OF A FAB LAB FASO, 0 0 PROGRAM SERVICES 30,843. MIDDLE EAST AND NORTH AFRICA -ALGERIA, BAHRAIN, GRANTS TO RECIPIENTS IN DJIBOUTI, EGYPT 0 0 REGION N/A 394,488. SOUTH ASIA -AFGHANISTAN. BANGLADESH, BHUTAN, GRANT TO RECIPIENT IN INDIA, MALDIVES, 0 0 REGION N/A 8,800. SUB-SAHARAN AFRICA -ANGOLA, BENIN, BOTSWANA, BURKINA PAYMENTS FOR CONSULTING FASO 0 SERVICES N/A 13,600. EAST ASIA AND THE 0._ PACIFIC 0 0 FUNDRAISING N/A RUSSIA AND NEIGHBORING STATES -ARMENIA, AZERBIJAN, GRANTS TO RECIPIENTS IN 0 REGION 100. BELARUS 0 N/A 0 2 PROGRAM SERVICES ACADEMY INSTRUCTION SUB-SAHARAN AFRICA 13,750. **Totals**

Schedule F (Form 990)	THE FAB	FOUNDATI	ON	26-48360	02 Page 1
(a) Region	(b) Number of offices in the region		(Schedule F (Form 990), Part I, line (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
SUB-SAHARAN AFRICA	0		GRANTS TO RECIPIENTS IN REGION	N/A	1,000.
CENTRAL AMERICA AND THE CARIBBEAN	0		PAYMENTS FOR CONSULTING SERVICES	N/A	61.
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	ACADEMY INSTRUCTION	1,125.
CENTRAL AMERICA AND THE CARIBBEAN	0		GRANTS TO RECIPIENTS IN REGION	N/A	10,000.
					\vdash
Totals	•	17			531,389.

Part II

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
		MIDDLE EAST AND						
		NORTH AFRICA	FISCAL SPONSORSHIP	392,988.	EFT	0.	N/A	N/A
2 Enter total number of	recipient organizatio	I ns listed above that are i	I recognized as charities by the t	l foreign country,	I recognized as a tax	l		<u> </u>
			or counsel has provided a sect					1

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. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (g) Description of (c) Number of (e) Manner of (f) Amount of (a) Type of grant or assistance (b) Region cash disbursement recipients cash grant noncash noncash assistance assistance 2023 CHEVRON FAB STEM CENTRAL AMERICA 10,000.EFT FELLOWSHIP AND THE CARIBBEAN 0.N/A N/A EUROPE (INCLUDING CONTEST/CHALLENGE/COMPETITION ICELAND & WINNERS GREENLAND) 250. EFT 0.N/A N/A RUSSIA AND NEIGHBORING CONTEST/CHALLENGE/COMPETITION WINNERS STATES 100.EFT 0.N/A N/A CONTEST/CHALLENGE/COMPETITION WINNERS SOUTH ASIA 8,800.EFT 0.N/A N/A CONTEST/CHALLENGE/COMPETITION SUB-SAHARAN AFRICA WINNERS 1,000.EFT 0.N/A N/A CONTEST/CHALLENGE/COMPETITION MIDDLE EAST AND WINNERS NORTH AFRICA 1,500.EFT 0.N/A N/A

Page 4

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 the Instructions for Form 926)	X 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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 the Instructions for Form 5471)	Yes	X 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 the Instructions for Form 8621)	Yes	X 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 the Instructions for Form 8865)	Yes	X 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Page 5

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 2:

GRANTEES ARE REQUIRED TO MAKE PERIODIC REPORTS TO ENSURE THAT ANY FUNDS OR OTHER ASSITANCE RECEIVED ARE USED FOR THE INTENDED PURPOSE(S) OF THE GRANT ONLY. THE OFFICERS OF THE CORPORATION 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.

PART I, LINE 3:

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

PART II, LINE 1 (ACCOUNTING METHOD):

GRANTS TO ORGANIZATIONS AND INDIVIDUALS OUTSIDE THE US ARE ACCOUNTED FOR ON THE ACCRUAL BASIS USED FOR FINANCIAL STATEMENT PURPOSES.

FORM 990, SCHEDULE F, PART I, LINE 3

THE ORGANIZATION RECEIVED DONATIONS FROM DONORS LOCATED IN THE EAST ASIA AND THE PACIFIC REGION. THE ORGANIZATION DID NOT INCUR ANY FUNDRAISING EXPENDITURES IN THIS REGION 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 IV, LINE 1

THE ORGANIZATION TRANSFERRED MONEY TO FOREIGN CORPORATIONS AS PAYMENT

Pa	Provide the information required by Part I, I	ine 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
		Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) able. Also complete this part to provide any additional information. See instructions.
OF		RENDERED TO THE ORGANIZATION AND AS
		EQUIRED TO BE FILED BECAUSE THE
		AN OWNERSHIP INTEREST IN THE FOREIGN
COI	CORPORATIONS.	

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

Open to Public Inspection

Name of the organization THE FAB F	OUNDATION	Ī					Employer identification number $26-4836002$
Part I General Information on Grants a							
 Does the organization maintain records of criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?						
Part II Grants and Other Assistance to recipient that received more than S					ganization answered "	Yes" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SHIFT 7, LLC 2329 CALIFORNIA STREET NW WASHINGTON, DC 20008	82-2199933	FOR PROFIT	46,250.	0.	N/A	N/A	FISCAL SPONSORSHIP TO PROMOTE THE LEVERAGING OF TECHNOLOGIES TO PROMOTE SOCIAL INNOVATIONS
MANTLES & MAKERS INC 1422 EUCLID AVENUE, SUITE 1300 CLEVELAND, OH 44115	87-3414360	FOR PROFIT	6,842.	0.	N/A	N/A	FISCAL SPONSORSHIP FOR FAB HOUSE
SILICON VALLEY EDUCATION FOUNDATION - SANTA CLARA HIGH SCHOOL, 3000 BENTON ST - SANTA CLARA, CA 95051	20-5061313	501(C)(3)	10,000.	0.	N/A	N/A	AWARD FOR EQUIPMENT UPGRADES MATERIALS AND STAFFING
CALIFORNIA STATE UNIVERSITY BAKERSFIELD - 9001 STOCKDALE HIGHWAY - BAKERSFIELD , CA 93312	95-2643086	501(C)(3)	10,000.	0.	N/A	N/A	AWARD FOR EQUIPMENT UPGRADES MATERIALS AND STAFFING
ODESSA COLLEGE 201 WEST UNIVERSITY BLVD ODESSA, TX 79764	75-6002907	501(C)(3)	10,000.	0.	N/A	N/A	AWARD FOR EQUIPMENT UPGRADES MATERIALS AND STAFFING
WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT - 5625 SUTTER AVE - RICHMOND, CA 94804	94-3230963	501(C)(3)	10,000.	0.	N/A	N/A	AWARD FOR EQUIPMENT UPGRADES MATERIALS AND STAFFING
2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations	•	· ·					

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VACKSON COUNTY SCHOOL DISTRICT 12004 HIGHWAY 57 VANCLEAVE, MS 39565	64-6000513	501(C)(3)	20,000.	0.	N/A	N/A	AWARD FOR EQUIPMENT UPGRADES MATERIALS AND STAFFING
BAKER RIPLEY NEIGHBORHOOD CENTERS 3000 ALDINE MAIL ROUTE ROAD HOUSTON, TX 77039	23-7062976	501(C)(3)	10,000.	0.	N/A	N/A	AWARD FOR EQUIPMENT UPGRADES MATERIALS AND STAFFING
DONORS CHOOSE 134 W. 37TH STREET NEW YORK, NY 10018	13-4129457	501(C)(3)	50,000.	0.	N/A	N/A	SUPPORT FOR STEM EDUCATION ACTIVITIES
STEM CONNECTOR 1500 ROSENCRANS AVE, STE 500 MANHATTAN BEACH, CA 90266	46-5647562	FOR PROFIT	50,000.	0.	N/A	N/A	FISCAL SPONSORSHIP
		1	•			1	0.4.4.4.4.4.5.6.5.00

(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
STEM FELLOW AWARD	1	10,000.	0.	N/A	N/A
LESSON CONTEST WINNER	2	500.	0.	N/A	N/A
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
GRANTEES ARE REQUIRED TO MAKE PER	IODIC REPO	RTS TO ENS	SURE THAT A	NY FUNDS OR	
OTHER ASSITANCE RECEIVED ARE USED	FOR THE I	NTENDED PU	JRPOSE(S) O	F THE GRANT	
ONLY. THE OFFICERS OF THE CORPOR	ATION SHAL	L REVIEW A	LL REPORTS	FROM THE	
GRANT RECIPIENT, AND SOLICIT AND	ANALYZE AN	Y OTHER IN	FORMATION	THAT IS	
DEEMED NECESSARY AND PRUDENT, INC.	LUDING REV	IEWING THE	E RECIPIENT	'S OTHER	
RECORDS AND/OR PERFORMING ON-SITE					
	0 _ 1 _ 11 _				

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

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 TOOLS, THE KNOWLEDGE AND THE FINANCIAL MEANS TO EDUCATE ACCESS TO THE 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

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 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 III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THROUGH ITS SCOPES-DF WEBSITE AND RESEARCH PLATFORM (SCOPESDF.ORG).

THIS SITE SHARES RESOURCES AND DISSEMINATES BEST EDUCATIONAL PRACTICES

FOR EDUCATORS USING DIGITAL FABRICATION TO TEACH STEM DISCIPLINES AND

SKILLS.

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

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

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

332212 11-14-23

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
THE FAB FOUNDATION	26-4836002
ANY POTENTIAL CONFLICTS OF INTEREST THAT MAY OCCUR DURING	THE YEAR TO THE
BOARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINAL	NCIAL STATEMENTS
ARE AVAILABLE ON THE WEBSITE:	
HTTPS://FABFOUNDATION.ORG/ABOUT/#FINANCIAL-REPORTS, AS WEI	LL AS UPON
REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
MENTORING & SUPPORT:	
PROGRAM SERVICE EXPENSES	169,635.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	169,635.
PROGRAM CONSULTANTS:	
PROGRAM SERVICE EXPENSES	642,051.
MANAGEMENT AND GENERAL EXPENSES	65,079.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	707,130.
PAYROLL SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,813.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,813.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	878,578.
332212 11-14-23	Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization THE FAB FOUNDATION	Employer identification number 26-4836002
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON UNCOLLECTIBLE RECEIVABLES	-4,514.
FORM 990, PART XII, LINE 2C	
THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.	

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	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	(D)VIDEOCONFERENCING UNIT	10/25/13	SL	5.00	нұ16	480,661.				480,661.	480,661.		0.	480,661.
2	(D)VIDEOCONFERENCING UNIT	10/17/14	SL	5.00	НҮ16	318,794.				318,794.	318,794.		0.	318,794.
3	COMPUTER	01/09/17	SL	3.00	НҮ16	2,390.				2,390.	2,390.		0.	2,390.
4	COMPUTER	01/21/18	SL	3.00	НҮ16	2,080.				2,080.	2,080.		0.	2,080.
5	COMPUTER	02/20/20	SL	3.00	нұ16	2,217.				2,217.	2,217.		0.	2,217.
6	(D)GE MOBILE LAB	06/01/16	SL	7.00	16	228,713.				228,713.	215,099.		13,614.	228,713.
7	(D)CELTICS MOBILE LAB	11/01/17	SL	7.00	16	213,815.				213,815.	157,816.		15,273.	173,089.
9	APPLE LAPTOP	12/23/22	SL	3.00	16	1,549.				1,549.			516.	516.
12	APPLE LAPTOP	12/23/22	SL	3.00	16	1,748.				1,748.			583.	583.
13	APPLE LAPTOP	04/25/22	SL	3.00	16	1,999.				1,999.	666.		666.	1,332.
14	LAPTOP	04/12/23	SL	3.00	16	2,600.				2,600.			867.	867.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					1,256,566.				1,256,566.	1,179,723.		31,519.	1,211,242.
	* GRAND TOTAL 990 PAGE 10 DEPR					1,256,566.				1,256,566.	1,179,723.		31,519.	1,211,242.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					1,253,966.			0.	1,253,966.	1,179,723.			1,210,375.
	ACQUISITIONS					2,600.			0.	2,600.	0.			867.

328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 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
	DISPOSITIONS/RETIRED						1,241,983.			0.	1,241,983.	L,172,370.			1,201,257.
	ENDING BALANCE						14,583.			0.	14,583.	7,353.			9,985.
	ENDING ACCUM DEPR LESS DISPOSITIONS											9,985.			
	ENDING BOOK VALUE											4,598.			

328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone