Form	99	D

# \*\* PUBLIC DISCLOSURE COPY \*\*

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.

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



Department of the Treasury Internal Revenue Service

B checket	AF	or th	e 2017 calendar year, or tax year beginning and	ending		
Image         Doing business as         27-2850703           Image         Number and street (or P.0. box if mail is not delivered to street address)         RoomSuite         E Telephone number           Image         (415) 4 405 + 560 5         (415) 4 408 - 560 5         (415) 4 408 - 560 5           Image         SAN FRANCISCO, CA 94107         H(a) Is this a group return for subordinates?         Image	B c	Check if	le: C Name of organization		D Employer identifie	cation number
Doing Dusiness as       Doing Dusiness as       Daing Dusines       Daing Dusiness as       Daing	X	Addre	SFMADE INC			
Number and street (0* 7.0. box if mail is bid delivered to street address)         Normber and street (0* 7.0. box if mail is bid delivered to street address)         Normber address if the street address is a street address is a street address if the street address is a street address is street address address is a street address address addr		Name	Doing business as		27-2	850703
Image: Strate or province, country, and ZIP or foreign postal code       (415)408-5605         City or town, state or province, country, and ZIP or foreign postal code       G recorrecteds %       1,632,459.         SAN FRANCISCO, CA 94107       H(a) Is this group return for subordinates?       Yes X       No         H(a) Is this group return for subordinates?       Yes X       No         H(b) Statis a state of province, country, and ZIP or foreign postal code SAM FRANCISCO, CA 94107       H(a) Is this group return for subordinates?       Yes X       No         H(a) Is this group return for subordinates?       Yes X       No       H(b) A ear itsudonicate inclusion?       Yes X       No         J Website:       WWN SFMADE.ORG       H(b) Corup exemption number >       K       Form of organization: X       Corporation       Trust       Association       Other >       L Year of formation: 2010 M State of legid domicil: CA         Part I       Summary       I Briefly describe the organization is mission or most significant activities: SFMADE CREATES JOBS FOR DIVERSE       URBAN RESIDENTS BY DEVELOP ING THE LOCAL MANUFACTURING SECTOR.       2         2       Check this box >       If the organization discontinue dits operations or disposed of more than 25% of its net assets.       11       7         3       Number of individuals employed in calendar year 2017 (Part V, line 2a)       5       111       14       7		Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
Sector       City or town, state or province, country, and ZP or foreign postal code SAN FRANCISCO, CA 94107       G Gross receives \$1,632,459.         Argender Prediver		Final				
SAN FRANCISCO, CA 94107       H(a) Is this a group return for subordinates?         Prame and address of principal officer:GARY GROFF       H(a) Is this a group return for subordinates?       Yes X No         I Tax exempt status: XI 501(c)(3) _ 501(c) /        (insert no.) _ 4947(a)(1) or _ 527       H(b) Area il subordinates includer?       Yes X No         J website: ▶ WWW. SFMADE . ORG       H(c) Group exemption number ▶       K       Form of organization: XI Corporation _ Trust _ Association _ Other ▶ L vear of formation: Z010 [M State of legal dominile: CA         Part II       Summary       1 Briefly describe the organization's mission or most significant activities: SFMADE CREATES JOBS FOR DIVERSE       URBAN RESIDENTS BY DEVELOPING THE LOCAL MANUFACTURING SECTOR.         2 Check this box ▶       If the organization id continued its operations or disposed of more than 25% of its net assets.       3         3 Number of independent voting members of the governing body (Part VI, line 1a)       4       7         4 Number of independent voting members of the governing body (Part VI, line 1a)       5       11         5 Total number of individuats employed in calendar year 2017 (Part V, line 2a)       5       11         6       229       7a       0.       0.         7a       10 investment income (Part VIII, column (O, lines 3.4, and 7d)       14.96, 2.13.1, 1, 4.33, 9.51.       13.9, 4.80.1         10 investment income (Part VIII, column (A), lines 4		termi			<b>G</b> Gross receipts \$	1,632,459.
Perdua       F Name and address of principal officer:GARY GROFF       for subordinates include?       Yes       No         I Taxexempt status:       \$1501(c)(3)       \$01(c)(1)       (insertno.)       \$4947(a)(1) or       \$577       H(b) Are all subordinates include?       Yes       No         Mebsite:       WWW · SFMADE ORG       (insertno.)       \$4947(a)(1) or       \$577       H(c) Group exemption number       H(c) Group exemption number         R Form of organization:       X Corporation       Trust       Association       Other       L vear of tormation:       2010 [M State of legal domicile: CA         Part I       Summary       1       Briefly describe the organization is continued its operations or disposed of more than 25% of its net assets.       3         3       Number of voting members of the governing body (Part VI, line 1a)       1       4       7         4       Number of voting members of the governing body (Part VI, line 2a)       5       111         6       Total number of number of volunteers (estimate if necessary)       6       229         7 a total unrelated business revenue from Form 990-T, line 34.       Prior Year       Current Year         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 70       1       4912, 433, 951.         10       Investinent income (Part VIII, column (A), lines 34		Amer returr	ded CAN EDANCICCO CA 0/107		H(a) Is this a group re	turn
pending       SAME AS C ABOVE         1 Taxexempt status:       X 501(c)(3)       501(c).       It 'No.' attach a list. (see instructions)         Website:       WWW.SFMADE.ORG       H(b) Are all sub-ordinates included?       Yes       No         K Form of organization:       X Corporation       Trust       Association       Other >       L Year of formation:       2010       M State of legal domicile: CA         Part I       Summary       I Briefly describe the organization's mission or most significant activities:       SFMADE CREATES JOBS FOR DIVERSE       URBAN RESIDENTS BY DEVELOPING THE LOCAL MANUFACTURING SECTOR.         2 Check this box >       I ff the organization discontinued its operations or disposed of more than 25% of its net assets.       3       7         3 Number of individuals employed in calendar year 2017 (Part V, line 2a)       5       111       6       229         7 a Total number of volunteers (estimate if necessary)       6       229       7       1.4 496, 213.       1.4 433, 951.         9 Program service revenue (Part VIII, line 1a)       1.39, 480.       192, 843.       10       1.99, 480.       192, 843.         10 Investment income (Part VIII, line 1b)       9       9466.       21.       -1, 601, 1.31.       1, 623, 035.         11 Other revenue (Part VIII, column (A), lines 1.3)       1, 601, 1.31.       1, 623, 03		Appli tion	F Name and address of principal officer: GARY GROFF		-	
I Tax.exempt status: X 501(c)(3) 501(c) ( )		pend			H(b) Are all subordinates in	cluded? Yes No
K       Form of organization:       X       Corporation       Trust       Association       Other       L year of formation:       2010       M State of legal domicile:       CAR         Part II       Summary       Briefly describe the organization's mission or most significant activities:       SFMADE       CREATES       JOBS       FOR       DIVERSE         URBAN       RESIDENT'S       BY DEVELOPING       THE       LOCAL       MANUFACTURING       SECTOR.         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3       7         3       Number of voting members of the governing body (Part VI, line 1a)       3       7         4       Number of individuals employed in calendar year 2017 (Part V, line 2a)       5       111         6       Total numelated business taxable income from Form 990-T, line 34       7a       0.         7       Total numelated business taxable income from Form 990-T, line 34       1, 496, 213.       1, 433, 951.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)       46.       21.         11       Other verous (Part VII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -34, 608.       -3, 780.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (	1 1	Tax-ex	empt status: 🗴 501(c)(3) 🔄 501(c) ( )◀ (insert no.) 🗔 4947(a)(1) (	or 📃 527		
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: SFMADE CREATES JOBS FOR DIVERSE URBAN RESIDENTS BY DEVELOPING THE LOCAL MANUFACTURING SECTOR.         2       Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3         4       7         5       Total number of independent voting members of the governing body (Part VI, line 1a)       4         6       29         7       Total number of volunteers (estimate if necessary)       6         7       Total unrelated business revenue from Part VIII, column (C), line 12       7a         0       Numestment income (Part VIII, line 1h)       1, 496, 213, 1, 433, 951.         1       Nestment income (Part VIII, line 1h)       1, 496, 213, 1, 433, 951.         1       Investment income (Part VIII, line 2g)       139, 480.       192, 843.         10       Investment income (Part VIII, line 3, 4, and 7d)       46.       21.         11       Other revenue. (Part VIII, olumn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -34, 608.       -3, 780.         12       Total revenue. add lines 8 through 11 (must equal Part VII, column (A), lines 13)       7, 385.       0.         13       Gartas					H(c) Group exemption	n number 🕨
1       Briefly describe the organization's mission or most significant activities: SFMADE CREATES JOBS FOR DIVERSE URBAN RESIDENTS BY DEVELOPING THE LOCAL MANUFACTURING SECTOR.         2       Check this box ▶if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of individuals employed in calendar year 2017 (Part V, line 1a)       4         5       Total number of individuals employed in calendar year 2017 (Part V, line 2a)       6         6       Total number of volunteers (estimate if necessary)       6         7a       Total number of volunteers (estimate if necessary)       7a         7a       Total numelated business revenue from Part VIII, column (C), line 12       Ta         9       Program service revenue (Part VIII, line 1h)       Prior Year         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1, 496, 2113.       1, 403, 951.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13)       7, 385.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 4.       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), lines 4.       759, 936.       1, 007, 859, 1, 128, 143.       0. <tr< th=""><th>κF</th><td>orm o</td><td>f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨</td><td>L Year</td><td>of formation: 2010 N</td><td>State of legal domicile: CA</td></tr<>	κF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2010 N	State of legal domicile: CA
Procession       URBAN RESIDENTS BY DEVELOPING THE LOCAL MANUFACTURING SECTOR.         2       Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       7         4       Number of independent voting members of the governing body (Part VI, line 1a)       1       4       7         5       Total number of individuals employed in calendar year 2017 (Part V, line 2a)       5       111         6       C299       7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.       0.         b       Net unrelated business revenue from Porm 990-T, line 34.       7b       0.       0.         9       Program service revenue (Part VIII, loumn (A), lines 3, 4, and 7c)       139 , 480.       192 , 843.       192 , 843.         10       Investment income (Part VIII, column (A), lines 13, 4, and 7c)       1, 601, 1, 131.       1, 623, 035.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13.       7, 385.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <t< th=""><th>Pa</th><td>art I</td><td></td><td></td><td></td><td></td></t<>	Pa	art I				
4       Number of nuclependent voling members of the governing body (rart V, line 10)       4       4         5       Total number of volunteers (estimate if necessary)       5       11         6       Total number of volunteers (estimate if necessary)       7a       0.         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business taxable income from Form 990-T, line 34       Prior Year       Current Year         1       , 496, 213.       1, 433, 951.       1         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       466.       211.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -344, 608.       -3, 780.         12       Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 13.       1, 601, 131.       1, 623, 035.         13       Grants and similar amounts paid (Part IX, column (A), lines 5.10)       1, 007, 859.       1, 128, 143.         16a       Professional fundraising fees (Part IX, column (A), line 25)       59, 936.       1       533, 222.       429, 212.         17       Other expenses (Part IX, column (A), line 25)       59, 936.       1       548, 4666.       1, 557, 355.         19       Revenue less expenses. Subtract line 18 from line 12	e	1	Briefly describe the organization's mission or most significant activities: SFMA	DE CRE	ATES JOBS F	OR DIVERSE
4       Number of nuclependent voling members of the governing body (rart V, line 10)       4       4         5       Total number of volunteers (estimate if necessary)       5       11         6       Total number of volunteers (estimate if necessary)       7a       0.         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business taxable income from Form 990-T, line 34       Prior Year       Current Year         1       , 496, 213.       1, 433, 951.       1         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       466.       211.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -344, 608.       -3, 780.         12       Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 13.       1, 601, 131.       1, 623, 035.         13       Grants and similar amounts paid (Part IX, column (A), lines 5.10)       1, 007, 859.       1, 128, 143.         16a       Professional fundraising fees (Part IX, column (A), line 25)       59, 936.       1       533, 222.       429, 212.         17       Other expenses (Part IX, column (A), line 25)       59, 936.       1       548, 4666.       1, 557, 355.         19       Revenue less expenses. Subtract line 18 from line 12	anc		URBAN RESIDENTS BY DEVELOPING THE LOCAL I	MANUFA	CTURING SEC	TOR.
4       Number of nuclependent voling members of the governing body (rart V, line 10)       4       4         5       Total number of volunteers (estimate if necessary)       5       11         6       Total number of volunteers (estimate if necessary)       7a       0.         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business taxable income from Form 990-T, line 34       Prior Year       Current Year         1       , 496, 213.       1, 433, 951.       1         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       466.       211.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -344, 608.       -3, 780.         12       Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 13.       1, 601, 131.       1, 623, 035.         13       Grants and similar amounts paid (Part IX, column (A), lines 5.10)       1, 007, 859.       1, 128, 143.         16a       Professional fundraising fees (Part IX, column (A), line 25)       59, 936.       1       533, 222.       429, 212.         17       Other expenses (Part IX, column (A), line 25)       59, 936.       1       548, 4666.       1, 557, 355.         19       Revenue less expenses. Subtract line 18 from line 12	ernä	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
4       Number of nuclependent voling members of the governing body (rart V, line 10)       4       4         5       Total number of volunteers (estimate if necessary)       5       11         6       Total number of volunteers (estimate if necessary)       7a       0.         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business taxable income from Form 990-T, line 34       Prior Year       Current Year         1       , 496, 213.       1, 433, 951.       1         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       466.       211.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -344, 608.       -3, 780.         12       Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 13.       1, 601, 131.       1, 623, 035.         13       Grants and similar amounts paid (Part IX, column (A), lines 5.10)       1, 007, 859.       1, 128, 143.         16a       Professional fundraising fees (Part IX, column (A), line 25)       59, 936.       1       533, 222.       429, 212.         17       Other expenses (Part IX, column (A), line 25)       59, 936.       1       548, 4666.       1, 557, 355.         19       Revenue less expenses. Subtract line 18 from line 12	Š	3	Number of voting members of the governing body (Part VI, line 1a)			
b         Net unrelated business taxable income from Form 990-T, line 34         7b         0.           Prior Year         Current Year         1,496,213.         1,433,951.           9         Program service revenue (Part VIII, line 1h)         1,496,213.         1,433,951.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         46.         21.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         -34,608.         -3,780.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         1,601,131.         1,623,035.           13         Grants and similar amounts paid (Part IX, column (A), line 1-3)         7,385.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10)         1,007,859.         1,128,143.           16a         Professional fundraising expenses (Part IX, column (D), line 25)         59,936.         1         533,222.         429,212.           17         Other expenses (Part IX, column (A), line 11a.         1,548,466.         1,557,355.         1           19         Revenue less expenses. Subtract line 18 from line 12		-				
b         Net unrelated business taxable income from Form 990-T, line 34         7b         0.           Prior Year         Current Year         1,496,213.         1,433,951.           9         Program service revenue (Part VIII, line 1h)         1,496,213.         1,433,951.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         46.         21.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         -34,608.         -3,780.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         1,601,131.         1,623,035.           13         Grants and similar amounts paid (Part IX, column (A), line 1-3)         7,385.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10)         1,007,859.         1,128,143.           16a         Professional fundraising expenses (Part IX, column (D), line 25)         59,936.         1         533,222.         429,212.           17         Other expenses (Part IX, column (A), line 11a.         1,548,466.         1,557,355.         1           19         Revenue less expenses. Subtract line 18 from line 12	ies	5				
b         Net unrelated business taxable income from Form 990-T, line 34         7b         0.           Prior Year         Current Year         1,496,213.         1,433,951.           9         Program service revenue (Part VIII, line 1h)         139,480.         192,843.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         46.         21.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         -34,608.         -3,780.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         1,601,131.         1,623,035.           13         Grants and similar amounts paid (Part IX, column (A), line 1-3)         7,385.         0.           14         Benefits paid to or for members (Part IX, column (A), line 5-10)         1,007,859.         1,128,143.           16a         Professional fundraising fees (Part IX, column (A), line 11e)         0.         0.         0.           17         Other expenses (Part IX, column (A), line 11e)         0.         0.         0.         0.           18         Total fundraising expenses (Part IX, column (A), line 11e)         0.         0.         0.         0.         0.           19         Revenue less expenses. Subtract line 18 from line 12         52,665.         65,680.	iviti	6				
Prior Year       Current Year         9       Program service revenue (Part VIII, line 1h)       1,496,213       1,433,951         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       466       211         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -34,608       -3,780         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1:3)       1,601,131       1,623,035         13       Grants and similar amounts paid (Part IX, column (A), lines 1:3)       7,385       0         14       Benefits paid to or for members (Part IX, column (A), lines 5:10)       0       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)       1,007,859       1,128,143.         16       Professional fundraising fees (Part IX, column (A), line 11e)       0       0       0         16       Professional fundraising expenses (Part IX, column (A), line 25)       59,936       1,548,466       1,557,355.         19       Revenue less expenses. Subtract line 18 from line 12       52,665       65,680.       135,473       147,343.         20       Total assets (Part X, line 16)       135,473       147,343.       147,343.         21       Total liabilities (Part X, line 26)	Act					
8       Contributions and grants (Part VIII, line 1h)       1,496,213.       1,433,951.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       139,480.       192,843.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       46.       21.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -34,608.       -3,780.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       1,601,131.       1,623,035.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       7,385.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10)       1,007,859.       1,128,143.         16a       Professional fundraising fees (Part IX, column (A), line 25)       59,936.       1,548,4666.       1,557,355.         17       Other expenses (Part IX, column (A), line 25)       52,665.       65,680.       8eginning of Current Year         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       52,665.       65,680.       8eginning of Current Year         19       Revenue less expenses. Subtract line 18 from line 12		b	Net unrelated business taxable income from Form 990-T, line 34	·····		-
9       Program service revenue (Part VIII, line 2g)       139,480.       192,843.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       46.       21.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -34,608.       -3,780.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       1,601,131.       1,623,035.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       7,385.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       1,007,859.       1,128,143.         16a       Professional fundraising fees (Part IX, column (D), line 25)       59,936.       533,222.       429,212.         17       Other expenses (Part IX, column (A), line 11a-11d, 11f-24e)       533,222.       429,212.       1,548,466.       1,557,355.         19       Revenue less expenses. Subtract line 18 from line 12       52,665.       65,680.       65,680.         12       Total assets (Part X, line 16)       135,473.       147,343.       135,473.       147,343.         20       Total assets or fund balances. Subtract line 21 from line 20.       622,						Current Year
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -34, 608.       -3, 780.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       1, 601, 131.       1, 623, 035.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       7, 385.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 007, 859.       1, 128, 143.         16a       Professional fundraising fees (Part IX, column (A), line 25)       59, 936.       0.       0.         b       Total expenses (Part IX, column (D), line 25)       59, 936.       1, 548, 466.       1, 557, 355.         19       Revenue less expenses. Subtract line 18 from line 12       52, 665.       65, 680.         20       Total assets (Part X, line 16)       758, 117.       835, 667.         21       Total liabilities (Part X, line 26)       135, 473.       147, 343.         22       Net assets or fund balances. Subtract line 21 from line 20       622, 644.       688, 324.	ne					
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -34, 608.       -3, 780.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       1, 601, 131.       1, 623, 035.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       7, 385.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 007, 859.       1, 128, 143.         16a       Professional fundraising fees (Part IX, column (A), line 25)       59, 936.       0.       0.         17       Other expenses (Part IX, column (D), line 25)       59, 936.       1, 548, 466.       1, 557, 355.         19       Revenue less expenses. Subtract line 18 from line 12       52, 665.       65, 680.         12       Total assets (Part X, line 16)       20       Total assets (Part X, line 26)       135, 473.       147, 343.         20       Total assets or fund balances. Subtract line 21 from line 20       622, 644.       688, 324.         21       Total Balances. Subtract line 21 from line 20       622, 644.       688, 324.	/en	-				
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       1,601,131.       1,623,035.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       7,385.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1,007,859.       1,128,143.         16a       Professional fundraising fees (Part IX, column (D), line 25)       59,936.       0.       0.         17       Other expenses (Part IX, column (A), line 11e)       0.       0.       0.         b       Total expenses. (Part IX, column (D), line 25)       59,936.       533,222.       429,212.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1,548,466.       1,557,355.         19       Revenue less expenses. Subtract line 18 from line 12       52,665.       65,680.         20       Total assets (Part X, line 16)       758,117.       835,667.         21       Total liabilities (Part X, line 26)       135,473.       147,343.         22       Net assets or fund balances. Subtract line 21 from line 20       622,644.       688,324.         Part II       Signature Block       51       51	Вe					
13       Grants and similar amounts paid (Part IX, column (A), lines 1·3)       7,385.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       1,007,859.       1,128,143.         16a       Professional fundraising fees (Part IX, column (A), line 25)       59,936.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e)       533,222.       429,212.       1,548,466.       1,557,355.         19       Revenue less expenses. Subtract line 18 from line 12       52,665.       65,680.       65,680.         20       Total assets (Part X, line 16)       758,117.       835,667.       135,473.       147,343.         21       Total liabilities (Part X, line 26)       135,473.       147,343.       622,644.       688,324.         22       Net assets or fund balances. Subtract line 21 from line 20       622,644.       688,324.						
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.000         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1,007,859.1,128,143.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.000         b       Total fundraising expenses (Part IX, column (D), line 25)       59,936.         17       Other expenses (Part IX, column (A), line 11e, 11d, 11f-24e)       533,222.429,212.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1,548,466.1,557,355.         19       Revenue less expenses. Subtract line 18 from line 12       52,665.65.65.65.680.         20       Total assets (Part X, line 16)       758,117.835,667.         21       Total liabilities (Part X, line 26)       135,473.1447,343.         22       Net assets or fund balances. Subtract line 21 from line 20       622,644.688,324.         Part II       Signature Block       622,644.688,324.						
11       Definite pair is of the number (name), beam (y, min (y), min					-	• •
16a Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b Total fundraising expenses (Part IX, column (D), line 25)       59,936.         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       533,222.       429,212.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1,548,466.       1,557,355.         19 Revenue less expenses. Subtract line 18 from line 12       52,665.       65,680.         20 Total assets (Part X, line 16)       758,117.       835,667.         21 Total liabilities (Part X, line 26)       135,473.       147,343.         22 Net assets or fund balances. Subtract line 21 from line 20       622,644.       688,324.         Part II       Signature Block       Signature Block						-
17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       333, 222.       423, 212.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 548, 466.       1, 557, 355.         19       Revenue less expenses. Subtract line 18 from line 12       52, 665.       65, 680.         10       Total assets (Part X, line 16)       758, 117.       835, 667.         20       Total liabilities (Part X, line 26)       135, 473.       147, 343.         21       Total liabilities (Part X, line 26)       622, 644.       688, 324.         Part II       Signature Block       622, 644.       688, 324.	ses			······	-	
17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       333, 222.       423, 212.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 548, 466.       1, 557, 355.         19       Revenue less expenses. Subtract line 18 from line 12       52, 665.       65, 680.         10       Total assets (Part X, line 16)       758, 117.       835, 667.         20       Total liabilities (Part X, line 26)       135, 473.       147, 343.         21       Total liabilities (Part X, line 26)       622, 644.       688, 324.         Part II       Signature Block       622, 644.       688, 324.	Den	10a	Total fundraising revenues (Part IX, column (A), line 11e)	36	• •	• •
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1,548,466.       1,557,355.         19       Revenue less expenses. Subtract line 18 from line 12       52,665.       65,680.         10       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       758,117.       835,667.         21       Total liabilities (Part X, line 26)       135,473.       147,343.         22       Net assets or fund balances. Subtract line 21 from line 20       622,644.       688,324.         Part II       Signature Block       Signature Block       522,644.	Ă		Other expenses (Part IX, column (D), line 25)	<u> </u>	533 222	429 212
19         Revenue less expenses. Subtract line 18 from line 12         52,665.         65,680.           19         Revenue less expenses. Subtract line 18 from line 12         Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         758,117.         835,667.           21         Total liabilities (Part X, line 26)         135,473.         147,343.           22         Net assets or fund balances. Subtract line 21 from line 20         622,644.         688,324.           Part II         Signature Block         Signature Block         52,665.						
Beginning of Current YearEnd of Year20Total assets (Part X, line 16)758,117.835,667.21Total liabilities (Part X, line 26)135,473.147,343.22Net assets or fund balances. Subtract line 21 from line 20622,644.688,324.Part IISignature Block				······		
Part II Signature Block	es	19		Be		
Part II Signature Block	ets ( anc	20	Total assets (Part X line 16)		758,117,	
Part II Signature Block	Ass Bal	21				
Part II Signature Block	Net.	22				
	Pa	art II			,	
			-	s and statem	ents, and to the best of my	/ knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer KATE SOFIS, CHIEF EXEC Type or print name and title	CUTIVE OFFICER		Date
Paid	Print/Type preparer's name MAGA E. KISRIEV	Preparer's signature	Date	Check PTIN if self-employed P01008919
Preparer	Firm's name 🕨 HOOD & STRONG LI			Firm's EIN <b>94–1254756</b>
Use Only	Firm's address 275 BATTERY ST,	STE 900		
	SAN FRANCISCO, (	CA 94111		Phone no.415.781.0793
May the I	RS discuss this return with the preparer shown ab	oove? (see instructions)		X Yes No
732001 11-2	8-17 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.		Form <b>990</b> (2017)

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identify	ing number	
Type or print	Name of exempt organization or other filer, see ins	tructions.		Employe	r identificatio	on number (EIN) or	
•	SFMADE INC				27-2850703		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box 926 HOWARD STREET	k, see instruc	tions.	Social se	curity numb	er (SSN)	
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94103							
Enter the	Return Code for the return that this application is for	(file a separa	ate application for each return)			0 1	
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	)-BL	02 Form 1041-A			08		
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990	)-PF	04	Form 5227			10	
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	00-T (trust other than above) 06 Form 8870				12		
● If this box ▶ 1 I re	organization does not have an office or place of busin is for a Group Return, enter the organization's four dig . If it is for part of the group, check this box equest an automatic 6-month extension of time until the organization named above. The extension is for the	git Group Exe	emption Number (GEN) Ach a list with the names and EINs of MBER 15 , 2018 , to file	f this is fo f all memb	r the whole	group, check this Insion is for.	
	$\mathbf{X}$ calendar year $\underline{2017}$ or						
2 If t	L tax year beginning he tax year entered in line 1 is for less than 12 months Change in accounting period		on:	Final retur	 'n		
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 47	20, or 6069,	enter the tentative tax, less any				
no	nrefundable credits. See instructions.			3a	\$	0.	
<b>b</b> If t	his application is for Forms 990-PF, 990-T, 4720, or 60	069, enter an	y refundable credits and				
est	imated tax payments made. Include any prior year ov	erpayment a	llowed as a credit.	3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your					0.	
	using EFTPS (Electronic Federal Tax Payment System			3c	<b>\$</b>		
instruction	If you are going to make an electronic funds withdrawns.	wai (direct de	idit) with this form 8868, see form 8	453-EU a	na Form 88 <i>1</i>	9-EO for payment	
LHA F	For Privacy Act and Paperwork Reduction Act Notic	ce, see instr	uctions.		Form 8	3868 (Rev. 1-2017)	

723841 04-01-17

Part III         Statement of Program Service Accomplishments           Check if Schedule O contains a response or note to any line in this Part III	ATION, AN ACE. Yes 2 Yes 2 otal expenses. otal expenses, and 66,50 N BUSINESS TIVE ES TO LOCA CON ES TO LOCA CON DED 412 ADVISORY SORS
<ul> <li>Briefly describe the organization's mission: SFMADE'S MISSION IS TO BUILD AND SUPPORT A VIBRANT MANUFACTUR SECTOR IN SAN FRANCISCO, THAT SUSTAINS COMPANIES PRODUCING LOCALLY-MADE PRODUCTS, ENCOURAGES ENTREPRENEURSHIP AND INNOVA CREATES EMPLOYMENT OPPORTUNITIES FOR A DIVERSE LOCAL WORKFORM</li> <li>Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?</li> <li>If 'Yes,' describe these new services on Schedule O.</li> <li>Did the organization cases conducting, or make significant changes in how it conducts, any program services?</li></ul>	ATION, AN ACE. Yes 2 Yes 2 otal expenses. otal expenses, and 66,50 N BUSINESS TIVE ES TO LOCA CON ES TO LOCA CON DED 412 ADVISORY SORS
<ul> <li>SFMADE'S MISSION IS TO BUILD AND SUPPORT A VIBRANT MANUFACTUR SECTOR IN SAN FRANCISCO, THAT SUSTAINS COMPANIES PRODUCING LOCALLY-MADE PRODUCTS, ENCOURAGES ENTREPRENEURSHIP AND INNOVZ CREATES EMPLOYMENT OPPORTUNITIES FOR A DIVERSE LOCAL WORKFORG</li> <li>Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2?</li> <li>If 'Yes,' describe these new services on Schedule O.</li> <li>Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O.</li> <li>Describe the organization's program service accomplishments for each of its three largest program services, as measured Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot revenue, if any, for each program service reported.</li> <li>(code: ) (expenses 611,377. including grants of 0.) (nevenue s ADVISING/EDUCATION - SFMADE CONDUCTS EDUCATIONAL WORKSHOPS ON MANUFACTURING INDUSTRY-SPECIFIC TOPICS DESIGNED TO IMPROVE BE PERFORMANCE. FROM CREATIVE SUPPLY CHAIN SOLUTIONS TO INNOVATI FINANCING STRATEGIES, SFMADE PROVIDES KNOWLEDGE AND RESOURCES BUSINESSES TO SUSTAIN AND ACCELERATE GROWTH. SANDA PROVIDE INDIVIDUAL CONSULTING SESSIONS AND OTHER ADVANCED BUSINESS AI SERVICES. IN ADDITION, DURING 2017, SFMADE 'S VOLUNTEER ADVISC PROVIDED MORE THAN 44 HOURS OF ADVISING TO MANUFACTURES PART IN THE CALIFORNIA MANUFACTURERS' ACCELERATOR PROGRAM.</li> <li>(code: ) (expenses 325,308. including grants of 0.) (nevenue s POLICY/PRACTICE - SFMADE ENGAGES WITH LOCAL GOVERNMENT, COMME ORGANIZATIONS, AND OTHERS TO STUDY AND EVALUATE THE EFFECTIVI EXISTING AND CONTEMPLATED POLICIES IN SUPPORTING THE LOCAL MANUFACTURING SECTOR. IN ADDITION TO PARTNERING WITH THE MUNI GOVERNMENTS OF THE CITIES WE DELIVER DIRECT SERVICES IN, SFM2 THE REGIONAL BAY AREA URBAN MANUFACTURING INITIATIVE - A 29-C COLLABORATIVE WHICH WORKS</li></ul>	ATION, AN ACE. Yes 2 Yes 2 otal expenses. otal expenses, and 66,50 N BUSINESS TIVE ES TO LOCA CON ES TO LOCA CON DED 412 ADVISORY SORS
SECTOR IN SAN FRANCISCO, THAT SUSTAINS COMPANIES PRODUCING LOCALLY-MADE PRODUCTS, ENCOURAGES ENTREPRENURSHIP AND INNOVZ CREATES EMPLOYMENT OPPORTUNITIES FOR A DIVERSE LOCAL WORKFORD         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 0.         3       Did the organization cases conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule 0.         4       Describe the organization's program service accomplishments for each of its three largest program services, as measured Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot revenue, if any, for each program service reported.         4a       (code:) (prevenues ADVISING / EDUCATION - SFMADE CONDUCTS EDUCATIONAL WORKSHOPS ON MANUFACTURING INDUSTRY-SPECIFIC TOPICS DESIGNED TO IMPROVE BU PERFORMANCE. FROM CREATIVE SUPPLY CHAIN SOLUTIONS TO INNOVATI FINANCING STRATEGIES, SFMADE PROVIDES KNOWLEDGE AND RESOURCES BUSINESSES TO SUSTAIN AND ACCELERATE GROWTH. SFMADE HAD OVER ATTENDEES AT ITS EDUCATIONAL WORKSHOPS AND EVENTS AND PROVIDI INDIVIDUAL CONSULTING SESSIONS AND OTHER ADVANCED BUSINESS AN SERVICES. IN ADDITION, DURING 2017, SFMADE'S VOLUNTEER ADVISC PROVIDED MORE THAN 44 HOURS OF ADVISING TO MANUFACTURERS PARI IN THE CALIFORNIA MANUFACTURERS' ACCELERATOR PROGRAM.         44       (code:) (expenses 325,308. including grants of 8 POLICY/FRACTICE - SFMADE ENGAGES WITH LOCAL GOVERNMENT, COMMU ORGANIZATIONS, AND OTHERS TO STUDY AND EVALUATE THE EFFECTIVE EXISTING AND CONTEMPLATED POLICIES IN SUPPORTING THE LOCAL MANUFACTURING SECTOR.	ATION, AN ACE. Yes 2 Yes 2 otal expenses. otal expenses, and 66,50 N BUSINESS TIVE ES TO LOCA CON ES TO LOCA CON DED 412 ADVISORY SORS
LOCALLY-MADE PRODUCTS, ENCOURAGES ENTREPRENEURSHIP AND INNOVA CREATES EMPLOYMENT OPPORTUNITIES FOR A DIVERSE LOCAL WORKFORG 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? 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?	RCE.         Yes
CREATES EMPLOYMENT OPPORTUNITIES FOR A DIVERSE LOCAL WORKFORG         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?         16       "Yes," describe these new services on Schedule 0.         3       Did the organization cease conducting, or make significant changes in how it conducts, any program services?         16       "Yes," describe these changes on Schedule 0.         4       Describe the organization's program service accomplishments for each of its three largest program services, as measured Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot revenue, if any, for each program service reported.         4a       (Code:       0.1 (Revenue \$         ADVISING/EDUCATION - SFMADE CONDUCTS EDUCATIONAL WORKSHOPS ON MANUFACTURING INDUSTRY-SPECIFIC TOPICS DESIGNED TO IMPROVE BIT PERFORMANCE. FROM CREATIVE SUPPLY CHAIN SOLUTIONS TO INNOVATI FINANCING STRATEGIES, SFMADE PROVIDES KNOWLEDGE AND RESOURCES BUSINESSES TO SUSTAIN AND ACCELERATE GROWTH. SFMADE HAD OVER ATTENDEES AT ITS EDUCATIONAL WORKSHOPS AND EVENTS AND PROVIDE INDUVIDUAL CONSULTING SESSIONS AND OTHER ADVANCED BUSINESS AI SERVICES. IN ADDITION, DURING 2017, SFMADE'S VOLUNTEER ADVISC PROVIDED MORE THAN 44 HOURS OF ADVISING TO MANUFACTURERS PART         4b       (Code:       1 (Expenses 325, 308. Including grants of \$       0.1 (Revenue \$         FOLICY/FRACTICE - SFMADE ENGAGES WITH LOCAL GOVERNMENT, COMMU ORGANIZATIONS, AND OTHERS TO STUDY AND EVALUATE THE EFFECTIVE EXISTING AND CONTEMPLATED POLICIES IN SUPPORTING THE LOCAL MANUFACTURING	RCE.         Yes
<ul> <li>Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?</li> <li>If "Yes," describe these new services on Schedule O.</li> <li>Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li> <li>If "Yes," describe these new services on Schedule O.</li> <li>Describe the organization's program service accomplishments for each of its three largest program services, as measured Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot revenue, if any, for each program service reported.</li> <li>(code: )(Expenses \$ 611,377. including grants of \$ 0.) (Revenue \$ ADVISING/EDUCATION - SFMADE CONDUCTS EDUCATIONAL WORKSHOPS ON MANUFACTURING INDUSTRY-SPECIFIC TOPICS DESIGNED TO IMPROVE BIT PERFORMANCE. FROM CREATIVE SUPPLY CHAIN SOLUTIONS TO INNOVATIFINANCING STRATEGIES, SFMADE PROVIDES KNOWLEDGE AND RESOURCES BUSINESSES TO SUSTAIN AND ACCELERATE GROWTH. SFMADE HAD OVER ATTENDEES AT ITS EDUCATIONAL WORKSHOPS AND EVENTS AND PROVIDIS INDIVIDUAL CONSULTING SESSIONS AND OTHER ADVANCED BUSINESS AND SERVICES. IN ADDITION, DURING 2017, SFMADE'S VOLUNTEER ADVISC PROVIDED MORE THAN 44 HOURS OF ADVISING TO MANUFACTURERS PARTIN THE CALIFORNIA MANUFACTURERS' ACCELERATOR PROGRAM.</li> <li>(code: )(Expenses 325,308. including grants of 0.) (Revenue \$ POLICY/PRACTICE - SFMADE ENGAGES WITH LOCAL GOVERNMENT, COMMI ORGANIZATIONS, AND OTHERS TO STUDY AND EVALUATE THE EFFECTIVE EXISTING AND CONTEMPLATED POLICIES IN SUPPORTING THE LOCAL MANUFACTURING SECTOR. IN ADDITION TO PARTNERING WITH THE MUNI GOVERNMENTS OF THE CITIES WE DELLVER DIRECT SERVICES IN, SFMA THE REGIONAL BAY AREA URBAN MANUFACTURING INITIATIVE - A 29-C COLLABORATIVE WHICH WORKS ACROSS THE 9-COUNTY BAY AREA TO SHA PRACTICES AND TO IDENTIFY COLLABORATIVE PRACTICES TO SUPPORT</li> </ul>	Yes
<ul> <li>prior Form 990 or 990-E2?</li> <li>If "Yes," describe these new services on Schedule O.</li> <li>3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li> <li>If "Yes," describe these changes on Schedule O.</li> <li>4 Describe the organization's program service accomplishments for each of its three largest program services, as measured section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot revenue, if any, for each program service reported.</li> <li>4a (Code: ) (Expenses 6 611, 377. including grants of 8 0.) (Revenue 8 ADVISING/ EDUCATION - SFMADE CONDUCTS EDUCATIONAL WORKSHOPS ON MANUFACTURING INDUSTRY-SPECIFIC TOPICS DESIGNED TO IMPROVE BIT PERFORMANCE. FROM CREATIVE SUPPLY CHAIN SOLUTIONS TO INNOVATT FINANCING STRATEGIES, SFMADE PROVIDES KNOWLEDGE AND RESOURCES BUSINESSES TO SUSTAIN AND ACCELERATE GROWTH. SFMADE HAD OVER ATTENDEES AT ITS EDUCATIONAL WORKSHOPS AND EVENTS AND PROVIDININDIVIDUAL CONSULTING SESSIONS AND OTHER ADVANCED BUSINESS AT SERVICES. IN ADDITION, DURING 2017, SFMADE'S VOLUNTEER ADVISC PROVIDED MORE THAN 44 HOURS OF ADVISING TO MANUFACTURERS PART IN THE CALIFORNIA MANUFACTURERS' ACCELERATOR PROGRAM.</li> <li>4b (code: ) (Expenses 325,308. including grants of 0.) (Revenue 8</li> <li>POLICY/PRACTICE - SFMADE ENGAGES WITH LOCAL GOVERNMENT, COMMI ORGANIZATIONS, AND OTHERS TO STUDY AND EVALUATE THE EFFECTIVE EXISTING AND CONTEMPLATED POLICIES IN SUPPORTING THE LOCAL MANUFACTURING SECTOR. IN ADDITION TO PARTNERING WITH THE MUNI GOVERNMENTS OF THE CITIES WE DELIVER DIRECT SERVICES IN, SFM THE REGIONAL BAY AREA URBAN MANUFACTURING INITIATIVE - A 29-C COLLABORATIVE WHICH WORKS ACROSS THE 9-COUNTY BAY AREA TO SHY PRACTICES AND TO IDENTIFY COLLABORATIVE PRACTICES TO SUPPORT</li> </ul>	Yes Z ed by expenses. otal expenses, and 66,50 ON BUSINESS TIVE ES TO LOCZ C 6,200 DED 412 ADVISORY SORS
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Form 990 (2017) SFMADE INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- 23
U.	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)(iii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	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		1	<u> </u>
	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		<u> </u>	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		I X I

Form **990** (2017)

732003 11-28-17

Part IV         Checklist of Required Schedules continued)         Yes is not the organization operate one or more hospital facilities? // Yes, "complete Schedule H         Yes is not the organization needs and the organization facilities? // Yes, "complete Schedule H         Zea         Xes         Not the organization report more than 55:00 of grants or other assistance to any domestic organization or domestic granization report more than 55:00 of grants or other assistance to for or othersite individuals on Part K, compred K, Schedule / Part J and II         Zea         Xes           20         Did the organization newer Yes" to Part VI, Section A, line 3, 4, or 5 about compensated engloyee? // Yes, "complete Schedule / Part J and II         Zea         <	Form	990 (2017) SFMADE INC 27-2850	703	P	age <b>4</b>
20a Did the organization operate on or more hospital facilities? If "Ves," complete Schedule H     20a     X       21 Did the organization report more than 55:000 of grants or ther assistance to any domestic organization or domestic granization report more than 55:000 of grants or other assistance to or for domestic organization are officers. Checkine J, Pari Yes, "complete Schedule J, Pari I and II     21     X       22 Did the organization report more than 55:000 of grants or other assistance to or for domestic organization is current and tomer officers. Checkine J, Pari I and III     21     X       23 Did the organization report more than 55:000 of grants or other assistance to or for domestic organization is current and tomer officers. Checkine J, Pari I and III     22     X       24 Did the organization never the organization report of care the assistance to a for domestic organization is a sub organization. The sub organization matrix any proceeds of tax-every thonds they ond a temporary period exception?     24     X       24 Did the organization matrix an opcored at ax-every thonds beyond a temporary period exception?     24     X       25 Section 60(10)(5) 60(10)(4) and 60(10)(2) organization. Did the regnarization and an an end off (size) organization and any tax in tangaged in an excess benefit transaction with a discultified person during the year?     24d     X       26 Did the organization aver and the tangaged in an excess benefit transaction with a discultified person any provemant of the organization aver and the targanged in an excess benefit transaction with a discultified person any provemant of the organization aver and the the spranacel on any of the arganization aver and the the spranization aver	Pa	rt IV Checklist of Required Schedules (continued)			
b         If Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?         20b           21         Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 11 // Yes, 'complete Schedule I, Parts I and II.         21         X           20         Did the organization report more than \$5,000 of grants or other assistance to or for domestic organization are domestic organizations current and former offices. directors, trustees, key employees, and highest compensated on the organization's current and former offices. directors, trustees, key employees, and highest compensated on the organization's current and former offices. directors, trustees, key employees, and highest compensated on the organization's current and former offices. directors, trustees, key employees, and highest compensate on the organization are directors. The 24 to the organization invest any proceeds of tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If 'Yes,' complete Schedule L, Part I         24e         X           26         Did the organization invest any proceeds of tax exempt bonds beyond a temporary poried exception?         24e         X           26         Did the organization and as an 'on behalf of' issue' for bonds outstanding at any time during the year?         24d         X           26         Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization is prior year, and that the transaction input and yore the organization prior year, and that the transaction input and y				Yes	
21         Did the organization report more than 55,000 of grants or other assistance to any domestic organization or domestic organization report more than 55,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 // "Yes," completes Schedule / Parts I and II         22         X           23         Did the organization report more than 55,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 // "Yes," completes Schedule I, Parts I and II         22         X           24         Did the organization network "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization's current schedule K. If 'No', go to line 25a         24a         X           24         Did the organization means any proceeds of tax exempt bonds beyond a temporary period exception?         24a         X           25         Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization means an 'on behalf of' issuer for bonds outsanding at any time during the year?         24d         X           26         Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization any any wave that 1 engaged n an excess benefit transaction with a disqualified person in a prory year, and that the transaction ware to any of the organization pror Forms B00 or 500527 // "Yes," complete Schedule L, Part I         25a         X           26         Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current o	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domastic government on Part IX, column (A), line 17 H <sup>*</sup> /ss, 'complete Schedule I, Parts I and II     21     X       22     Dot the organization report mesh tha 50,000 Graphs or the assistance to or for domestic individuals on Part IX, column (A), line 27 H <sup>*</sup> Yes, 'complete Schedule I, Parts I and III     22     X       23     Did the organization narwer "Yes" to Part VII, Section A, line 3, 4, of 3 about compensation of the organization's current and former offices, directors, trustees, key employees, and higher compensation of the organization's complete Schedule K, If 'No', 'go to line 25a     23     X       43     Did the organization narwer "Yes" to Part VII, Section A, line 3, 4, of 3 about compensation of the organization invest any proceeds of tax-exempt bond's beyond a temporary period exception?     24a     X       4     Did the organization mixest any proceeds of tax-exempt bond's beyond a temporary period exception?     24b     X       5     Did the organization acts an 'no behal of' issue with an outstanding at my time during the year?     24d     X       5     Did the organization acts and the angold main ascess benefit transaction with a disqualified person during the year?     24d     X       6     Did the organization acts and the angold main access benefit transaction with a disqualified person? If 'Yes,' complete Schedule L, Part I     25a     X       7     Did the organization axer that magadi an an excess benefit transaction with a disqualified person? If 'Yes,' complete Schedule L, Part IV     25a     X       7     Did the organization axer	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22       Det the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part K, column (A), line 27 if "Yes," completes Schedule I, Parts I and III       22       X         23       Det the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officer, directors, trustees, key employees, and highest compensated employees 11 "Yes," complete Schedule J.       22       X         24       Det the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, fattwain sisced after December 31, 2002? If "Yes," answe lines 240 through 24d and complete Schedule K. If "Wo", go to line 25a       24a       X         25       Det the organization meantain an accrose watcount other than a refunding scorew at any time during the year 10 detectoption?       24d       X         26       Det the organization answer that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction hand to Sto (262) organization ansage in an excess benefit transaction with a disqualified person?       24d       25a         27       Det the organization arouse may three during the year?       24d       25a       X         28       Bott the organization arouse may three during the year?       25a       X       25b       X         29       Section 601(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engol an a nexcess benefit transaction with a disqualified person? </td <td>21</td> <td>Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or</td> <td></td> <td></td> <td></td>	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. II "Yes," complete Schedule I, Parts I and III     22     X       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, directorin, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, If "No.", go to Ima 25a     2a     X       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? If "Yes," answer lines 24b Imrugh 24d and complete Schedule I, If "No.", go to Ima 25a     24a     X       25     Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24a     X       26     Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24d     X       27     Did the organization and an an eacrow account other than a refunding escrow at any time during the year?     24d     X       28     Section 501(c)(A), S01(c)(d), and S01(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of any of the organization any end the areastion with a disqualified person of any of the organization any end the areastion with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization any end the argumation to Part A. Ime 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, evel employee, Notabalital controlution of any of these paranzon? If "Yes," complete Schedule L, Part II     25a		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
23       Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensated employees? If "Yes," complete Schedule J.       23       X         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? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a       24a       X         25       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b       24c         26       Did the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tax-exempt bonds?       24c       24d         26       Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization rego an an excess benefit transaction has not been reported on any of the organization's prior Forms 990 or 902 E2? If 'Yes, 'complete Schedule L, Part I       25b       X         27       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustes, ley employees, lighter complexes, or disqualified person? If 'Yes,' complete Schedule L, Part II       25b       X         28       Did the organization provide a grant or other assistance to an officer, director, trustes, or weipholes, on the assistance to an officer, director, trustes, or weipholes, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       28b       X <tr< td=""><td>22</td><td></td><td></td><td></td><td></td></tr<>	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete     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 I, I"No", go to line 25a     24a     X       2 bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24b     24a       2 bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24d     24a       2 bit the organization and at as an "on behalt of" issuer for bonds outstanding at any time during the year?     24d     24d       2 bit the organization aware that it engaged in a excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I     25b     X       2 bit the organization aware that it engaged in a excess benefit transaction with a disqualified person in a prior year, and that the transaction run to a nexcess benefit transaction with a disqualified person? If "Yes," complete Schedule I, Part I     25b     X       2 bit the organization approximation exerces the end transaction with a disqualified person? If "Yes," complete Schedule I, Part II     27     X       2 bit the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thered, a grant selection committe member, or to a 35% controlled entity or family member of a unered former officer, director, trustee, or key employee, or			22		<u>X</u>
Schedule J     23     X       24a Did the organization have a tax exempt bond issue with an cutstanding principal amount of more than \$100,000 as of the last alg of the year, that was issued after Docember 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a     24a     X       24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?     24b     24b       24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?     24b     24b       25a Section 501(c)(3), 501(c)(4), and 501(c)(2)9 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I     25a     X       25a Did the organization aware that it engaged in an excess benefit transaction bas not been reported on any of the organization spote FGP If 'Yes,' complete Schedule L, Part I     25a     X       25a Did the organization approved a grant or other assistance to an officer, director, trustee, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II     25a     X       25a Did the organization approved a grant or other assistance to an officer, director, trustee, in expensions     27a     X       25b Other organization provide a grant or other assistance to an officer, director, trustee, leg schedule L, Part IV     25a     X       25b Other organization provide a grant or other assistance to an officer, director, trustee, or key employee 011 'Yes,' complete Schedule L, Part IV     28a     X	23				
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 "res," answer lines 24b through 24d and complete Schedule I, If with the line 25a         24a         X           24b         Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?         24a         X           24b         Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?         24b         24c           25         Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?         25c         X           25         Section 501(cl3), 501(cl4), and 501(cl20) organizations. Did the organization are excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization are that it engaged in an excess beefit transaction with a disqualified person in a prior year, and that the transaction any of the organization are that it engaged in an excess beefit transaction with a disqualified person in a prior year, and that the transaction are ported are assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant assistance to an officer, director, trustee, key employee, substantial contributors of any of these persons? If "Yes," complete Schedule L, Part II         26         X           27         Did the organization are tort or officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV         28a         X					
Is tay of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete     X       Schedule K, If No', go to line 25a     X       D Id the organization maintain an escrow account other than a refunding scrow at any time during the year to defease any tax-evempt bonds?     24d       d Did the organization maintain an escrow account other than a refunding scrow at any time during the year?     24d       d Did the organization maintain an escrow account other than a refunding scrow at any time during the year?     24d       d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?     24d       d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?     24d       d Did the organization awas that it ongaged in an excess benefit transaction with a disqualified person in a privale to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? II 'Yes,' complete Schedule L, Part II     25b     X       27     Did the organization prive to any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employees, highest compensated employees, or disqualified persons? II 'Yes,' complete Schedule L, Part II     26     X       28     Was the organization prively to a business transaction with one of the following parties (see Schedule L, Part IV     27     X       29     Did the organization receive constitutions of theyses' complete Schedule L, Part IV     28b     X		Schedule J	23	X	
Schedule K. If 'No', go to line 25a     24a     X       b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24b     24c       c Did the organization amartain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?     24c     24c       25a Section SO1(c)(3), SO1(c)(4), and SO1(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I     25a     X       b Is the organization are 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 980 E22 If 'Yes,' complete Schedule L, Part I     25a     X       27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustes, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II     26a     X       28 Was the organization approximation and the organization's and one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):     27     X       28 Was the organization action comittee control officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV     28a     X       29 Did the organization receive contributions of art, historical trassure, or other atmain member of across attens account on one of the following parties (see Schedule L, Part IV     28a     <	24a				
b       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b         c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds?       24c         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)(Z9) organizations. Did the organization engage in an excess benefit transaction name that it engaged in an excess benefit transaction name that it engaged in an excess benefit transaction name to been reported on any of the organization organ points prior Forms 900 or 900-E27 // Yes," complete Schedule L, Part I       25a       X         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourrent or former officers, directors, trustees, key employees, highest compensated employees, ordisqualified persons // 1*Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, exely employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee (or a family member for a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member					
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?       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization angage in an excess benefit transaction with a disqualified person on units disqualified persons? If "Yes," complete Schedule L, Part I       25a       X         26       Did the organization report 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, or disqualified persons? If "Yes," complete Schedule L, Part II       26a       X         27       Did the organization aparty to a business transaction with one of the tollowing parties (see Schedule L, Part IV       27       X         28       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive contributes, on texp employee (or family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive contribut		Schedule K. If "No", go to line 25a			<u> </u>
any tax-exempt bonds?       24c         d Did the organization act as an 'on behalf of "issue 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 I., Part I       25a       X         b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prory year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E2? If "Yes," complete Schedule I., Part I       25b       X         27 Did the organization aware that it engaged in an excess benefit transactor with a disqualified persons? If "Yes," complete Schedule I., Part II       26       X         27 Did the organization aparty or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereot, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II       27       X         28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29 Did the organization receive mere of former officer, director, trustee, or key employee for a family member thereofy was an officer, director, trustee, or key employee for a family member thereofy was an officer, director, trustee, or key employee for a family member thereofy was an officer, director indirect owner? If "Yes," complete Schedule L, Part IV       28a       X <td></td> <td></td> <td>24b</td> <td></td> <td></td>			24b		
d Did the organization act as an 'no 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? II 'Yes,' complete Schedule L, Part I       25a       X         b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 II 'Yes,' complete Schedule L, Part I       25b       X         26 Did the organization report 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, highest compensated employees, or disqualified persons? II 'Yes,' complete Schedule L, Part II       26       X         27 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 35% controlled entity or family member of any of these persons? II 'Yes,' complete Schedule L, Part IV       27       X         28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29 Did the organization receive more than 255.000 in non-case contributions? II 'Yes,' complete Schedule L, Part IV       28b       X         29 Did the organization receive more than 255.000 in non-case contributions? II 'Yes,' complete Schedule L, Part IV       28c       X	С				
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? II "Yes," complete Schedule L, Part I       25a       X         25b       Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I       25b       X         26       Did the organization aware that it engaged in an excess benefit transaction with a disqualified person? If "Yes," complete Schedule L, Part I       26b       X         27       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 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       27       X         28       Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X					
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I       25a       X         b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I       25b       X         20 Did the organization report 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, injekest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         21 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 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       27       X         28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 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       28a       X         29 Did the organization receive more than \$25,000 in non-cash contributions? II "Yes," complete Schedule M       29       X         21 Did the organization receive ontributions of art, historical treasures, or other similar assets, or qualified conservation contributions? II "Yes," complete Schedule M       29       X         22 Did the			24d		
b       Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27. If "Yes," complete Schedule L, Part I         26       Did the organization report 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, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereot, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       26       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions):       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       30a       X         30       Did the organization inquidate, terminate, or dissolve and cease operations?       31       X         31       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25a				
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 ff 'Yes,'' complete       25b       X         26       Did the organization report 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, highest compensated employees, or disqualified persons? If 'Yes,'' complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,'' complete Schedule L, Part II       27       X         28       Was the organization provide a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,'' complete Schedule L, Part IV       28a       X         29       A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employees (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family membe			25a		<u> </u>
Schedule L, Part I       25b       X         26       Did the organization report 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, bidstantial contributors or employed thereof, a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employed thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       28a       X         29       Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M       30       X         30       Did the organization neceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I       30       X         31       Did the organization neceive contributions of art, historical treasures, or other similar assets? If "Yes," complete Schedule	b				
26       Did the organization report 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, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employes thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29       Did the organization receive contributions, and exceptions):       a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in on-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         31       X       31       X       31       X         32       Did the organization receive and the disolve and cease operations?       31       X         33       Did the organization sell, exchange, dispose of, or trans					37
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       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 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       28a       X         28       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more filer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ime 1       33       X         35       Did the organization nealted to any taxesempt or taxable ent			25b		<u> </u>
complete Schedule L, Part II       26       X         27       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 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization cecive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       30       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization receive down of the yes," complete Schedule R, Part II, III, or IV, and Part V, ine 1       31       X         33       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, III, or IV, and Part V, ine 1       32       X	26				
27       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 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 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       28a       X         29       Did the organization receive more officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV.       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization iguidate, terminate, or dissolve and cease operations?       If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I       33       X <td></td> <td></td> <td></td> <td></td> <td>v</td>					v
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes," complete Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       28a       X         28       A current or former officer, director, trustee, or key employee? If 'Yes," complete Schedule L, Part IV       28a       X         29       A tamily member of a current or former officer, director, trustee, or key employee? If 'Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes," complete Schedule M       29       X         30       Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes," complete Schedule M       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes," complete Schedule N, Part II       33       X         33       Did the organization release operations?       33       X         34       Was the organization ore local contributions of an transfer more than 25% of its net assets? If 'Yes," complete Schedule N, Part II       33       X         35       Did the organization ore local controlled constration related to any taxexempt or taxable entity? If 'Yes," comple		, , , , , , , , , , , , , , , , , , , ,	26		<u> </u>
of any of these persons? If "Yes," complete Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28       X         28       A current or applicable filing thresholds, conditions, and exceptions):       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         31       Did the organization inguidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part I       30       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II       33       X         31       Did 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       34       X         33       Did 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       35a	27				
28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       Image: Constraint of the part of the part is the part of the part the part the part of the p					v
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       28a       X         b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I       31       X         33       Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       33       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35       Did the organization conduct more than 5% of its activities through an entity that is not a related organization			27		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         b A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director indirect owner? If "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization equive non than \$25,000 and cease operations?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       33       X         34       Was the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, line 2       35a       X         35       Did the organization selicity of the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule	28				
b       A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         c       An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I       31       X         33       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Ime 1       33       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a       Did the organization selice schedule R, Part V, Ime 2       36       X         35a       Did the organization					v
c       An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I       31       X         33       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       32       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35       Did the organization. Nave a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       F" Yes," complete Schedule R, Part V, line 2       36       X         36       Section 501(c)(3) organizations. Did the organization ma					
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.       28c       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization neelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       33       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35       Did the organization.       Section 501(c)(3) organization.       Section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       36       X         36       Was the organization.       So di the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a		•	280		
<ul> <li>29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M</li> <li>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M</li> <li>31 Did the organization liquidate, terminate, or dissolve and cease operations?</li> <li>If "Yes," complete Schedule N, Part I</li> <li>31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II</li> <li>32 Did the organization on 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</li> <li>33 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</li> <li>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>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 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</li> <li>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?</li> <li>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and 19?</li> <li>Note. All Form 990 filers are required to complete Schedule O.</li> </ul>	С		00-		v
30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II       32       X         33       Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II       32       X         33       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       33       X         34       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       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is no	00				
contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete       32       X         34       Was the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       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       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       X         36       Section 501(C)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       X         37       Did the organi			29		
31       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete       32       X         33       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       33       X         34       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       34       X         35a       Did the organization nave a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       X         36       Section 501(c)(3) organizations. Did the organization make any transfer to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       X         36       Section 501(c)(3) organizations. Did the organization make any transfer to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O complete Schedule O	30		00		x
If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations       32       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a       Did the organizations. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X	04		30		<u></u>
32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?!/f "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3 end 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       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       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X	31		0.4		v
Schedule N, Part II       32       X         33       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       33       X         34       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       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         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 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X	20		31		
<ul> <li>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i></li> <li>34 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i></li> <li>34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>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 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?</li> <li><i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>36 X</li> <li>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>.</li> <li>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</li> <li>38 X</li> </ul>	32		20		x
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       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       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         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 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X	22		32		
<ul> <li>34 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</li> <li>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>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 512(b)(13)?</li> <li>b If "Yes" to line 35a, did the organization. Since the organization make any transfers to an exempt non-charitable related organization?</li> <li><i>If</i> "Yes," complete Schedule R, Part V, line 2</li> <li>36 X</li> <li>36 X</li> <li>36 X</li> <li>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI</li> <li>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</li> <li>38 X</li> </ul>	33		22		x
Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         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 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X	24		- 33		
<ul> <li>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>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 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i></li> <li>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i></li> <li>36 X</li> <li>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i></li> <li>37 X</li> <li>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</li> <li>38 X</li> </ul>	34		24	x	
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 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X	250				
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Note. All Form 990 filers are required to complete Schedule O       Schedule O       38       X			554		
<ul> <li>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <ul> <li>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>             37 X         </li></ul> </li> <li>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         </li></ul>	U		356	x	
If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X	36		330		
37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Note. All Form 990 filers are required to complete Schedule O       38       X	00	···· · · · · · ·	36		х
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI37X38Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?58XNote. All Form 990 filers are required to complete Schedule O38X	37				
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	57		37		х
Note. All Form 990 filers are required to complete Schedule O	38				
	50		38	х	
					2017)

732004 11-28-17

Form	990 (2017) SFMADE INC	27-2850	703	Р	age <b>5</b>
Pa	t 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a   15			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	(gambling) winnings to prize winners?		1c	х	
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	2a 11			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	х	
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction		20		
30			3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		30		
44			4a		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country: ►	accounty?	40		
D					
<b>F</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		<b>.</b>		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t				v
			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu				
	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 se		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	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1		
	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	1041?	12a		
b	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.	LI			
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
5	organization is licensed to issue qualified health plans	13b			
~		130 13c			
	Enter the amount of reserves on hand	ll	14-		X
14a		 Ю О	14a		
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu		14b		(0017)

Form 990 (2	2017)
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732005 11-28-17

Form	990 (2017) SFMADE INC	27-285	0703	F	age
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	•	a "No" ı	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
10	Enter the number of voting members of the governing body at the end of the tax year	1a	7	Yes	No
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year		-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		_		
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form				X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:			
а	The governing body?		. 8a	X	
b	Each committee with authority to act on behalf of the governing body?		. 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	levenue Code.)			
				Yes	
	Did the organization have local chapters, branches, or affiliates?		. <b>10a</b>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10-	x	
		to conflicte?		X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		. 120	- 23	
C			12c	x	
3	in Schedule O how this was done			x	
4	Did the organization have a written document retention and destruction policy?				x
5	Did the process for determining compensation of the following persons include a review and approv		. 17		
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	x	
	Other officers or key employees of the organization			X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$				
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	/) availat	ble	
	for public inspection. Indicate how you made these available. Check all that apply.		,		
		n in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		nd finan	icial	
	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 bo	ooks and records:			
-	BRETT HAZLETT - (415)408-5605				
		107			
2006	6 11-28-17		Form	1 <b>990</b>	(201
	6				•
31	108 759146 76460 2017.05000 SFMADE INC		764	460	1

SFMADE INC

27-2850703 Page 6

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.

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

<pre>(1) GARY GROFF BOARD CHAIR/PRESIDENT (2) WENLI WANG</pre>	hours per week (list any hours for related organizations below line)	stee or director			irecto	s boti r/trus		compensation from	compensation from related	amount of other
(1) GARY GROFF BOARD CHAIR/PRESIDENT	hours for related organizations below line)	dividual trustee or direct	tional trustee					tha		
BOARD CHAIR/PRESIDENT	0 10	<u> </u>	ln stitu	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
	0.40	v		4				0.	0.	0
(2) WENLI WANG	0.00	X		Х				0.	0.	0.
TREASURER/BOARD MEMBER	0.40	x		х				0.	0.	0.
(3) ALICIA ESTERKAMP ALLBIN	0.40									
BOARD MEMBER	1.00	х						Ο.	Ο.	0.
(4) ROB BLACK	0.40									
BOARD MEMBER		Х						0.	0.	0.
(5) JON KNORPP	0.40									
BOARD MEMBER		Х						0.	0.	0.
(6) ROSEMARIE OVIAN	0.40									
BOARD MEMBER		Х						0.	0.	0.
(7) KURT DAMMERMANN	0.40									•
BOARD MEMBER	0.00	х						0.	0.	0.
(8) RICHARD SLINN	0.40							0	0	•
BOARD MEMBER (THRU 05/2017)	0.00	Х						0.	0.	0.
(9) ROBIN MCROSKEY-AZEVEDO	0.40	x						0.	0.	0.
BOARD MEMBER (THRU 2/15/2017) (10) KATHERINE SOFIS	30.00	^						0.	0.	0.
CHIEF EXECUTIVE OFFICER	10.00			х				193,623.	0.	33,822.
(11) JANET LEES	40.00							155,025.	• •	55,022.
CHIEF PROGRAM OFFICER	0.00			х				142,220.	0.	30,404.
(12) BRETT HAZLETT	36.00			Z				105 107	0.	7 0 7 7
CHIEF FINANCIAL OFFICER	4.00			х				125,127.	0.	7,827.
										Form <b>990</b> (2017)

	<u>1990 (2017) SFMADE IN</u>	1C								27-2	0.00	105	Pa	ge <b>8</b>
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghes	st C	ompensated Employe	es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box,	not cl , unle:	ss per	tion <sup>more</sup> rson i	than c s both r/trust	n an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		Est amo	(F) imated ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated em ployee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		orga and	ensat m the nizatio relate nizatio	on d
									460,970.		0.	7.2	2,05	
c d	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	· · · · · · ·				) )		0. 460,970.		0.		2,05	0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed ab	oove	e) wh	o re	eceived more than \$100	),000 of reportab	le	,	Yes	3 No
3 4	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su	uch individual							-			3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	),000? <i>If</i> "Yes, Iccrue comper	" <i>coi</i> nsati	<i>mple</i> ion f	ete S rom	Sche any	edule unre	<i>J f</i> elat	or such individual ed organization or indivi	idual for services	;	4	x	x
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	Diele Schedule	<i>e J I</i>	or su	icn p	Jers	:011 <u>.</u>					5		21
1	Complete this table for your five highest cor the organization. Report compensation for t										npens	ation fr	om	
	(A) (B) Name and business address NONE Description of services									С	(C) ompen			
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	nite	d to	tho: (	•	ted	l above) who received m	nore than		Form <b>9</b>	<b>90</b> (2	017)

732008 11-28-17

m 990 ( art VII			27-2850703 Page 9			
art vi	Check if Schedule O contains a respons	o or poto to opy lin	o in this Dart VIII			Г
	Check il Schedule O contains a respons	e of note to any in	(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
b c d e f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f: \$Total. Add lines 1a-1f	136,186. 272,462. ,025,303. ■ Business Code	1,433,951.			
c d e f	MEMBER EVENTS EDUCATIONAL WORKSHOPS PROGRAM ADVISING	900099 900099 900099 900099	123,140. 45,136. 19,907. 4,660. 192,843.	45,136. 19,907. 4,660.		123,140
3 4 5	Investment income (including dividends, inte other similar amounts) Income from investment of tax-exempt bond Royalties	proceeds	21.			2:
b c d 7 a b c	(i) Real (i) Real Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(ii) Other				
8 a b 9 a b c 10 a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	a 5,644. b 9,424.	-3,780.			-3,78
11 a b c	Net income or (loss) from sales of inventory Miscellaneous Revenue All other revenue	Business Code				
е 12	Total. Add lines 11a-11d	<b>&gt;</b>	1,623,035.	69,703.	0.	<b>119,38</b> Form <b>990</b> (20

#### SFMADE INC

Part IX Statement of Functional Expenses

Doi	Check if Schedule O contains a respons not include amounts reported on lines 6b,	e or note to any line in (A) Total expenses	(B) Program service	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				· · · · ·
	and domestic governments. See Part IV, line 21				
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				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		000 005		4 - 04
	trustees, and key employees	502,054.	288,985.	197,755.	15,314
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	474 460	440.000	0 1 6 0	
7	Other salaries and wages	474,469.	442,269.	9,168.	23,032
8	Pension plan accruals and contributions (include	10 060	1 5 0 2 0	1 1 7 4	1 1 0 /
_	section 401(k) and 403(b) employer contributions)	18,062.	15,838.	1,124. 8,898.	1,100 4,148
9	Other employee benefits	66,063. 67,495.	53,017. 50,955.	13,978.	<u>4,14</u> 2,56
0	Payroll taxes	01,493.	50,355.	13,9/0.	۵, ۵۵
1	Fees for services (non-employees):				
a	Management	8,556.		8,556.	
b		52,501.		52,501.	
	Accounting	52,501.		52,501.	
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	104,464.	104,464.		
2	Advertising and promotion	31,034.	23,332.	4,079.	3,623
2 3	Office expenses	27,104.	19,800.	5,118.	2,186
4	Information technology	686.	544.	119.	23
5	Royalties				
6	Occupancy	51,272.	38,257.	10,939.	2,076
7	Travel	35,345.	24,151.	7,978.	3,210
8	Payments of travel or entertainment expenses	,			•
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	7,250.	5,731.	1,264.	255
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	6,712.	5,008.	1,432.	272
3	Insurance	4,214.	3,144.	899.	171
4	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 0.)				
а	PROGRAM-EDUCATION EVENT	97,624.	95,508.	300.	1,810
b	BOARD & STAFF DEVELOPME	2,450.	1,975.	333.	142
с					
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,557,355.	1,172,978.	324,441.	59,930
6	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)				

732010 11-28-17

11

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			244.	1	203.
	2	Savings and temporary cash investments			448,426.	2	48,942.
	3	Pledges and grants receivable, net			288,658.	3	702,844.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for				-	
		trustees, key employees, and highest compens					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disgual				-	
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sec					
s		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net		<b>F</b>	0.	7	60,000.
As	8	Inventories for sale or use				8	,
	9		9,634.	9	14,562.		
		Land, buildings, and equipment: cost or other		·····	,	-	-
		basis. Complete Part VI of Schedule D	10a	49,669.			
	b			40,553.	11,155.	10c	9,116.
	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		15			
	16	Total assets. Add lines 1 through 15 (must equ	758,117.	16	835,667.		
	17	Accounts payable and accrued expenses	135,473.	17	97,343.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV c	of Schedule D		21	
es	22	Loans and other payables to current and forme	r officers	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and o	disqualified persons.			
iab		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrel			0.	23	50,000.
	24	Unsecured notes and loans payable to unrelate				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			125 172	25	117 212
	26	Total liabilities. Add lines 17 through 25			135,473.	26	147,343.
		Organizations that follow SFAS 117 (ASC 958		k nere 🕨 🖾 and			
ces	07	complete lines 27 through 29, and lines 33 ar			249,592.	07	195,046.
lan	27	Unrestricted net assets			373,052.	27	493,278.
Fund Balances	28	Temporarily restricted net assets			575,052.	28 29	475,270.
pun	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A				29	
Ē			30 930				
Net Assets or	20	and complete lines 30 through 34.				30	
sse	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ea				30	
t Aŝ	32	Retained earnings, endowment, accumulated in				32	
Ne	33	Total net assets or fund balances			622,644.	33	688,324.
	34	Total liabilities and net assets/fund balances			758,117.	34	835,667.
	1 0 7				,,	~	Form <b>990</b> (2017)

Form **990** (2017)

Form	1 990 (2017) SFMADE INC	27-28	50703	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
					<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,623		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,557		
3	Revenue less expenses. Subtract line 2 from line 1	3			80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	622	2,6	44.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		600		~ 4
D	column (B))	10	686	3,3	24.
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				v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		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			х	
b	Were the organization's financial statements audited by an independent accountant?		2b	<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: Separate basis Consolidated basis Both consolidated and separate basis				
-		a avalit			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2c	х	
	review, or compilation of its financial statements and selection of an independent accountant?		20		<u> </u>
25	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Audit	0.		x
-	Act and OMB Circular A-133?	المرام المرابع	3a		
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		24		1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2017)

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

1	Form	990	or	990-EZ	
1		000	<b>U</b> 1		•

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection	2017

OMB No. 1545-0047

Nam	e of t	he organization	<b>. .</b>						r identification number	
			DE INC						7-2850703	
Pa	τI	Reason for Public	Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instruction	S.		
The o	organ	ization is not a private found	dation because it is: (	For lines 1 through 12, o	check only	one box.)				
1		A church, convention of ch				• • •	1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)				
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrit	bed in	
		section 170(b)(1)(A)(iv). (C								
6		A federal, state, or local go								
7	Х	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
		section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	-			-		-	-	
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	je or	
		university:								
10		An organization that norma								
		activities related to its exen								
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.	
		See section 509(a)(2). (Con								
11		An organization organized a	-	•	•					
12		An organization organized a		-	-			-		
		more publicly supported or								
2		lines 12a through 12d that	• •			-		-	( diving	
а		<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting								
		organization. You must o			amajonty				supporting	
b		<b>Type II.</b> A supporting org	-		tion with it	s sunnort	ed organizatio	on(s) by ha	avina	
		control or management o	-				•		-	
		organization(s). You mus						age the ear	sported	
с		Type III functionally inte			in connec	tion with.	and functiona	allv integrat	ed with.	
		its supported organizatio	•						,	
d		Type III non-functionally			-			orted organ	ization(s)	
		that is not functionally int						-		
		requirement (see instruct			•		-			
е		Check this box if the orga						e II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.				
f	Ente	er the number of supported o	organizations							
g		vide the following information								
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	-	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)	
Tota	1									
1010										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

# Schedule A (Form 990 or 990 EZ) 2017 SFMADE INC

27-2850703 Page 2

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.)

Se	ction A. Public Support										
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) 2017	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	979,731.	1,051,897.	1,242,928.	1,496,213.	1,557,091.	6,327,860.				
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	979,731.	1,051,897.	1,242,928.	1,496,213.	1,557,091.	6,327,860.				
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)						1,545,245.				
6	Public support. Subtract line 5 from line 4.						4,782,615.				
	ction B. Total Support										
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
7	Amounts from line 4	(a) 2013 979,731.	1,051,897.	1,242,928.	1,496,213.	1,557,091.	6,327,860.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	18.	17.	29.	46.	21.	131.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on	0.	0.	2,387.	0.	Ο.	2,387.				
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						6,330,378.				
12	Gross receipts from related activities,	, etc. (see instruction	ons)	•		12	653,030.				
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)					
	organization, check this box and stop										
Se	ction C. Computation of Publ	ic Support Pe	rcentage								
14	Public support percentage for 2017 (	line 6, column (f) di	ivided by line 11, c	olumn (f))		14	75.55 %				
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	71.93 %				
<b>16</b> a	<b>33 1/3% support test - 2017.</b> If the o	organization did no	t check the box on	line 13, and line <sup>-</sup>	14 is 33 1/3% or n	nore, check this bo	x and				
	stop here. The organization qualifies	as a publicly supp	orted organization				► X				
b	<b>33 1/3% support test - 2016.</b> If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box				
	and stop here. The organization qual	lifies as a publicly s	supported organiza	tion							
17a	10% -facts-and-circumstances tes										
	and if the organization meets the "fac										
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
k	0 10% -facts-and-circumstances tes	-		• • •							
	more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
18	Private foundation. If the organization						s ►				
						dulo A (Earm 000					

Schedule A (Form 990 or 990-EZ) 2017

# Schedule A (Form 990 or 990 EZ) 2017 SFMADE INC

# 27-2850703 Page 3

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	T	1	1	-
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) ordar	nization,
	check this box and <b>stop here</b>						
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2017 (	ine 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	: III, line 15			16	%
Sec	ction D. Computation of Investion	stment Incom	e Percentage	•			
17	Investment income percentage for 20	17 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
<b>19</b> a	33 1/3% support tests - 2017. If the	-					e 17 is not
	more than 33 1/3%, check this box a						►
b	<b>33 1/3% support tests - 2016.</b> If the	•					
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
73202	23 10-06-17			15	Sch	iedule A (Form 9	90 or 990-EZ) 2017

20231108 759146 76460

2017.05000 SFMADE INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

### 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, Ioan, 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.)

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0 10b Schedule A (Form 990 or 990-EZ) 2017

			Vee	Na
			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> </b>
	A family member of a person described in (a) above?	11b		<b> </b>
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	ŕ	
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	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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</i> <b>Part VI.</b>	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<b>A</b> <sup>1</sup>		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
/3202	5 10-06-17 Schedule A (Form 9	an or aa	συ- <b>ΕΖ</b> )	/201/

17 2017.05000 SFMADE INC Schedule A (Form 990 or 990 EZ) 2017 SFMADE INC Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Part V

1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on l	Nov. 20, 1970 (explain in	Part VI.) See instructions
other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
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		
ection 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			
,	6		
emergency temporary reduction (see instructions)	-	d Tara III anna dia an	

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

Schedule A (Form 990 or 990-EZ) 2017

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Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)		
Sect	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
1	Distributable amount for 2017 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2017 (reason-				
	able cause required- explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2017				
a					
b	From 2013				
C	From 2014				
d	From 2015				
e	From 2016				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2017 distributable amount				
i	Carryover from 2012 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2017 distributable amount				
C	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2017, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2017. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2018. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
e	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2017

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

# 2017

Employer identification number

27-	28	50	70	3

SFMADE I	INC
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Organization	type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

	B (Form 990, 990-EZ, or 990-PF) (2017)		Page <b>2</b>
Name of or	ganization	Em	ployer identification number
SFMAD	E INC		27-2850703
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$00,000	Person X     Payroll     Noncash     (Complete Part II for     noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$100,000	Person X     Payroll      Noncash      (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$100,000	Person X     Payroll      Noncash      (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$75,000	Person X     Payroll     Noncash     (Complete Part II for     noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions            \$65,000         65,000	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$50,000	(Complete Part II for noncash contributions.)
723452 11-0		Schedule B (Fe	orm 990, 990-EZ, or 990-PF) (2017)

764601

	B (Form 990, 990-EZ, or 990-PF) (2017)		Page <b>2</b>
Name of or	ganization	E	mployer identification number
SFMAD	E INC		27-2850703
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,00	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>50,00</u>	0. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$35,00	0. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$30,00	0. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$156,67	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$272,46	(Complete Part II for
723452 11-0	 1-17	 Schedule B (	noncash contributions.) Form 990, 990-EZ, or 990-PF) (2017)

764601

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
Name of organization

Employer identification number

27-2850703

### SFMADE INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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2017.05000 SFMADE INC

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ame of orga			Employer identification number
FMADE Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	columns (a) through (e) and the followir	$\frac{27 - 2850703}{\text{section 501(c)(7), (8), or (10) that total more than $1,000 for}$
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	is, charitable, etc., contributions of \$1,000 or lean al space is needed.	ss for the year. (Enter this info. once.) 🕨 🎙
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- 		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
   .  -		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
   -   -		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
23454 11-01-	7		Schedule B (Form 990, 990-EZ, or 990-PF) (20

2017.05000 SFMADE INC

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name	of the	organization
Name	or the	organization

SFMADE INC

Employer identification number 27-2850703

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 📖 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose c	onferring
Pa			art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education)	ically important land area
	Protection of natural habitat	Preservation of a certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	<b>o y i</b>		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year 🕨	_	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conservation	on easements during the year
•	► \$	a setisfy the very increases of section 170/h	
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 conservati	-	
	include, if applicable, the text of the footnote to the organizar conservation easements.	tion's intancial statements that describes th	le organization s'accounting for
Pa	t III Organizations Maintaining Collections o	f Art. Historical Treasures. or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		• •
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2017

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2017.05000	SFMADE	INC

Sche	dule D (Form 990) 2017 SFMADE	INC						27-28	5070	3 <sub>Pa</sub>	age <b>2</b>
Par	t III   Organizations Maintaining (	Collections of A	rt, His	torical Tr	easures,	or Othe	er Simila	ar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a si	ignificant (	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	c	ıЦ	Loan or exc	hange progr	ams					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	-		-	-			ose in Par	t XIII.		
5	During the year, did the organization solicit of								-		1
Der	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arrar		ete if the	e organizatio	on answered	"Yes" on	Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Pa						line to a design				
та	Is the organization an agent, trustee, custoo		•						7		1
h	on Form 990, Part X?	and complete the fe	llowing					······ L	Yes	L	No
b	In res, explain the arrangement in Part All	and complete the id	nowing	lable.					Amoun	+	
~	Reginning balance						1c		Amoun	ι	
	Beginning balance Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII										]
Par	t V Endowment Funds. Complete	if the organization ar	nswered	l "Yes" on Fo	orm 990, Par	t IV, line <sup>-</sup>	10.				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	' years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rrent year end baland	ce (line 1	lg, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
-	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	ind administe	ered for t	he organiz	ation	Г		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organization	ationa liatad aa ragui									
0	Describe in Part XIII the intended uses of the								3b		
Par	t VI Land, Buildings, and Equipm	Y	JWINEIIL	iunus.							
	Complete if the organization answere		0. Part l'	V. line 11a. S	See Form 990	0. Part X.	line 10.				
	Description of property	(a) Cost or c		1	or other		ccumulate	d	(d) Boo	k value	<u></u>
		basis (investr	ment)	basis	(other)	dep	oreciation				
1a	Land										
	Buildings										
С	Leasehold improvements			ļ	2,880.		2,88			<u> </u>	0.
d	Equipment			4	6,789.		37,6'	13.		9,1	16.
	Other									0 1	1 ~
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colui	mn (B), line 1	10c.)					9,1	тр.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, IIr (b) Book value	(c) Method of valuation: Cost	
	(b) BOOK Value	(c) Method of Valuation. Cost	or end-or-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, lir	e 11d. See Form 990, Part X, line 15	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	a 15 )		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11e or 11f See Form 990 Part X	line 25
		(b) Book value	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

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 X

#### Schedule D (Form 990) 2017

Sche	dule D	(Form 990) 2017 SFMADE INC		27-	2850703	Page <b>4</b>		
Par	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total	evenue, gains, and other support per audited financial statements		1				
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net ur	nrealized gains (losses) on investments	2a					
b	Donat	ed services and use of facilities	2b					
С	Recov	eries of prior year grants	2c					
d	Other	(Describe in Part XIII.)	2d					
е	Add li	2e						
3	3 Subtract line 2e from line 1							
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:						

4a

b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>	4c			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts V	lith Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	a Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	b Other (Describe in Part XIII.) 4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	

Part XIII Supplemental Information.

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

#### PART X, LINE 2:

a Investment expenses not included on Form 990, Part VIII, line 7b

SFMADE AND PLACEMADE ARE EXEMPT FROM FEDERAL INCOME TAX ON RELATED INCOME

UNDER THE INTERNAL REVENUE CODE, SECTION 501(C)(3). ACCORDINGLY, NO

PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THESE CONSOLIDATED

FINANCIAL STATEMENTS.

SFMADE FOLLOWS THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

ISSUED BY FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS

CERTIFICATION (ASC) TOPIC 740. AS OF DECEMBER 31, 2017, MANAGEMENT

EVALUATED SFMADE'S TAX POSITIONS AND CONCLUDED THAT SFMADE HAD MAINTAINED

ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT

REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS. THEREFORE, NO 732054 10-09-17 Schedule D (Form 990) 2017 29

Part XIII Supplemental Information (continued)

PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE

CONSOLIDATED FINANCIAL STATEMENTS.

Schedule D (Form 990) 2017

732055 10-09-17

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	e organization answered "Yes" on organization answered "Yes" on organization entered more than \$1 Attach to Form 990 Go to www.irs.gov/Form990	Form 5,000 ) or Fo	990, I on Fo rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 10-EZ.			OMB No. 1545-0047
Name of the organization	SFMADE						Employer ic 27-285	lentification number 0703
		Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1		
<ul> <li>Indicate whether the o</li> <li>a Mail solicitation</li> <li>b Internet and em</li> <li>c Phone solicitati</li> <li>d In-person solicit</li> <li>2 a Did the organization h key employees listed</li> </ul>	organization rais nail solicitations ons tations nave a written c in Form 990, P ghest paid indiv	sed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra l (inclue	non-g gover aising ding o sional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	□ Ye	
(i) Name and address o or entity (fundrai		<b>(ii)</b> Activity	have c	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser red in col. <b>(i)</b>	( <b>vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total								
<b>3</b> List all states in which or licensing.	the organizatio	n is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from	registration
LHA For Paperwork Redu	uction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Schee	dule G (Form	990 or 990-EZ) 2017

27-2850703 Page 2

 Schedule G (Form 990 or 990-EZ) 2017
 SFMADE INC
 27-2850703
 Pag

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
1	Gross receipts	141,830.			141,830
2	2 Less: Contributions	136,186.			136,186
3	Gross income (line 1 minus line 2)	5,644.			5,644
4	4 Cash prizes				
5	5 Noncash prizes				
6	6 Rent/facility costs				
6	7 Food and beverages	1,044.			1,044
8	3 Entertainment				
9					8,380
1	0 Direct expense summary. Add lines 4 throug			►	9,424
1	1 Net income summary. Subtract line 10 from I t III Gaming. Complete if the organization	line 3, column (d)			-3,780
	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
1	Gross revenue				
2	2 Cash prizes				
3	3 Noncash prizes				
- 3	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> </ul>				
4			Voc %	Vac %	
5	Rent/facility costs	└── Yes% └── No	└── Yes % └── No	Yes% No	
5	<ul> <li>Rent/facility costs</li></ul>	No	No	No	
6	<ul> <li>Rent/facility costs</li></ul>	h 5 in column (d)	No No	No No	
5 6 7 8	<ul> <li>Rent/facility costs</li></ul>	h 5 in column (d)	No No	No No	
6 6 7 8 8	<ul> <li>Rent/facility costs</li></ul>	No N	No No states?	No ►	YesN
5 6 7 8 8 8 8 1 8 9 1 9 1 9 9 9 9 9 9 9 9 9 9	<ul> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lines 2 throug</li> <li>Net gaming income summary. Subtract line 7</li> <li>Enter the state(s) in which the organization conduct state organization licensed to conduct gaming a</li> </ul>	No N	No     states?	No	
5 6 7 8 8 8 8 8 8 8 9 1 8 9 1 9 1 9 9 1 9 9 1 9 9 1 9 1	<ul> <li>Rent/facility costs</li></ul>	No N	No     states?	No	

Sch	edule G (Form 990 or 990-EZ) 2017 SFMADE INC 2	27-285	50703	B Page 3
11	Does the organization conduct gaming activities with nonmembers?	L	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	_	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	1:	Ba	%
b	• An outside facility	13	ßb	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	5:		
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	nt		
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			
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	C	Yes	
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year ► \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines	9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
7320	83 09-13-17 Schedule G	(Form 99	0 or 99	D-EZ) 2017

SC	HEDULE J	Compensation Information		OMB No. 1	1545-00	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	17	,	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20			
Depa	tment of the Treasury	Attach to Form 990.		Open to P			
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nan	ne of the organizatio		Employer i			mber	
		SFMADE INC	27-2	285070	3		
Pa	rt I Question	s Regarding Compensation					
	<b>a</b>				Yes	No	
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	1990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o	, i i i i i i i i i i i i i i i i i i i					
	Travel for com						
		cation and gross-up payments					
		spending account Personal services (such as, maid, chauffe	ur, chet)				
h	If any of the bayes	on line 1a are checked, did the organization follow a written policy regarding payment or					
b		provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2				ar			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2			
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?					
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's				
U		ector. Check all that apply. Do not check any boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
		compensation consultant					
	X Form 990 of c		committee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	organization or a re						
а	0	e payment or change-of-control payment?		4a		х	
b		ceive payment from, a supplemental nonqualified retirement plan?				X	
с		ceive payment from, an equity-based compensation arrangement?				X	
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r	evenues of:					
а	The organization?			5a		Х	
b	Any related organiz	ation?		5b		X	
		or 5b, describe in Part III.					
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r	net earnings of:					
а	The organization?			6a		X	
		ation?				X	
		or 6b, describe in Part III.					
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s				
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	the				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in					
	Regulations section	ד 53.4958-6(c)?	<u></u>	9			
LHA		eduction Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990	) 2017	

Schedule J (Form 990) 2017

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & (iii) Other incentive reportable compensation compensation		compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) KATHERINE SOFIS	(i)	193,623.	0.	0.	6,000.	27,822.	227,445.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.		0.
(2) JANET LEES	(i)	142,220.	0.	0.	4,338.	26,066.		0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page **2** 

27-2850703

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ

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

OMB No. 1545-0047 **2017**Open to Public
Inspection

SFMADE INC

Employer identification number 27 - 2850703

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RETAIL PROGRAM - SFMADE OFFERS A "BRAND PLATFORM" TO ENABLE LOCAL

MANUFACTURERS TO IDENTIFY AND DIFFERENTIATE THEMSELVES, AND TO HELP

CONSUMERS IDENTIFY LOCALLY-MADE PRODUCTS.

IN 2017, BUILDING ON SFMADE'S REGIONAL POLICY COLLABORATION EFFORTS,

THE ORGANIZATION ENGAGED WITH THE CITY OF SAN JOSE, EXISTING FUNDING

AND STRATEGIC PARTNERS, AND NEW COLLABORATORS TO CREATE THE

MANUFACTURE. THE MANUFACTURE IS THE SAN JOSE INITIATIVE WITH THE GOAL

TO DRIVE RESOURCES, KNOWLEDGE, AND VISIBILITY TO THE CITY'S

MANUFACTURERS BY LEVERAGING SFMADE'S EXISTING PROGRAMS AND EXPERTISE.

EXPENSES \$ 37,814. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FINANCE COMMITTEE REVIEWED THE FORM 990 BEFORE APPROVING AND SIGNING. THE FULL BOARD APPROVED SUBMITTING THE FORM 990, BASED ON THE FINANCE COMMITTEE RECOMMENDATION. THE FINAL DRAFT WAS DISTRIBUTED TO THE BOARD PRIOR TO FILING.

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

EACH DIRECTOR, OFFICER, AND KEY EMPLOYEE MUST ANNUALLY COMPLETE A NEW CONFLICT OF INTEREST FORM AND SIGN IT. EACH CONFLICT OF INTEREST FORM IS REVIEWED BY THE CHAIRMAN/PRESIDENT OF THE BOARD. ALL DISCLOSED CONFLICTS ARE REPORTED TO THE BOARD OF DIRECTORS. IF THERE IS A POTENTIAL CONFLICT OF INTEREST RELATING TO A PARTICULAR TRANSACTION, THE INDIVIDUAL MUST DISCLOSE THE EXISTENCE AND NATURE OF THE RELATIONSHIP. UNTIL THE POTENTIAL CONFLICT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017) 732211 09-07-17 38

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization SFMADE INC	Employer identification number 27-2850703
IS RESOLVED, THE INDIVIDUAL WILL RECUSE HIMSELF (	OR NOT PARTICIPATE IN THE

DELIBERATIONS AND DECISIONS IN THE RELATED TRANSACTION.

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

SFMADE RUNS COMPARABLE SALARY REPORTS EVERY 2 YEARS. SFMADE BOARD APPROVES CEO COMPENSATION ANNUALLY. SFMADE BOARD APPROVES BUDGET, WHICH SPECIFIES TOTAL EMPLOYEE COMPENSATION PLANNED FOR THE YEAR, ANNUALLY. BOARD IS INFORMED OF ALL HIRES WHILE THE CEO RETAINS ULTIMATE DECISION AUTHORITY ON HIRE SPECIFICS.

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

THE DOCUMENTS ARE AVAILABLE BY COMING TO THE SFMADE OFFICES AND REQUESTING TO SEE THEM OR BY REQUESTING IN WRITING TO RECEIVE A COPY OF THE DOCUMENTS. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D).

FORM 990, PART VI, SECTION B, LINE 14

SFMADE IS IN THE PROCESS OF ADOPTING A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY.

SCHEDULE R (Form 990) Department of the Tre Internal Revenue Serv	Cee Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the org	anization SFMADE INC						nployeriden 27 – 285		umber		
Part I Iden	tification of Disregarded Entities. Con	mplete if the organization answered "Yes	on Form 990, Part IV, line 3	33.		•					
Nam	<b>(a)</b> e, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	or Total inco	ome End-of-yea		Direc	<b>(f)</b> ct controlling entity	g		
	tification of Related Tax-Exempt Org nizations during the tax year.	anizations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or more	e related tax-	exempt			
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	c charity Direct co		cont	<b>g)</b> 512(b)(13) trolled tity?		
					501(c)(3))			Yes	No		
PLACEMADE -	46-3459764 TREET, UNIT 200	———————————————————————————————————————									
SAN FRANCISC	1	SUSTAINABLE MANUFACTURING	CALIFORNIA	501(C)(3)	LINE 12A, I	SFMADE	1	x			
	INC 82-3791092										
·	TREET, UNIT 200										
SAN FRANCISC	O, CA 94107	AFFORDABLE RENTAL	CALIFORNIA	501(C)(3)	LINE 10	SFMADE		X			

OMB No. 1545-0047

Schedule R (Form 990) 2017

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

# Schedule R (Form 990) 2017 SFMADE INC

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
lame, address, and EIN of related organization Primary activity Legal (state or foreign entity e		Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	manag partne	or Percentag ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	YesN	o
	_										
	_										
	_										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512( cont ent	(i) ction (b)(13) trolled tity?
		country)				233013		Yes	No

# Schedule R (Form 990) 2017 SFMADE INC

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	+
Reimbursement paid to related organization(s) for expenses	1p		
Reimbursement paid by related organization(s) for expenses		X	+
Other transfer of cash or property to related organization(s)	1r	x	
s Other transfer of cash or property from related organization(s)		X	

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) PLACEMADE	D	60,000.	PER AGREEMENT
(2) PLACEMADE	0	142,358.	PER EXPENSE ALLOCATION
(3) PLACEMADE	Q	202,098.	PER EXPENSE ALLOCATION
<u>(4)</u>			
(5)			
<u>(6)</u>	12		0

### Schedule R (Form 990) 2017 SFMADE INC

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	-	e)	(f)	(g)	()	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	all rs sec.	Share of			opor-	Code V-UBI	General	Percentage
of entity		(state or foreign	(related, unrelated, excluded from tax under	501( org	c)(3) s.?	total	end-of-year	Dispr tior alloca	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin partner	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes N	
												<b></b>

Schedule R (Form 990) 2017