Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

6 Open to Public Inspection

OMB No. 1545-0047

АГ	or the	2016 calendar year, or tax year beginning and	enaing		
B c	heck if	C Name of organization		D Employer identifi	cation number
	Addres				
	Name change	Doing business as FAB ACADEMY		26-4	836002
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 50 MILK ST, 16TH FLOOR	Room/suite		r)333-7777
	termin-				7,026,514.
	ated ∏Amend	City or town, state or province, country, and ZIP or foreign postal code			
	⊒return □Applica	BOSION, MA UZIUS		H(a) Is this a group re	
	tion pendin	F Name and address of principal officer: STIERKI DASSITER		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $\boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}$ 501(c) () $\boxed{}$ (insert no.) $\boxed{}$ 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		e: WWW.FABFOUNDATION.ORG		H(c) Group exemption	
K F	orm of	organization: X Corporation Trust Association Other	∟ Year	of formation: 2009 N	🖊 State of legal domicile: CA
Pa	art I	Summary			
_	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O	
ž					
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets
Š				3	4
ၓ	l	Number of independent voting members of the governing body (Part VI, line 1b)			2
⊗ S		Fotal number of individuals employed in calendar year 2016 (Part V, line 2a)			7
iţie	l				100
Activities & Governance		• • • • • • • • • • • • • • • • • • • •			0.
A		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	ומ	Net unrelated business taxable income from Form 990-T, line 34		I	
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Year	Current Year 3,565,630.
ne		Contributions and grants (Part VIII, line 1h)		2,920,088.	
Revenue	l	Program service revenue (Part VIII, line 2g)		1,869,292.	3,448,348.
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		18,670.	12,536.
		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)		4,808,050.	7,026,514.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		316,784.	429,671.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		381,157.	487,337.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 23, 9		39,750.	15,250.
χb	b	Total fundraising expenses (Part IX, column (D), line 25)	35.		
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,707,394.	6,887,253.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,445,085.	7,819,511.
		Revenue less expenses. Subtract line 18 from line 12		-2,637,035.	-792,997.
or ces			Ве	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		8,589,130.	7,577,939.
AS d B B B	21	Total liabilities (Part X, line 26)		1,231,747.	1,036,368.
캺	22	Net assets or fund balances. Subtract line 21 from line 20		7,357,383.	6,541,571.
	rt II	Signature Block	•		
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
true,	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
		<u> </u>			
Sign	n	Signature of officer		Date	
Her	I	► SHERRY LASSITER, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature][Date Check	PTIN
Paid	ı İ	ALFONSO PERILLO	1	1/15/17 if self-employ	P00950491
	parer	Firm's name EDELSTEIN AND COMPANY, LLP		Firm's EIN	04-2442519
-	Only	Firm's address 160 FEDERAL STREET, 9TH FLOOR		I IIIII 3 LIIV	<u> </u>
	···· ,	BOSTON, MA 02110		Phone no 61	7-227-6161
Mar	the ID			Ti none no.9 ±	
ıvıdy	, uie if	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE FAB FOUNDATION WAS FORMED FEBRUARY 6, 2009 TO FACILITATE AND
	SUPPORT THE GROWTH OF THE INTERNATIONAL FAB LAB NETWORK. THE FAB
	FOUNDATION IS A US NON-PROFIT 501(C)(3) ORGANIZATION EMERGING FROM THE
	MASSACHUSETTS INSTITUTE OF TECHNOLOGY'S CENTER FOR BITS & ATOMS' (CBA)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,833,050 • including grants of \$ 429,671 •) (Revenue \$ 2,995,372 •)
	THE ORGANIZATION PROMOTES DIGITAL FABRICATION BY FACILITATING THE
	DEVELOPMENT OF COMMUNITY-BASED AND EDUCATIONAL FAB LABS, THE
	DISSEMINATION OF BEST PRACTICES IN DIGITAL FABRICATION THROUGHOUT THE
	FAB LAB NETWORK, FACILITATION AND DISSEMINATION OF RESEARCH AND
	COMMUNITY-BENEFICIAL PROJECTS, THE FUNDING AND FACILITATION OF FAB LAB
	AND DIGITAL FABRICATION PROJECTS THAT BENEFIT PEOPLE AND COMMUNITIES IN
	EXEMPLARY WAYS, SUCH AS MOBILE FAB LABS FOR EMERGENCY AID, OR FAB LABS
	FOR DEVELOPING WORLD CONTEXTS. THESE SERVICES INCLUDE DEPLOYING,
	INSTALLING, TRAINING, AND CONSULTING FOR NEW FAB LABS AS WELL AS
	PROGRAMMATIC SUPPORT OF ESTABLISHED FAB LABS. THE ORGANIZATION WORKS TO
	GATHER AND PROVIDE CRITICAL EVALUATION DATA AS WELL AS PROVIDE TOOLS
	FOR TRACKING THE IMPACT OF FAB LABS IN EDUCATIONAL, BUSINESS AND SOCIAL
4b	(Code:) (Expenses \$ 564,576 • including grants of \$) (Revenue \$ 452,976 •)
	THE ORGANIZATION BRINGS DIGITAL FABRICATION TOOLS AND PROCESSES TO
	PEOPLE OF ALL AGES, TEACHING THE SKILLS AND KNOWLEDGE OF DIGITAL
	FABRICATION, DEVELOPING CURRICULUM FOR FORMAL AND INFORMAL EDUCATIONAL
	SETTINGS, AS WELL AS DESIGNING AND OFFERING PROFESSIONAL DEVELOPMENT
	TRAINING PROGRAMS FOR TEACHERS, FAB LAB MANAGERS AND OTHER
	PROFESSIONALS. THE ORGANIZATION OFFERS ADVANCED TECHNICAL EDUCATION
	THROUGH THE FAB ACADEMY WHICH PROVIDES INSTRUCTION AND SUPERVISES
	INVESTIGATION OF MECHANISMS, APPLICATIONS, AND IMPLICATIONS OF DIGITAL
	FABRICATION AND OTHER TECHNOLOGIES. THE FAB ACADEMY IS A WORLDWIDE,
	DISTRIBUTED CAMPUS UTILIZING FAB LABS AS CLASSROOMS AND LIBRARIES FOR A
	NEW KIND OF TECHNICAL LITERACY.
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 7,397,626.

15131115 700333 23355

Form 990 (2016) THE FAB FOUN 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)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		Λ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		21
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		21
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,	0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	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			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	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	444		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of 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			
u	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
	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,		\ _v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
	complete Schedule G, Part III	19	000	

Form **990** (2016)

Form 990 (2016) THE FAB FOUNDATION Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities if If Yes, 1 complete Schedule H 20b If Yes 1 to 10e 20d, of the organization art and copy of its audietid financial statements to this return? 20c If 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 17 if Yes, 2 complete Schedule I, Part I and II 21				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operament or Part K, Couhmy (A), line 27 if "Yes," complete Schedule I, Parts I and III 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 27 if "Yes," complete Schedule I, Parts I and III 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," tomplete Schedule I, Parts I and III 24 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on the International Complete Schedule III (A) or III	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 2 21 Did the organization resport more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 2 22 If the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization scurrent and former officers, directors, trustess, key employees, and highest compensation of the organization scurrent and former officers, directors, trustess, key employees, and highest compensation of the organization or section of the last day of the year, that was issued after Docember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "I who," go to lime 25a 24b 2 24a Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 2 25b Did the organization invest any an excess organization between an accessor account of the than a refunding escrow at any time during the year? 2 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization organization aware that the regaged in an excess benefit trustaction with a disqualified person during the year? 3 25c If I is the organization aware that it engaged in an excess benefit trustaction than or the organization are post any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustes, exemployees, pickers compensed employees, or disqualified person in a prior year, and that the transaction has not been reported on any of the organization's pior forms officer, director, trustes, exemployees, or disqualified person in a prior year, and that the transaction has not been reported on any of the organization are prior to report of any anount on	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 I X 23 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? II "Yes," complete Schedule I, Part I and III 24 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? II "Yes," answer lines 24b through 24d and complete Schedule I, II "Yes," for the year, that was issued after December 31, 2002? II "Yes," answer lines 24b through 24d and complete Schedule IX II "Yes," 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? II "Yes," answer lines 24b through 24d and complete Schedule IX II "Yes," one organization may proceed so tax-exempt bonds beyond a temporary period exception? 24a	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27 (if "Yes," complete Schedule I, Parts I and III 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, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II 1982, schedule I, I me 25 in 19		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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, flustees, 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 Schedule K. If "No! 90 to line 25a 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 25c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 25d Did the organization invest as an 'no behalf of' issuer for bonds outstanding at any time during the year of the organization are as an 'no behalf of' issuer for bonds outstanding at any time during the year? 25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or port of any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former difficer, stutsees, key employees, highest compensated employees, or disqualide persons? If "Yes," complete Schedule L, Part II is a complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions; 27d Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualide persons? If "Yes," complete Schedule L, Part IV instruction or ormer officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instruction or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instruction or ordination receive more than \$25,000 in non-cash contributio	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I was issued after December 31, 2002? If "Yes," answer lines 240 through 240 and complete Schedule I, "No." of or line 25s 24e X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b and complete Schedule I, "No." of or line 25s 24e X 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b C Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b C Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b C Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year 10 defease any tax-exempt bonds? 4D Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d D Did the organization with a disqualified person cluring the year? 11 Pros." complete Schedule L, Part I D S Is the organization was that the ranged on an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction bas not been reported on any of the organization expert any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, substantial contributor or employee thereof, g area taselection committee employees. Or disqualified persons? If "Yes," complete Schedule L, Part IV D D D D D D D D D D D D D D D D D D		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 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 Schedule K. If "No", go to line 25a 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Up 10d the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualfied person during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of any of the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction is not been reported on any of the organization prompts of the organization prompts of the organization or prompts of the organization or prompted officers, director, trustee, key employees, cy disqualified person in a prior year, and that the transaction as any and or these persons? If "Yes," complete Schedule L, Part IV 25b X 26c X 27 X 28 Was the organization engaged in any of the assistance to an officer, director, trustee, key employees, substantial contributions for applicable fling thresholds, conditions, and exceptions): 27 A nentity of which a current of former officer, director, trustee, or key employe	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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 Schedule K. If "No", go to him 25a 24b		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24a bit 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 \$24a		Schedule J	23		X
Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I "25b Is the organization averant 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-E27 If "Yes," complete Schedule L, Part II "25b Z5b Ud the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, chirectors, trustees, key employees, highest componsated employees, or disqualified persons? If "Yes," complete Schedule L, Part II "25b Z6 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 3% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II "27b Z7 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IIV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV "27b Did the organization receive more than \$256, conditions, and exceptions? By Did the organization receive more than \$256, conditions, and exceptions? If "Yes," complete Schedule M, Part I II "30 Did the organization lincludate, terminate, or dissolve and cease operations? If "Yes,"	24a				
Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I "25b Is the organization averant 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-E27 If "Yes," complete Schedule L, Part II "25b Z5b Ud the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, chirectors, trustees, key employees, highest componsated employees, or disqualified persons? If "Yes," complete Schedule L, Part II "25b Z6 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 3% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II "27b Z7 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IIV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV "27b Did the organization receive more than \$256, conditions, and exceptions? By Did the organization receive more than \$256, conditions, and exceptions? If "Yes," complete Schedule M, Part I II "30 Did the organization lincludate, terminate, or dissolve and cease operations? If "Yes,"					
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Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of 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 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 To 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	С			v	
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38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37				
		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2016)

23355__1

Form 990 (2016) THE FAB FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part v					
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?	 I		1c	X	
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		7		77	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				7.7
	-			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			,,
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	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 A					37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			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?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					٦,
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			_		х
	to file Form 8282?	1		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year		.0	_		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the property of the propert			7f		
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 and the contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
^	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a				9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	100				
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
	amounts due or received from them.)	11b				
12a	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.					
	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.			.ou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand					
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
~					990	(2016

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 in Schedule O. See instructions.

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.		Check it Schedule O contains a response or note to any line in this Part VI				Λ
the rear netical differences in united of thorough goth, and my members of the governing body, or the governing body of the governing body? In the organization believes to control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? In the companization believes to control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? In the companization believes the properties of the governing body or the organization believes or the governing body? In the companization believes the properties of the governing body? In the engalization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? In the engalization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? In the engalization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? In the engalization that we written policies and procedures governing the activities of such chapters, affiliates, and properties of the organization have written policies and procedures governing the activities of such chapters, affiliates, and procedures governing the activities of such chapters, affiliates, and by the organization have written conflict of them anness and addresses in Schedule O them this was done In the organ	Sec	tion A. Governing Body and Management				
there are material differences in voting rights among members of the governing body diegate broad authority to an executive committee, orginal in Schedule 0. b. Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee a family relationship or a business relationship with any other officer, director, trustee, or key employee are a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 Did the organization has any significant changes to its governing documents since the prior Form 900 was flied? 4 X business of the discovered of the organization has a waver during the year of a significant diversion of the organization has members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 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? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization combination combination and the meetings led or written actions undertaken during the year by the following: 8 Did the organization than the governing body? 9 Did the organization than authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee isted in Part VII. Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 10 Did to the organization have local chapters, branches, or affiliates? 10 Did to the organization have written policies and procedures governing the activities of such chapters, affiliates, and by employees of the organization to eview this Form 980 to all members of this governing			1 1		Yes	No
body delegated broad authority to an executive committee or similar committee, explain in Schedule D. b Effect the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duries customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3	1a		1a 4	<u> </u>		
b Enter the number of voting members included in line 1a, above, who are independent		If there are material differences in voting rights among members of the governing body, or if the governing				
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in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). If "Yes", "did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►CA, MA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► SHERRY LASSITER - (857)333-7777				120		
13	С			40	- v	
14 Did the organization have a written document retention and destruction policy? 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? 15 The organization's CEO, Executive Director, or top management official 15 Other officers or key employees of the organization 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 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? 16 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►CA , MA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 2 Nown website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► SHERRY LASSITER - (857) 333-7777						v
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Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►CA, MA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► SHERRY LASSITER - (857)333-7777		in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to safeguard the organical statements.	nization's			
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 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ► SHERRY LASSITER - (857)333-7777 		for public inspection. Indicate how you made these available. Check all that apply.				
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		X Own website Another's website X Upon request Other (explain	in Schedule O)			
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	19			d finan	cial	
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► SHERRY LASSITER - (857)333-7777			,			
SHERRY LASSITER - (857)333-7777	20	·	ooks and records:			
	-					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	cer ar			Highest compensated highest compensated employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
1) SHERRY LASSITER PRESIDENT/TREASURER/DIRECTOR	20.00	x		х				51,624.	0.	0
2) NEIL GERSHENFELD	1.00	123		25				31,024.	•	<u> </u>
HAIRMAN/DIRECTOR		x		х				109,906.	0.	0
3) MARIE PLANCHARD	1.00									
DIRECTOR	1.00	Х						0.	0.	0
4) CHRIS WILKINSON CLERK/DIRECTOR	1.00	x		x				0.	0.	0
		1								
		-								
		-								
		<u> </u>								
		-	_			_				
		\vdash								
		-	_			_				

Form 990 (2016)

Pai	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		ገ e than	one	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	n	an	nount	of
		week	_	cer ar	nd a c	irecto	or/trus	itee)	from	from related	į		other	
		(list any	ector						the	organization			pensa	
		hours for related	or di	es.			ated		organization	(W-2/1099-MIS	SC)		om th	
		organizations	ustee	trustee		au	suadi		(W-2/1099-MISC)				anizat	
		below	ual tr	ional		ploye	tcom						d relat anizati	
		line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			ļ	l	ai iiZatii	0113
		<u> </u>	=		0		王百	Œ						
												\vdash		
											ļ			
							-							
									161 520			<u> </u>		
	Sub-total								161,530.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	161,530.		0.	$oxed{oxed}$		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) wl	no re	eceived more than \$100	0,000 of reportab	le			1
	compensation from the organization												Yes	No
•	Did the second in the list of the second sec	-11						1					res	NO
3	Did the organization list any former officer,										ļ			Х
_	line 1a? If "Yes," complete Schedule J for s											3		Λ
4	For any individual listed on line 1a, is the su	•								-				37
_	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or a	•					•		•					37
	rendered to the organization? If "Yes," com	piete Schedul	e J f	or s	uch	pers	son					5		X
	ction B. Independent Contractors									*				
1	Complete this table for your five highest co	•									npens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithin		year.				
	(Δ)							- 1	(B)			ıc	?)	

(A) Name and business address	(B) Description of services	(C) Compensation
TIES	EDUCATION	'
P.O. BOX 18050, CLEVELAND HEIGHTS, OH 44118		468,675.
MASSACHUSETTS INSTITUTE OF TECHNOLOGY, 934		
MASSACHUSETTS AVE., UNIT 3, CAMBRIDGE, MA	CONSULTANTS	233,977.
E-LINE VENTURES, 363 7TH AVENUE, FLOOR 20,		
NEW YORK, NY 10001	CONSULTANTS	221,134.
WHALEROCK DIGITAL MEDIA, 750 SAN VICENTE		
BLVD., 900W, WEST HOLLYWOOD, CA 90069	VIDEO PRODUCTION	118,361.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

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\$100,000 of compensation from the organization

Pa	ILV	/ 111	Check if Schedule O cont		or note to any li	ne in this Part VIII			
			Check ii Ochedale O com	ans a response	or note to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f CONTRACTS TUITION CONFERENCE FEES All other program service rever	1b	Business Code 541700 611430 900099	3,565,630. 2,879,859.	452,976.		
		g	Total. Add lines 2a-2f			3,448,348.			
	3 4 5		Investment income (including other similar amounts) Income from investment of tall Royalties	x-exempt bond p	proceeds	12,536.			12,536.
		b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7	а	Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		С	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)						
evenue	8		Gross income from fundraisin including \$ contributions reported on line	g events (not of					
Other Revenue			Part IV, line 18 Less: direct expenses Net income or (loss) from func	a					
	9	а	Gross income from gaming ac Part IV, line 19	tivities. See					
		С	Net income or (loss) from gam Gross sales of inventory, less and allowances	ning activities returns	>				
			Less: cost of goods sold Net income or (loss) from sale	b					
			Miscellaneous Revenu		Business Code				
	11								
		b							
			All other revenue			1			
			Total. Add lines 11a-11d		>				
	12		Total revenue. See instructions.			7,026,514.	3,448,348.	0.	12,536.

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

Secti	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon		_		
Do i	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	416 256	416 256		
	and domestic governments. See Part IV, line 21	416,256.	416,256.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	12 415	12 415		
	individuals. See Part IV, lines 15 and 16	13,415.	13,415.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	161 520	146 042	7 711	7 711
_	trustees, and key employees	161,530.	146,042.	7,744.	7,744
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	202 221	105 701	07 450	
7	Other salaries and wages	283,231.	195,781.	87,450.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	14 020	0 (02	4 074	0.01
9	Other employee benefits	14,038. 28,538.	9,683.	4,074. 8,113.	281 660
10	Payroll taxes	28,538.	19,765.	8,113.	660
11	Fees for services (non-employees):				
а	Management	10 570	7 200	11 262	
b	Legal	18,570.	7,208.	11,362.	
С	Accounting	96,935.		96,935.	
d	Lobbying	15 250			15 250
е	Professional fundraising services. See Part IV, line 17	15,250.			15,250
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	607 021	E76 60E	20 226	
	column (A) amount, list line 11g expenses on Sch O.)	607,031.	576,695.	30,336.	
12	Advertising and promotion	31,706.	7 000	22 717	
13	Office expenses	31,700.	7,989.	23,717.	
14	Information technology				
15	Royalties	30 600		30 600	
16	Occupancy	39,609. 351,733.	225 600	39,609.	
17	Travel	331,733.	325,608.	26,125.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	279,502.	274,021.	5,481.	
19	Conferences, conventions, and meetings	17,936.	4/4,041.	17,936.	
20	Interest	11,330.		11,330.	
21	Payments to affiliates	159,891.	159,891.		
22	Depreciation, depletion, and amortization	25,792.	2,500.	23,292.	
23	Insurance Other expenses. Itemize expenses not covered	43,134.	4,500.	43,434.	
24	other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	LAB COMPONENTS	5,252,196.	5,240,265.	11,931.	
b	MISCELLANEOUS	6,352.	2,507.	3,845.	
c		,	,	,	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,819,511.	7,397,626.	397,950.	23,935
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)				
) 11-11-16		L		Form 990 (2016

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,863,627.	1	2,485,674.
	2	Savings and temporary cash investments			5,478,511.	2	4,025,853.
	3	Pledges and grants receivable, net			608,643.	3	447,688.
	4	Accounts receivable, net			167,825.	4	307,254.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	า 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec					
Ω		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		7			
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			4,900.	9	4,527.
	10a	Land, buildings, and equipment: cost or other					-
		basis. Complete Part VI of Schedule D	10a	799,454.			
	b	Less: accumulated depreciation	10b	495,859.	463,486.	10c	303,595.
	11	Investments - publicly traded securities			11	-	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2,138.	15	3,348.	
	16	Total assets. Add lines 1 through 15 (must equ	8,589,130.	16	7,577,939.		
	17	Accounts payable and accrued expenses	521,534.	17	420,558.		
	18	Grants payable	438,815.	18	82,750.		
	19	Deferred revenue			226,398.	19	438,060.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	r officer	s, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela			45,000.	23	95,000.
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,231,747.	26	1,036,368.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here X and			
es		complete lines 27 through 29, and lines 33 ar					
Š	27	Unrestricted net assets			56,441.	27	-241,735.
Fund Balances	28	Temporarily restricted net assets	7,300,942.	28	6,783,306.		
Ā	29	Permanently restricted net assets		<u></u>		29	
Ţ		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 🗌			
		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
1SS.	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances			7,357,383.	33	6,541,571.
	34	Total liabilities and net assets/fund balances			8,589,130.	34	7,577,939.

Form **990** (2016)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,02		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,81		
3	Revenue less expenses. Subtract line 2 from line 1	3	-79		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,35	7,3	83.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2	2,8	15.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6,54	1,5	71.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	Х	
			Form	990	(2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 26-4836002 THE FAB FOUNDATION

Pa	rt I	Reason for Public (Charity Status (/	All organizations must co	mplete th	is part.) Se	ee instructions.		
he	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative					ii).		
4		A medical research organiz						the hospital's name.	
		city, and state:	•				(. ,	
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit describ	ped in	
_		section 170(b)(1)(A)(iv). (C		,		, ,			
6		A federal, state, or local gov	. ,	nental unit described in s	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma						nublic described in	
•		section 170(b)(1)(A)(vi). (Co		That part of ito support	iom a gov	orranionta.	anic or nom the general	pasiio accombca iii	
8		A community trust describe		(1)(Δ)(vi) (Complete Part	+ II)				
9	П	An agricultural research org				ed in coni	inction with a land-grant	college	
•		-				-	-		
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:							
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sur	nort from	contributi	one mambarehin faas a	nd gross receipts from	
		activities related to its exen							
		income and unrelated busin	· ·	•					
		See section 509(a)(2). (Cor		(ICSS SCOTION STITLEX) IN	om busine	ooco acqc	inca by the organization	arter durie do, 1070.	
11		An organization organized a	•	ively to test for public sa	fety See	section 50	19(a)(4)		
12	Ħ	An organization organized a	•	•	•			nurnoses of one or	
-		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in							
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving							
u		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting							
		organization. You must c			i majority v	or tire dire	otors or trastees or the s	аррогинд	
h		Type II. A supporting organization.	-		tion with it	e cupport	od organization(s), by ba	vina	
D		control or management o	· ·					-	
		organization(s). You mus			arrie perso	nis triat co	ontrol of manage the sup	ported	
_		Type III functionally inte			in connoc	tion with	and functionally intograte	ad with	
C		its supported organization						ou with,	
٨		1		•				zation(s)	
u		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 orga	•	-					
·		functionally integrated, or					Type i, Type ii, Type iii		
f	Ente	er the number of supported of			ing organiz	Lation.			
		ride the following information		ed organization(s)					
		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
				above (see instructions))					
ota	al								

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

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

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(-, : -	(-)	(-)	(-, : -	(-/	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	63,005.	636,749.	952,362.	2,920,088.	3,565,630.	8,137,834.
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	63,005.	636,749.	952,362.	2,920,088.	3,565,630.	8,137,834.
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3,831,364.
	Public support. Subtract line 5 from line 4.						4,306,470.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014 952, 362.	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	63,005.	636,749.	952,362.	2,920,088.	3,565,630.	8,137,834.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			36,018.	44,535.	12,536.	93,089.
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						8,230,923.
12	Gross receipts from related activities,						,690,180.
13	First five years. If the Form 990 is for	· ·	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	. \square
500	organization, check this box and storection C. Computation of Publ		roontogo				<u></u>
	•						52.32 %
	Public support percentage for 2016 (I					14	<u> </u>
	Public support percentage from 2015					15	
16a	33 1/3% support test - 2016. If the control is						
	stop here. The organization qualifies						
D	33 1/3% support test - 2015. If the c	•		•		•	
170	and stop here. The organization qual						
ı/a	10% -facts-and-circumstances tes	J			, , ,		•
	and if the organization meets the "fac						
J.	meets the "facts-and-circumstances"						
O	10% -facts-and-circumstances tes						1U70 UI
	more, and if the organization meets the		•				ightharpoonup
12	organization meets the "facts-and-circ Private foundation. If the organizatio						\
10	Thate loandation. If the organization	TO THE CHECK A	201 OH III IC 10, 100	u, 100, 17a, 01 170		edule A (Form 990	

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness 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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	(=) 0010	(h) 0010	(=) 0014	(d) 0015	(-) 0010	(f) Total
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	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 in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3) organi	zation,
_	check this box and stop here		-				<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2016 (15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20)16 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
ŀ	33 1/3% support tests - 2015. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	· >
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	

Part IV | Supporting Organizations

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

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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	40		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9c		
	10a		
	10b		
_			

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		V	Na
4	Did the examination provide to each of its supported examinations, but he lest day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	A1		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b		Jd		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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		
c	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 1-1/2% 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 .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 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	ιν	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amour	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amour	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose	IS		
4	Amour	nts paid to acquire exempt-use assets			
5	Qualifi	ed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions			
7	Total a	annual distributions. Add lines 1 through 6			
8	Distrib	utions to attentive supported organizations to which the	ne organization is responsive	e	
	(provic	de details in Part VI). See instructions			
9	Distrib	utable amount for 2016 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii) Underdistributions	(iii) Distributable
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
1	Distrib	utable amount for 2016 from Section C, line 6			
2		distributions, if any, for years prior to 2016 (reason-			
	able ca	ause required- explain in Part VI). See instructions			
3		s distributions carryover, if any, to 2016:			
а					
b					
С	From 2	2013			
d	From 2	2014			
е	From 2	2015			
f	Total	of lines 3a through e			
		d to underdistributions of prior years			
h	Applie	d to 2016 distributable amount			
i	Carryo	over from 2011 not applied (see instructions)			
j	Remai	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4		utions for 2016 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2016 distributable amount			
С	Remai	nder. Subtract lines 4a and 4b from 4			
5	Remai	ning underdistributions for years prior to 2016, if			
	any. S	ubtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions			
6	Remai	ning underdistributions for 2016. Subtract lines 3h			
	and 4b	o from line 1. For result greater than zero, explain in			
	Part V	I. See instructions			
7	Exces	s distributions carryover to 2017. Add lines 3j			
	and 4d				
8	Break	down of line 7:			
а					
b	Excess	s from 2013			
С	Excess	s from 2014			
d	Excess	s from 2015			
е	Excess	s from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2016

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CISCO FOUNDATION	799,454.	634,836.
CHEVRON CORPORATION	1,360,000.	1,195,382.
EVAN MALONE, NEXTFAB	420,000.	255,382.
GOOGLE FOUNDATION	625,000.	460,382.
GE FOUNDATION	1,450,000.	1,285,382.
Total Excess Contributions to Schedule A, Part II, Line 5		3,831,364.

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE FAR FOUNDATION

Employer identification number 26-4836002

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accou	Ints. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(b) Fun	ds 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		ed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically impor	tant land area
	Protection of natural habitat	Preservation of a certif	fied historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	sements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easeme	nts during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	-		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	he organiza	tion's accounting for
Pai	conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	hor Simil	ar Accate
Га	Complete if the organization answered "Yes" on Form			ai Assets.
			ant and hal	anno aboat works of ort
ıa	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exl			
	the text of the footnote to its financial statements that descri	,	ice or public	service, provide, in Part XIII,
h			and halana	shoot works of art historical
D	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of put	nic service, p	brovide the following amounts
	relating to these items:			Ф
	(i) Revenue included on Form 990, Part VIII, line 1		_	\$ \$
2	If the organization received or held works of art, historical tre	assures or other similar assets for financial		*
_	the following amounts required to be reported under SFAS 1		gani, provid	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			

632051 08-29-16

Schedule D (Form 990) 2016

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

Part		Ilections of Ar		PASIIFAS O	r Other			ts/continu	
	Jsing the organization's acquisition, accessio								
	check all that apply):	n, and other records	s, check any or the	iollowing triat	are a sigi	IIIICarii	use or its	Collection	items
, L	Public exhibition	d	Loop or ovo	hanga progra	mo				
a L		d	Other	hange progra	IIS				
b L	Scholarly research Preservation for future generations	е							
C L									
	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
	o be sold to raise funds rather than to be mai							Yes	☐ No
Part									NO
	reported an amount on Form 990, Part	·	te ii tile organizatio	iii alisweled	ies oiii	عود اااار	o, raitiv,	III 16 9, OI	
1a ls	s the organization an agent, trustee, custodia		any for contribution	ns or other ass	ets not in	cluded			
	on Form 990, Part X?					ciuded		Yes	☐ No
h If	f "Yes," explain the arrangement in Part XIII a	nd complete the follow	lowing table:					_ 103	140
D 11	res, explain the arrangement in rait Am a	na complete the for	owing table.					Amount	
c B	Beginning balance					1c		7 tiriodire	
	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					1f			
	Did the organization include an amount on Fo				 ınt liabilitv	-		Yes	No
	f "Yes," explain the arrangement in Part XIII. (-				
Part									
	· ·	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	years back
1a B	Beginning of year balance	7,300,942.	9,548,279.	9,900	,082.			` ′	
	Contributions	2,787,500.	1,645,075.	630	,716.	10,0	65,988.		
	Net investment earnings, gains, and losses								
d G	Grants or scholarships	410,500.	311,620.	33	,716.				
	Other expenditures for facilities								
a	and programs	2,894,636.	3,580,792.	948	,803.	1	65,906.		
f A	Administrative expenses								
	End of year balance	6,783,306.	7,300,942.	9,548	,279.	9,9	00,082.		
2 P	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:					
a B	Board designated or quasi-endowment 🕨 _		_%						
	Permanent endowment	%	_						
сТ	emporarily restricted endowment \triangleright 100	<u>.0</u> 0 %							
Т	he percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
3a A	Are there endowment funds not in the posses	sion of the organiza	tion that are held a	ınd administer	ed for the	organiz	zation	_	
b	by:							`	Yes No
(i	i) unrelated organizations							3a(i)	X
•								3a(ii)	X
b If	f "Yes" on line 3a(ii), are the related organizati							. 3b	
			wment funds.						
4 D	Describe in Part XIII the intended uses of the								
	VI Land, Buildings, and Equipme	ent.							
4 D		ent.		See Form 990,	Part X, lin	ne 10.			
4 D	VI Land, Buildings, and Equipme	ent. "Yes" on Form 990 (a) Cost or ot	, Part IV, line 11a. S her (b) Cost	or other	(c) Accı	umulate	ed	(d) Book	value
4 D	Complete if the organization answered Description of property	"Yes" on Form 990 (a) Cost or ot basis (investm	, Part IV, line 11a. S her (b) Cost		(c) Accı		ed	(d) Book	value
4 D Part	Complete if the organization answered Description of property and	"Yes" on Form 990 (a) Cost or ot basis (investm	, Part IV, line 11a. S her (b) Cost	or other	(c) Accı	umulate	ed	(d) Book	value
4 D Part 1a L b B	Complete if the organization answered Description of property and Buildings	"Yes" on Form 990 (a) Cost or ot basis (investm	, Part IV, line 11a. S her (b) Cost	or other	(c) Accı	umulate	ed	(d) Book	value
4 D Part 1a L b B c L	Complete if the organization answered Description of property and	"Yes" on Form 990 (a) Cost or ot basis (investment)	, Part IV, line 11a. S her (b) Cost lent) basis	or other	(c) Accı depre	umulate			value

Schedule D (Form 990) 2016

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

303,595.

Schedule D (Form 990) 2016 THE FAB FOU	NDATION		26	-4836002	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990	, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market	value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990	, Part X, line 13.		
(a) Description of investment	(b) Book value		valuation: Cost or en	d-of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990	, Part X, line 15.		
(a)	Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line		m 990, Part X, line 2	5.	
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(1)	I				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

(5) (6) (7) (8)

Part X	I				Revenue per R	eturn	•
	Complete if the organization answered "Yes"						7 122 524
	al revenue, gains, and other support per audited					1	7,133,534.
	ounts included on line 1 but not on Form 990, Pa			1 1			
	unrealized gains (losses) on investments						
	nated services and use of facilities						
	coveries of prior year grants				107 020		
	er (Describe in Part XIII.)				107,020.		107 000
	d lines 2a through 2d					2e	107,020. 7,026,514.
	otract line 2e from line 1					3	7,020,314.
	ounts included on Form 990, Part VIII, line 12, bu			1.1			
	estment expenses not included on Form 990, Pa						
	er (Describe in Part XIII.)			•			0.
	d lines 4a and 4b					4c	7,026,514.
	al revenue. Add lines 3 and 4c. (This must equal III Reconciliation of Expenses per Au					5 Dotu	
raitA					i Expelises per	netu	111.
4 T-4	Complete if the organization answered "Yes"						7,949,346.
	al expenses and losses per audited financial stat					1	7,545,540.
	ounts included on line 1 but not on Form 990, Pa			ا مو ا			
	nated services and use of facilities						
	or year adjustments						
	er losses				129,835.		
	er (Describe in Part XIII.)					20	129,835.
	d lines 2a through 2d					2e 3	7,819,511.
	otract line 2e from line 1 ounts included on Form 990, Part IX, line 25, but					3	7,013,311.
	estment expenses not included on Form 990, Pa			4a			
	er (Describe in Part XIII.)						
						4c	0.
	d lines 4a and 4b al expenses. Add lines 3 and 4c. <i>(This must equa</i>					5	7,819,511.
	III Supplemental Information.	21 1 01111 00	10, 1 art 1, iii 10 10.)			<u> </u>	,,013,0111
	ne descriptions required for Part II, lines 3, 5, and nd 4b; and Part XII, lines 2d and 4b. Also comple					1; Part	X, line 2; Part XI,
PART	V, LINE 4:						
AT DE	CEMBER 31, 2016 TEMPORAR	RILY F	RESTRICTED	NET AS	SETS CONSI	STEI	OF THE
FOLLO	WING:						
PROCU	REMENT OF FAB LABS	\$5,	,121,579				
SAVAG	E PROJECT	\$	128,828				
	S PROJECT	\$					
		·	932,899				
BRILI	JIANT CAREERS PROJECT	\$	600,000				
TOTAL	TEMP. RESTRICTED	\$6,	,783,306				
PART	XI, LINE 2D - OTHER ADJU	JSTMEN	NTS:				
DONAT	ED EQUIPMENT USED IN PRO	GRAM					107,020.

Schedule D (Form 990) 2016

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

Employer identification number

Name of the organization					Employer identi	ncation number
THE FAB FOUNDAT	'ION				26-48360	02
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the orgar	nization answered "	Yes" on
Form 990, Part IV	,					
 For grantmakers. Does 	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance? L	Yes X No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance ou	tside the
United States.						
	T -		an be duplicated if additional space is	T .		1
(a) Region	(b) Number of offices	(c) Number of employees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
	in the region	employees, agents, and independent	gram services, investments, grants to		e specific type	for and
	ar and region	contractors	recipients located in the region)		(s) in the region	investments in the region
		in the region				in the region
				PURCHASE AN	ID.	
RUSSIA AND				INSTALLATIO		
NEIGHBORING STATES	0	0	PROGRAM SERVICES	LAB	01 11 1112	120,396.
SUB-SAHARAN AFRICA -	-	_				
ANGOLA, BENIN,				PURCHASE AN	1D	
BOTSWANA, BURKINA				INSTALLATIO	ON OF A FAB	
FASO,	0	0	PROGRAM SERVICES	LAB		348,157.
				PURCHASE AN	1D	
CENTRAL AMERICA AND				INSTALLATIO	ON OF A FAB	
THE CARIBBEAN	0	0	PROGRAM SERVICES	LAB		76,625.
MIDDLE EAST AND						
NORTH AFRICA -				PURCHASE AN	1D	
ALGERIA, BAHRAIN,				INSTALLATIO	ON OF A FAB	
DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	LAB		477,796.
SOUTH ASIA -						
AFGHANISTAN,			L	PURCHASE AN		
BANGLADESH, BHUTAN,			PROGRAM SERVICES, GRANT TO	INSTALLATIO	ON OF A FAB	002 210
INDIA, MALDIVES,	0	0	RECIPIENT IN REGION	LAB		893,310.
			GRANT TO RECIPIENT IN			
NORTH AMERICA	0	0	REGION	N/A		415.
TOTAL THEMESON	,	, i	inderes.	11, 11		113.
3 a Sub-total	0	0				1,916,699.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				1,916,699.

632071 09-21-16

Schedule F (Form 990) 2016

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

Part II

G	rants and	Othe	r Assistance to Org	ganizations or Entities	Outside the United States. C	omplete if the or	ganization answered	d "Yes" on Form	990, Part IV, line 15, for	any
re	ecipient wh	no rec	eived more than \$5,	000. Part II can be dupli	cated if additional space is nee	eded.				

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)
		SOUTH ASIA	EDUCATION	10,000.	WIRE PAYMENT	0.	N/A	FMV
			recognized as charities by the					
the IRS, or for which t	the grantee or couns	el has provided a sectio	n 501(c)(3) equivalency letter			>		1

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

	1
	0

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.										
(b) Region		(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other				
	dditional space is neede	dditional space is needed. (c) Number of	dditional space is needed. (c) Number of (d) Amount of	dditional space is needed. (c) Number of (d) Amount of (e) Manner of	dditional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (ash disbursement) (b) Region (c) Number of (d) Amount of (ash disbursement)	dditional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of noncash assistance				

Page 4

Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not 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 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 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 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 Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Part V	_ s	upplem	ental I	nforma	ation									
													ethod; amounts of	
													d Part III, column (c)	
	(6	stimated	number (of recipie	nts), as a	pplicable	. Also c	complete	this part to pro	vide any add	ditional info	ormation	. See instructions.	
PART	I,	LINE	3:											
EXPE	NDI'	TURES	ARE	ACCC	UNTE	D FOR	ON	THE	ACCRUAL	BASIS	USED	FOR	FINANCIAL	
STATI	EME	NT PU	RPOSI	ES.										

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE FAB FOUNDATION

Employer identification number 26-4836002

Part I Fundraising Activities required to complete this part	• Complete if the organization answit.	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
 1 Indicate whether the organization rail a Mail solicitations b X Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicita f X Solicita g Specia or oral agreement with any individual Part VII) or entity in connection with position or entities (fundraisers) purs	ation of ation of I fundra al (includ professi	non-g gover ising o ding o onal f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
BD MICROFACTORY LLC - CIC, DNE BROADWAY, CAMBRIDGE, MA	FUNDRAISING CONSULTING	Yes	No X	0.	13,750.	-13,750.
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	▶ utions	s or has been notified	13,750. d it is exempt from re	-13,750. egistration
MA,CA						

632081 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

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

SEE PART IV FOR CONTINUATIONS

		of fundraising event contributions and gr				pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Pe			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
Œ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lines 4 through				
Pa			answered "Yes" on Fori	m 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(b) Outlot gairing	col. (a) through col. (c)
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_	_					
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	_	e states?		Yes No
		· • ———————————————————————————————————				
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or	terminated during the tax	year?	Yes No
6320	82 0	9-12-16			Schedule G (Fo	orm 990 or 990-EZ) 2016

Sch	nedule G (Form 990 or 990-EZ) 2016 THE FAB FOUNDATION 26-4	836	002	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Yes	□ No
13	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	ш	162	□ NO
	a The organization's facility	13a		%
	o An outside facility	_	+	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	.0.0	1	
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ı	of gaming revenue retained by the third party state state			
,	c If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	☐ No
ı	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year ▶ \$			
Pá	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	nes 9,	, 9b, 10)b, 15b,
_	· · · · · · · · · · · · · · · · · · ·			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	<u> </u>		
(]) NAME OF FUNDRAISER: 3D MICROFACTORY LLC			
(]) ADDRESS OF FUNDRAISER: CIC, ONE BROADWAY, CAMBRIDGE, MA 021	42		
				,
PA	ART I, LINE 2B, COLUMN (V):			
	2016, 3DMICROFACTORY IDENTIFIED POTENTIAL CONTRIBUTIONS FROM	SPC	NSO	RS
	ID DONORS AS WELL AS DID FUNDRAISING FOR THE GLOBAL ANNUAL MEET			

Schedule G	(Form 990 or 990-EZ)	THE FAR	FOUNDATION	26-4836002 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (conti	nued)	-
-				
-				

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **2016**

Open to Public Inspection

Name of the organization THE FAB E	OUNDATION	1					Employer identification number 26-4836002
Part I General Information on Grants a	and Assistance					•	
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pr 	stance?						
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addit	ional space is need	ded.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ENABLE COMMUNITY FOUNDATION 730 BICKNELL ROAD LOS GATOS, CA 95030	47-2170014	501(C)(3)	400,000.	0.	N/A	N/A	EXPENDITURES FOR ACCESSIBLE OPPORTUNITIES TO ENGAGE WITH FABRICATION LABORATORIES
FAB FOCUS, INC. D/B/A FAB LAB DC 1418 NORTH CAPITOL STREET NW WASHINGTON, DC 20002	45-3624476	APPLICATION PEND	ING 7,500.	0.	N/A	N/A	FISCAL SPONSORSHIP FOR FAB LABS
2 Enter total number of section 501(c)(3) 3 Enter total number of other organization						<u> </u>	1. 1.

35

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.												
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance							
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.								
PART I, LINE 2:												
GRANTEES ARE REQUIRED TO MAKE PERI	ODIC REP	ORTS TO EN	SURE THAN	ANY FUNDS OR								
OTHER ASSISTANCE RECEIVED ARE USED	FOR THE	INTENDED	PURPOSE(S)	OF THE GRANT								
ONLY. THE BOARD OF DIRECTORS SHAL	L REVIEW	ALL REPOR	RTS FROM TH	E GRANT								
RECIPIENT, AND SOLICIT AND ANALYZE	ANY OTH	ER INFORMA	ATION THAT	IS DEEMED								
NECESSARY AND PRUDENT, INCLUDING RE	VIEWING	THE RECIPI	ENT'S OTHE	R RECORDS								
AND/OR PERFORMING ON-SITE VISITS W	ITH THE	RECIPIENT ((S), TO ENS	URE THAT ALL								
GRANT FUNDS ARE BEING USED FOR THE	INTENDE	D PURPOSE.										

PART II, LINE 1, COLUMN (H): NAME OF ORGANIZATION OR GOVERNMENT: ENABLE COMMUNITY FOUNDATION (H) PURPOSE OF GRANT OR ASSISTANCE: EXPENDITURES FOR ACCESSIBLE OPPORTUNITIES TO ENGAGE WITH FABRICATION LABORATORIES AND ENABLE INVENTION BY PROVIDING INDIVIDUALS WITH ACCESS TO TOOLS FOR DIGITAL FABRICATION	Part IV Supplemental Information									
(H) PURPOSE OF GRANT OR ASSISTANCE: EXPENDITURES FOR ACCESSIBLE OPPORTUNITIES TO ENGAGE WITH FABRICATION LABORATORIES AND ENABLE INVENTION BY PROVIDING INDIVIDUALS WITH ACCESS TO TOOLS FOR DIGITAL										
OPPORTUNITIES TO ENGAGE WITH FABRICATION LABORATORIES AND ENABLE INVENTION BY PROVIDING INDIVIDUALS WITH ACCESS TO TOOLS FOR DIGITAL	NAME OF ORGANIZATION OR GOVERNMENT: ENABLE COMMUNITY FOUNDATION									
INVENTION BY PROVIDING INDIVIDUALS WITH ACCESS TO TOOLS FOR DIGITAL	(H) PURPOSE OF GRANT OR ASSISTANCE: EXPENDITURES FOR ACCESSIBLE									
	OPPORTUNITIES TO ENGAGE WITH FABRICATION LABORATORIES AND ENABLE									
FABRICATION	INVENTION BY PROVIDING INDIVIDUALS WITH ACCESS TO TOOLS FOR DIGITAL									
	FABRICATION									

SCHEDULE L

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **2016**

> **Open To Public** Inspection

Name of the organization

Employer identification number

				OUNDATIO								360	02		
Part I	Excess Bene	fit Trans	acti	ons (section 50	01(c)(3	3), sect	ion 501(c)(4), and 5	01(c)(29) organizatior	ns only	/).				
	Complete if the o	organization	ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25	b, o	r Form 990-EZ, P	art V, I	ine 40	b.			
1 ,,,,,,,,,			(b) F	Relationship betv	ween o	disqua	lified						(d) (
(a) Nan	ne of disqualified p	person		person and or	ganiza	ation	((c) D	escription of tran	isactio	n		Ye	es	No
2 Enter t	he amount of tax i	ncurred by t	he o	rganization man	agers	or disc	qualified persons du	uring	the year under						
section	n 4958										\$				
3 Enter t							ganization				\$				
		-													
Part II	Loans to and	d/or From	Int	erested Pers	sons										
	Complete if the o	organization	ansv	vered "Yes" on I	Form 9	990-EZ	, Part V, line 38a or	Forr	m 990, Part IV, lir	ne 26;	or if th	e orga	nizatio	on	
	reported an amo	unt on Form	990	, Part X, line 5, 6	6, or 2	2.									
	Name of	(b) Relation		(c) Purpose		an to or	(e) Original	(f) Balance due	(g)	In	(h) App by boa	oroved	ritten	
interested person with organ		with organiza	ization of loan			zation?	principal amount			defa	ult?	comm	ittee?	agree	ment?
					То	From				Yes	No	Yes	No	Yes	No
Total							> \$;							
Part III	Grants or As	sistance	Ber	nefiting Inter	este	d Pe	rsons.								
	Complete if the c	organization	ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 27.								
(a) Na	ame of interested p	person		b) Relationship	betwe	een	(c) Amount of		(d) Type	of		• •	Purp		f
				interested pers	on an	d	assistance		assistan	ce		6	assista	ance	
				the organiza	ation										
									•						

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

Schedule L (Form 990 or 990-EZ) 2016

	ed "Yes" on Form 990, Part IV, line 28a			(a) Charina
(a) Name of interested person	(b) Relationship between intereste person and the organization	d (c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?
E-LINE VENTURES	THE FOUNDER AND PR	E 221,134.	FEES PAID F	Yes No
	+			
Part V Supplemental Information Provide additional information for res	ponses to questions on Schedule L (s	ee instructions).	•	,
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLV	ING INTEREST	TED PERSONS:	
(A) NAME OF PERSON: E-LIN	E VENTURES			
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON A	ND ORGANIZAT	TION:	
THE FOUNDER AND PRESIDENT	OF E-LINE VENTURES	IS THE BROT	THER OF A DI	RECTOR
(D) DESCRIPTION OF TRANSA	CTION: FEES PAID FO	R CONSULTING	SERVICES.	
WHILE THE FOUNDER AND PRE	SIDENT OF E-LINE VE	NTURES IS TH	HE BROTHER C	F ONE
OF FAB FOUNDATION'S BOARD	MEMBERS, E-LINE IS	ALSO ONE OF	THE COUNTR	Y'S
LEADING GAME DESIGNERS FO	R EDUCATION. THE G	OVERNMENT GF	RANTING AGEN	ICY
APPROVED E-LINE'S PARTICI	PATION IN THE GRANT	BASED ON IT	rs expertise	IN
THE FIELD.				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

THE FAB FOUNDATION

Employer identification number 26-4836002

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

THE FAB FOUNDATION WAS FORMED FEBRUARY 6, 2009 TO FACILITATE AND

SUPPORT THE GROWTH OF THE INTERNATIONAL FAB LAB NETWORK. THE FAB

FOUNDATION IS A US NON-PROFIT 501(C)(3) ORGANIZATION EMERGING FROM THE

MASSACHUSETTS INSTITUTE OF TECHNOLOGY'S CENTER FOR BITS & ATOMS' (CBA)

INTERNATIONAL FAB LAB OUTREACH PROGRAM. OUR MISSION IS TO PROVIDE

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

INNOVATE AND INVENT USING TECHNOLOGY AND DIGITAL FABRICATION TO ALLOW

ANYONE TO MAKE (ALMOST) ANYTHING, AND THEREBY CREATING OPPORTUNITIES TO

IMPROVE LIVES AND LIVELIHOODS AROUND THE WORLD. COMMUNITY

ORGANIZATIONS, EDUCATIONAL INSTITUTIONS AND NON-PROFIT CONCERNS ARE OUR

PRIMARY BENEFICIARIES.

THE VOLUNTEERS PROVIDE TIME AND EXPERTISE TO THE FAB FOUNDATION, IN

DEVELOPING EDUCATION CONTENT, STRATEGIC OUTREACH IN EDUCATION AND

ENTREPRENEURSHIP, FUNDRASING, 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization **Employer identification number** THE FAB FOUNDATION 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 VI, SECTION A, LINE 4: THE BYLAWS WERE AMENDED IN DECEMBER 2016 AS FOLLOWS: MAXIMUM NUMBER OF BOARD MEMBERS WAS INCREASED FROM 5 TO 15 THE MINIMUM NUMBER OF MEETINGS PER YEAR FOR THE AUDIT COMMITTEE WAS REVISED FROM 4 TO 1 REVISIONS WERE MADE TO THE LANGUAGE IN THE PUBLIC INSPECTION SECTION TO REMOVE REFERENCE TO THE FORM 1023 AND REPLACE WITH THE CORPORATION'S DETERMINATION LETTER CHANGING THE TITLE OF CHIEF FINANCIAL OFFICER TO TREASURER FORM 990, PART VI, SECTION B, LINE 11B:

23355__1

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

Name of the organization **Employer identification number** THE FAB FOUNDATION 26-4836002 FORM 990, PART VI, SECTION B, LINE 12C: EACH OFFICER AND BOARD MEMBER SIGNS AN ANNUAL COI STATEMENT DISCLOSING ANY POTENTIAL CONFLICTS OF INTEREST. IT IS ALSO THEIR ONGOING DUTY TO REPORT ANY POTENTIAL CONFLICTS OF INTEREST THAT MAY OCCUR DURING THE YEAR TO THE BOARD. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD MET DURING THE YEAR TO REVIEW EXECUTIVE COMPENSATION. A SEARCH FOR PREVAILING SALARIES FOR SIMILAR NONPROFITS WAS PERFORMED, AND REPORTED TO THE BOARD. THE BOARD APPROVED THE PRESIDENT'S COMPENSATION INCREASE WHICH WAS IN LINE WITH THE RESULTS OF THE SEARCH. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE: HTTP://WWW.FABFOUNDATION.ORG/INDEX.PHP/ABOUT-FAB-FOUNDATION/INDEX.HTML AS WELL AS UPON REQUEST. OUR CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST AND WILL BE ADDED TO THE ONLINE DOCUMENTATION SHORTLY. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: LOSS ON UNCOLLECTIBLE RECEIVABLES -22,815. FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ine lo. (Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	VIDEOCONFERENCING UNIT	10/25/13	SL	5.00	ну16	6	480,661.				480,661.	240,331.		96,132.	336,463.
2	VIDEOCONFERENCING UNIT	10/17/14	SL	5.00	НҮ16	6	318,793.				318,793.	95,637.		63,759.	159,396.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT * GRAND TOTAL 990 PAGE 10						799,454.				799,454.	335,968.		159,891.	495,859.
	DEPR						799,454.				799,454.	335,968.		159,891.	495,859.