Form 990
Form JJU
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** 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.



B ctexture CName of organization D Employer identification number Advance SPAADE INC 27-2850703 Doing business as Convertigent of the convere	AF	or the	e 2019 calendar year, or tax year beginning and	l ending			
SFRADE INC Dring Dusiness as 27-2850703 Number and street (# P.0. box if mail is on delivered to street address) Room/suite E Telephone number Iso HOOPER STREET 200 (415) 408-5605 City or twn, state or province, country, and ZIP or foreign postal code G orear ecepts 2 2,393,603. Memore Fame and address of principal officer: ROSEMARIE OVIAN For all state or province, country, and ZIP or foreign postal code Memore SAME AS C ABOVE I''No.* attach a list. Gee instructions I Tax-exempt status: Sof(c(3) 501(c) () (insert no.) 4947(a)(1) or ZI Website> WWW.SFMADE - ORG H'O) we all aberidrate included Ves Nomber b K Form of organization: X Corporation Trust Association Other b L Year of formation: 2010 M State of legal domicile: CA Partial Summary Summary Sector of individuals employed in calendary ear 2019 (Part V, line 1a) 3 7 1 Brieff despination to mobers of the governing body (Part V, line 1a) 3 1 7 2 Check this box > if the organization's mission or most significant activities:	B c a	heck if pplicabl	e: C Name of organization		D Employer identified	cation number	
Doing business as 27-2850703 Number and street (or P.0. bx if mail is not delivered to street address) Room/sult E Telephone number Sam Frank 200 (415) 408-5605 City or town, state or province, country, and ZIP or foreign postal code Gooss reages 3 2,393,603. Arecreted F Name and address of principal officer. ROSEMARIE OVIAN Gooss reages 3 2,393,603. SAM FRANCISCO, CA 94107 F F Namber of inficer. ROSEMARIE OVIAN For subordinates? Yes No SAM EXA S C ABOVE F Nammeary Yes No Ho Partial Summary Yes No Website: WWW.SFMADE.ORG Ho Group exemption number > Yes or formation: 2010 M State of legal donicel: CA Part II Summary I Briefly describe the organization's mission or most significant activities: SPMADE CREATES JOBS FOR DIVERSE URBAN RESIDENTS BY DEVELOPING THE LOCAL MANUFACTURING SECTOR. 2 Check this box > 1 4 Total number of indipendent voting members of the governing body (Part V, line 1a) 3 7 2 4 Number of undependent voting members of the governing body (Part V, line 2a) 5 144		Addre	SFMADE INC				
Number and street (uP 0. box if mail is not delivered to street address) Roomsule E Telephone number 150 HOOPER STREET 200 (415) 408-5605 Amended SAN FRANCISCO, CA 94107 Hail is this a group return for address of principal officer. ROSEMARIE OVIAN Hail is this a group return Mumber Address of principal officer. ROSEMARIE OVIAN Hail is this a group return for address of principal officer. ROSEMARIE OVIAN Hail is this a group return I tax-exempt status: S01(c) (3) 501(c) (-) (inset no.) 4947(a)(1) or 527 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 if the organization's mission or most significant activities: SFMADE CREATES JOBS FOR DIVERSE 3 Number of voting members of the governing body (Part VI, line 1a) 3 7 4 Number of volume members of the governing body (Part VI, line 2a) 5 14 6 Total number of independent voling members of the governing body (Part VI, line 2a) 5 14 6 Total number of undependent voling members of the governing body (Part VI, line 2a) 5 14 7 total unrelated business taxable income from Form 990T, line 39 7b <td></td> <td>Name</td> <td></td> <td></td> <td>27-28507</td> <td>03</td>		Name			27-28507	03	
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averaged Application Province City or town, state or province, country, and 2IP or foreign postal code Gross recepts 3 2, 393, 703. SAN FRANCISCO, CA 94107 F Name and address of principal officer: ROSEMARIE OVIAN Hq is this a group return for subordinates includes? Yes No I avex-emptisatus: SISIN FRANCISCO, CA 94107 (insert no.) 4947(a)(1) or EXT Hq is this a group return for subordinates includes? Yes No J Website: WWW. SFMADE.ORG K form of organization: XI Corporation Tust Association Other L vear 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 > if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of indivendent voting members of the governing body (Part V, line 1a) 4 7 4 Number of indivendent voting members of the governing body (Part V, line 1a) 5 14 4 7 6 Contributions and grants (Part VIII, column (C), line 12 5 14 5 14 5 14 5 <t< td=""><td></td><td>_l return</td><td>150 HOOPER STREET</td><td>200</td><td></td><td>-5605</td></t<>		_l return	150 HOOPER STREET	200		-5605	
Image: State FrAnce 15207, C.A. 94101 File 3 group return Perioding FName and address of principal officer: ROSEMARIE OVIAN File 3 group return I maxexempt status: X 501(c)(3) 501(c) Image: State 3 group return J Webste: X 501(c)(3) 501(c) Image: State 3 group return Yes No H(b) Are all subcriticats Image: State 3 group return Yes No No H(b) Are all subcriticats Image: State 3 group return Yes No J 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 V, line 1a) 3 7 4 7 5 Total number of voting members of the governing body (Part V, line 2a) 6 10 1 <		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,393,603.	
penning SAME AS C ABOVE H(b) Are all subordinates included? Yes No 1 Taxexempt status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates included? Yes No 1 Webstet: WWN.SFMADE.ORG H(b) Are all subordinates included? H(c) Are all subordinates included? Yes No K Form of organization: X: Corporation Trust Association Other L year of formation: 2010 M State of legal domicile: CA PartI Summary I Briefly describe the organization is mission or most significant activities: SFMADE CREATES JOBS FOR DIVERSE URBAN RESIDENTS BY DEVELOPING THE LOCAL MANUFACTURING SECTOR. 2 Check this box		return	SAN FRANCISCO, CA 94107		H(a) Is this a group re		
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14 Benefits paid to or for members (Part IX, column (A), line 4) 0.00. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 1,190,779.1,309,881. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00. b Total fundraising expenses (Part IX, column (D), line 25) 208,526. 17 Other expenses (Part IX, column (A), lines 11a.11d, 11f-24e) 6655,424.683,667. 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 1,886,203.2,232,523. 19 Revenue less expenses. Subtract line 18 from line 12 -99,778.644,023. 20 Total assets (Part X, line 16) 887,609.760,652. 21 Total liabilities (Part X, line 26) 299,063.110,901.					30,000.	238,975.	
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17 Other expenses (Part X, column (A), lines Ha Hd, Hh 24e) 0000, 4124 0000, 4124 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,8866,203. 2,232,523. 19 Revenue less expenses. Subtract line 18 from line 12 -99,778. 64,023. 56 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 887,609. 760,652. 21 Total liabilities (Part X, line 26) 299,063. 110,901.	ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,190,779.	1,309,881.	
17 Other expenses (Part X, column (A), lines Ha Hd, Hh 24e) 0000, 4124 0000, 4124 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,8866,203. 2,232,523. 19 Revenue less expenses. Subtract line 18 from line 12 -99,778. 64,023. 56 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 887,609. 760,652. 21 Total liabilities (Part X, line 26) 299,063. 110,901.	nse				0.	0.	
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19 Revenue less expenses. Subtract line 18 from line 12 -99,778. 64,023. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 887,609. 760,652. 21 Total liabilities (Part X, line 26) 299,063. 110,901.	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 887,609. 760,652. 21 Total liabilities (Part X, line 26) 299,063. 110,901.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,886,203.		
20 Total assets (Part X, line 16) 887,609. 760,652. 21 Total liabilities (Part X, line 26) 299,063. 110,901.		19	Revenue less expenses. Subtract line 18 from line 12		,	64,023.	
	s or			Be			
	sets	20	Total assets (Part X, line 16)				
<u> 芝司 22</u> Net assets or fund balances. Subtract line 21 from line 20	t As	21	Total liabilities (Part X, line 26)				
Part II Signature Block					588,546.	649,751.	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer KATE SOFIS, CHIEF EXECT Type or print name and title	UTIVE 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 LL	P		Firm's EIN 🕨 94–1254756							
Use Only	Firm's address 🖕 275 BATTERY ST,	STE 900									
SAN FRANCISCO, CA 94111 Phone no.415.781.											
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)										
932001 01-2	32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)										

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/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.

Туре о	ype or Name of exempt organization or other filer, see instructions. Taxpayer identities					n number (TIN)	
print	nt SFMADE INC				27-28	50703	
File by the due date for filing your return. See instructions. SFMADE INC 27-2850703 Number, street, and room or suite no. If a P.O. box, see instructions. 150 HOOPER STREET, UNIT 200 City, town or post office, state, and ZIP code. For a foreign address, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94107 94107							
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			01	
Applica		1	Application			Return	
Is For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069			11				
Form 990-T (trust other than above) 06 Form 8870					12		
 If thi box 1 the set of the se	e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until ne organization named above. The extension is for the org ▶ X calendar year 2019 or ▶ tax year beginning the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta NOVEI panization's , an	mption Number (GEN) ich a list with the names and TINs of <u>MBER 16, 2020</u> , to file return for: id ending	If this is fo all memb	r the whole g ers the exten npt organizat	group, check this asion is for.	
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069	9. enter anv	/ refundable credits and		–	<u>, , , , , , , , , , , , , , , , , </u>	
	stimated tax payments made. Include any prior year over			3b	\$	0.	
-							
	sing EFTPS (Electronic Federal Tax Payment System). Se	•		3c	\$	0.	
Caution instruct	n: If you are going to make an electronic funds withdrawal ions. For Privacy Act and Paperwork Reduction Act Notice.			453-EO an		9-EO for payment 3868 (Rev. 1-2020)	

923841 12-30-19

Form	1990 (2019) SFMADE INC	27-2850703	Page 2
Pa	rt III Statement of Program Service Accomplishments		0
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: <u>SFMADE'S MISSION IS TO BUILD AND SUPPORT A VIBRANT MANU</u> SECTOR IN SAN FRANCISCO, THAT SUSTAINS COMPANIES PRODUC		
	LOCALLY-MADE PRODUCTS, ENCOURAGES ENTREPRENEURSHIP AND		ID
	CREATES EMPLOYMENT OPPORTUNITIES FOR A DIVERSE LOCAL WO	RKFORCE.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services If "Yes," describe these changes on Schedule O.	?Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	hers, the total expenses, and	
4a	(Code:) (Expenses \$ 1,727,629. including grants of \$ 238,975.) (Re SFMADE PROVIDES LOCAL MANUFACTURERS IN THE SAN FRANCISC	venue \$ 123,4	
	BUSINESS ADVISING, EDUCATION, AND RESOURCES SO THAT THE		п
	AND INCREASE GROWTH AND CREATE EMPLOYMENT OPPORTUNITIES		10
	INDIVIDUALS, WITH A FOCUS ON PEOPLE OF COLOR, IMMIGRANT		
	2019, SFMADE SERVED OVER 700 MANUFACTURERS, HAD 5,400 A		TI
	WORKSHOPS AND EVENTS, AND PROVIDED OVER 1,300 HOURS OF		Y
	SERVICES TO MANUFACTURERS. SFMADE ALSO WORKS DIRECTLY W		
	MANUFACTURERS TO HELP THEM TO PREPARE FOR AND HIRE FROM		
	WORKFORCE. OUR WORKFORCE PROGRAMS SERVE BOTH ADULTS WIT		
	BARRIERS TO EMPLOYMENT AND LOW-INCOME YOUTH BY PLACING		
	INTO TRAINING, PAID INTERNSHIPS, AND FULL-TIME EMPLOYME		
4b	(Code:) (Expenses \$ including grants of \$) (Re	venue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Ref	venue \$)
لم <i>ا</i> ر	Other program convices (Describe on Schedule O)		
4d	Other program services (Describe on Schedule O.)	١	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 1,727,629.)	
		Form 9)0 (2019)
93200	2 01-20-20		,2010)

5 Is the organization a sector S01(c)(4), S01(c)(5), or S01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89.197 (If Yes, * complete Schedule C, Part II). 5 X 6 Did the organization markins any door adviced 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to Pol the organization markins any door adviced funds or any similar funds or accounts for which donors have the right to amounts not listed in Part X, or provide ordit counseling, debt management, credit repair, or debt negotiation services? 7 X 9 Did the organization, entropy to through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 7 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 127, If "Yes," complete Schedule D, Part V 10 X 11 W corganization report an amount for investments - other securities in Part X, line 137, If us 15% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - other securities in Part X, line 13				Yes	No
2 Is the organization enques in detect or indirect political campaign activities on behalf of or in opposition to candidates for public Office? If "Yes," complete Schedule C, Part II 3 X 3 Did the organization engage in deck or indirect political campaign activities on behalf of or in opposition to candidates for public Office? If "Yes," complete Schedule C, Part II 4 X 4 Section 501(c)(A) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect of the organization matrian any door advised funds or any similar funds or accounts for which donorn have the right to provide advise on the distribution or investment of anounts in such funds or adomustical "Yes," complete Schedule D, Part II 6 X 7 X To the organization resolve or hold a conservation easement, including easements to preserve gone space, the environment, hatotic fand mass, or historic structures? If Yes, "complete Schedule D, Part III 7 X 9 Did the organization resolve and hold accounseling, dolt management, recent repar, or each negotiation serves? 9 X 10 the organization answer to any of the following questions is Yes," then complete Schedule D, Part VI 10 X 11 the organization report an amount for land, buildings, and equipment in Part X, ine 10? If Yes, "complete Schedule D, Part VI 10 X 12 If the organization report an amount for land, buildi	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			I
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 II 3 3 Section 501(b) (Si) organization. Did the organization engage in lobbying activities, or have a section 501(b) diection in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 4 Did the organization asterna sol (O(d)) (Si) (Si)(G) (Si) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-197. If "Yes," complete Schedule C, Part II 4 X 5 Did the organization neithers any doma oxided finds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 5 X 7 ZX Did the organization neithers any doma oxided finds or any similar dues or accounts? If "Yes," complete Schedule D, Part II 6 X 8 Did the organization mention and the TX, line 21, for ecorvo or custodial account liability, serve as a custodian for amounts not liabed in Part X, ino 12, for ecorvo or custodial account liability, serve as a custodial netwices? 9 X 9 Did the organization mention and the Didwing questions in Yes," then complete Schedule D, Part IV 10 X 9 Did the organization accounts for investments - other assochies in Part X, line 12, that is 5% or more of its total asset seportation in Part X, line 71, frvs, 'complete Schedule D, Part X 11a X	_				
public office? II : "yes, "complete Schedule Q, Part I 3 X 4 Section 50((kg)) organization. Did the organization ergage in lobbying activities, or have a section 50(kg) election in effect 4 X 5 Is the organization a section 50(kg), 30(kg), or 50(kg), or	-		2	<u> </u>	
 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? in "yes," complete Schedule C, Part II Is the organization a section 501(b)(b), 501(b)(c), or 501(b)(c) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-199 II "yes," complete Schedule C, Part II Did the organization marken any donor advices Unds or any similar funds or accounts? II "yes," complete Schedule D, Part II Did the organization revenue rold a conservation essement, including easements for to preserve open space. the environment, historic land areas, or historic structures? II "yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for sectory or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit conseling, deta management, credit repair, or debt regulations enviroes? If "yes," complete Schedule D, Part IV Did the organization report an amount for Part X, line 21, for sectory or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for sectory or custodial account liability, serve as a custodian for amounts not provide aredit conselling, deta management, credit repair, or debt negatizions enviroes? If "yes," complete Schedule D, Part IV Did the organization sector an amount for land, buildings, and equipment in Part X, line 12, that 12, that 12, that 13, the complete Schedule D, Part XI Did the organization report an amount for line stemetts: or thera X, line 12, that 13, the organization report an amount for three stemetts: or thera sector in Part X, line 167 III "yes," complete Schedule D, Part XI Did the organization report an amount for three stemetts: or thera X, line 12, that 13, the organization asset reported in Part X,	3				v
during the tax year? If Yes, ' complete Schedule C, Part II 4 X 5 Is the organization a section Solic(a)(5) 501(c)(5) or S01(c)(6) or S01(c)(6			3		
5 Is the organization a sector S01(c)(4), S01(c)(5), or S01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89.197 (If Yes, * complete Schedule C, Part II). 5 X 6 Did the organization markins any door adviced 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to Pol the organization markins any door adviced funds or any similar funds or accounts for which donors have the right to amounts not listed in Part X, or provide ordit counseling, debt management, credit repair, or debt negotiation services? 7 X 9 Did the organization, entropy to through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 7 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 127, If "Yes," complete Schedule D, Part V 10 X 11 W corganization report an amount for investments - other securities in Part X, line 137, If us 15% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - other securities in Part X, line 13	4		4		х
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic lardersa, or historical treasures, or other similar assets? 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 II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial in or amounts not listed in Part X, or provide credit counseling, debt management, oredit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 10 X 11 If 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 VI 11a X 12 Did the organization report an amount for investments - other securities 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 VI 11a X 13 Did the organization report an amount for their assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11a X 14 Did the organization report an amount for them assets in Part X, line 15, that is 5% or more of its total assets reported	-		6		Х
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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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization sawer to any of the following questions is Yes, "then complete Schedule D, Parts VI, VII, VIII, X, or X as applicable. 10 X a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X c 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 VIII 11c X d Did the organization report an amount for other lassifiers in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X d Did the organization orbidiated financial statements for the tax year? If Yes, 'complete Schedule D, Part X 11	8				
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b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 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 of gross income from gaming activities on Part VIII, lines 1e and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20a X	b				I
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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 20b	20a				X
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 12, If "Yes," complete Schedule I, Parte I and II	21				
501120-20 Form 990 (201		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

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Form 990 (2019) SFMADE INC
Part IV Checklist of Required Schedules

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Form	990	(2019)

 Form 990 (2019)
 SFMADE
 INC

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 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 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	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	Х	
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?		77	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 0				
	Check if Schedule O contains a response or note to any line in this Part V		 Vc -	
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		1c	Х	
932004	(gambling) winnings to prize winners?		990	1 (2019)
				()

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	<u>990 (2019)</u> SFMADE INC 27-2850	703	P	age 5		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 14					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
D	If "Yes," enter the name of the foreign country					
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
b	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 was required					
	to file Form 8282?					
d	d If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
-	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.	0-				
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 0h		<u> </u>		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b				
10 а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
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.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
	Enter the amount of reserves on hand			v		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		├───		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4		x		
	excess parachute payment(s) during the year?	15				
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x		
10	If "Yes," complete Form 4720, Schedule O.					
-				-		

Form **990** (2019)

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	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "INO" re	spons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			77
0	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		7	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	_		
b		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	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 by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Id		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12.0		
U		12c	х	
10	in Schedule O how this was done		X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	v	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finano	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MEDO NASRY - $(415)408-5605$			
	150 HOOPER STREET, NO. 200, SAN FRANCISCO, CA 94107			
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Form 990 (2019)	SFMA	DE INC			27-2850703	Page 7
Part VII Comp	ensation of Offi	cers, Directo	rs, Trustees, Key Emp	oyees, Highest Comper	isated	
Emplo	yees, and Indep	endent Cont	ractors			
Check i	f Schedule O contair	s a response or r	note to any line in this Part VII			
Section A. Office	rs, Directors, Truste	es, Key Employe	ees, and Highest Compensa	ted Employees		
1a Complete this ta	ble for all persons re	quired to be liste	d. Report compensation for th	e calendar year ending with or	within the organization's	s tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	ss pei	more rson i	than o s both r/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	hours for related runting functional function of the second background and the second background function of the second functio		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations				
(1) GARY GROFF	0.25									
BOARD CHAIR/PRESIDENT	0.00	Х		X				0.	0.	0.
(2) WENLI WANG TREASURER/BOARD MEMBER	0.25	x		x				0.	0.	0.
(3) ALICIA ESTERKAMP ALLBIN	0.75									
BOARD MEMBER	0.25	х						0.	0.	0.
(4) ROB BLACK	0.25									
BOARD MEMBER	0.00	х						0.	0.	0.
(5) JON KNORPP	0.50									
BOARD MEMBER	0.25	Х						0.	0.	0.
(6) ROSEMARIE OVIAN	0.25									
BOARD MEMBER	0.00	Х						0.	0.	0.
(7) MICHELLE PUSATARI	0.25									
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) KATHERINE SOFIS	25.00									
CHIEF EXECUTIVE OFFICER	5.00			Х				205,330.	0.	25,952.
(9) JANET LEES	40.00									
CHIEF PROGRAM OFFICER	0.00			X				154,305.	0.	25,325.
(10) BRETT HAZLETT	25.00									
CFO (THRU 5/24/19)	5.00			X				72,683.	0.	0.
(11) MICHAEL ERICKSON REGIONAL DIRECTOR	40.00	•				x		110,000.	0.	8,170.
		-								
		-								
		-								
		F								
932007 01-20-20	1	L	I	1	1	1		1	1	Form 990 (2019)

	990 (2019) SFMADE II	1C								27-2	850	703	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c , unle:	ss per	itior more rson i	than c s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on d	am	(F) timate iount o other	of
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fro orga and	oensat om the anizati I relate nizatio	e on ed
			-											
1b	Subtotal	I	I		I	L	L		542,318.		0.	59	9,44	
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 542,318.		0.0	59	9,44	<u>0.</u> 17.
2	Total number of individuals (including but n							o re		000 of reportable	-			
	compensation from the organization												Yes	3 No
3	Did the organization list any former officer,	,	,				,			,				v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,		•								4	X	
	rendered to the organization? If "Yes," com	•				-			•			5		Х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of com	pensat	ion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.				
	(A) Name and business								(B) Description of s	ervices	С	(C omper		า
	IANMADE, 150 HOOPER STR I FRANCISCO, CA 94107	EET, SU	IT	E	40	0,			WORKFORCE TR	ATNING		191	L,67	75.
<u>0111</u>													_ / 0 /	
								_						
_														
2	Total number of independent contractors (in	•	ot lin	nited	d to	thos 1		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz						<u> </u>					Form	990 (2	2019)

				ADE I	NC				27-2850	703 Page 9
Pa	rt V	/	Statement of Re	evenue						
			Check if Schedule O	contains a	response	or note to any lir		(P)	(0)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		b			1b					
Amo Bug		с	Fundraising events		1c	274,051.				
Gift: lar /		d	Related organizations		1d		-			
inil inil			Government grants (contr		1e	625,465.	-			
er S		f	All other contributions, gifts,							
Ę			similar amounts not included			370,584.	-			
ont nd (-	Noncash contributions included in		1g \$	`	2,270,100.			
<u> </u>		h	Total. Add lines 1a-1f			Business Code	2,270,100.			
	~	~	MEMBER EVENTS	z		900099	118,015.	118,015.		
vice	2		EDUCATIONAL W		OPS	900099	5,420.	5,420.		
Ser		c				500055	5,1200	5,1200		
n Ser		d								
Program Service Revenue		e								
Pre		f	All other program service	revenue						
		g	Total. Add lines 2a-2f	<u></u>		►	123,435.			
	3		Investment income (inclue							
			other similar amounts) \ldots				68.			68.
	4		Income from investment of							
	5		Royalties							
	-		a .) Real	(ii) Personal	-			
	6		Gross rents	6a			-			
			Less: rental expenses Rental income or (loss)	6b 6c			-			
			Net rental income or (loss)	· · ·						
			Gross amount from sales of		ecurities	(ii) Other				
	•	-	assets other than inventory	7a			1			
		b	Less: cost or other basis							
en			and sales expenses	7b						
venue		с	Gain or (loss)	7c						
		d	Net gain or (loss)		<u></u>	►				
Other Re	8	а	Gross income from fundraisi							
ð			including \$ 274		-					
			contributions reported on	,		0				
			Part IV, line 18				-			
			Less: direct expenses Net income or (loss) from			<u> </u>	-97,057.			-97,057.
			Gross income from gamir	-			57,057.			57,057.
	3	a	Part IV, line 19	-						
		b	Less: direct expenses							
			Net income or (loss) from			>				
	10		Gross sales of inventory,							
			and allowances		10a					
		b	Less: cost of goods sold		10b					
		с	Net income or (loss) from	sales of inv	ventory					
<u>s</u>						Business Code				
eou	11									
Miscellaneous Revenue		b								
Sce.		C								
Ϊ			All other revenue			└ ──				
	12		Total revenue. See instruction				2,296,546.	123,435.	0.	-96,989.
93200						····· •	_,,	,,,		Form 990 (2019)

	Check if Schedule O contains a respons			(0)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	238,975.	238,975.		
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,	102 505	202 040	12 524	E0 021
	trustees, and key employees	483,595.	382,040.	43,524.	58,031
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)			F0 (00	0 1 0 1
7	Other salaries and wages	651,425.	514,626.	58,628.	78,171
8	Pension plan accruals and contributions (include		10 000	1 010	1
_	section 401(k) and 403(b) employer contributions)	13,542.	10,698.	1,219.	<u> </u>
9	Other employee benefits	79,735.	62,991.	7,176.	9,568
0	Payroll taxes	81,584.	64,451.	7,343.	9,790
1	Fees for services (nonemployees):				
а	Management	10 800	14 044	1 (01	0.057
b	Legal	18,790.	14,844.	1,691.	2,255
С	Accounting	96,925.		96,925.	
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	249,112.	231,918.	17,194.	
2	Advertising and promotion	60,557.	11,691.	41,249.	7,617
3	Office expenses	21,527.	17,006.	1,937.	2,584
4	Information technology	37,423.	29,564.	3,368.	4,491
5	Royalties	= = = = = = = =	<u> </u>		
6	Occupancy	76,886.	60,740.	6,920.	9,226
7	Travel	36,524.	28,854.	3,287.	4,383
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	10,724.	8,472.	965.	1,285
0	Interest	10,815.	8,544.	973.	1,298
1	Payments to affiliates	.,			, = 2 (
22	Depreciation, depletion, and amortization	11,280.	8,911.	1,015.	1,354
3	Insurance	6,079.	4,803.	547.	729
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		,		
а	BOARD & STAFF DEVELOPME	26,744.	21,128.	2,407.	3,209
b	PROGRAM-EDUCATION EVENT	20,281.	7,373.	,	12,908
č			,		,
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,232,523.	1,727,629.	296,368.	208,526
26	Joint costs. Complete this line only if the organization				•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
			1		

15570824 758661 76460

Form 990 (2019)

Form 990 (2019) SFMADE INC
Part IX Statement of Functional Expenses

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

32

33

Total liabilities and net assets/fund balances

Total net assets or fund balances

588,546.

887,609.

32

33

SFMADE INC Part X Balance Sheet

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

Form 990 (2019)

Assets

Liabilities

Net Assets or Fund Balances

		Check if Schedule O contains a response of note	e to an	y in le in triis ⊨art ∧					
					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			42,002.	1	102,146.		
	2	Savings and temporary cash investments			122,056.	2	0.		
	3	Pledges and grants receivable, net			186,924.	3	446,943.		
	4	Accounts receivable, net				4			
	5	Loans and other receivables from any current or							
		trustee, key employee, creator or founder, substa	antial c	contributor, or 35%					
		controlled entity or family member of any of thes				5			
	6	Loans and other receivables from other disqualifi							
		under section 4958(f)(1)), and persons described				6			
	7		Notes and loans receivable, net						
	8	Inventories for sale or use		8					
2	9	B			25,985.	9	23,048.		
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	80,860.					
	b	Less: accumulated depreciation		- 4 4	56,565.	10c	29,109.		
	11	Investments - publicly traded securities				11			
	12	Investments - other securities. See Part IV, line 1				12			
	13	Investments - program-related. See Part IV, line 1				13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11			454,077.	15	159,406.		
	16	Total assets. Add lines 1 through 15 (must equa			887,609.	16	760,652.		
	17	Accounts payable and accrued expenses			127,691.	17	110,901.		
	18	Grants payable		18					
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities		20					
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21			
	22	Loans and other payables to any current or form	er offic	er, director,					
		trustee, key employee, creator or founder, substa	antial c	contributor, or 35%					
		controlled entity or family member of any of thes	e perso	ons		22			
i	23	Secured mortgages and notes payable to unrelate	ted thi	rd parties	150,000.	23	0.		
	24	Unsecured notes and loans payable to unrelated	l third p	parties		24			
	25	Other liabilities (including federal income tax, pay	yables	to related third					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X					
		of Schedule D		····· -	21,372.	25	0.		
	26	Total liabilities. Add lines 17 through 25			299,063.	26	110,901.		
		Organizations that follow FASB ASC 958, chee	ck her	e 🕨 🔟					
		and complete lines 27, 28, 32, and 33.			460 202		017 005		
	27	Net assets without donor restrictions			468,323.	27	217,285.		
	28	Net assets with donor restrictions			120,223.	28	432,466.		
		Organizations that do not follow FASB ASC 95	58, che	eck here 🕨 🛄					
		and complete lines 29 through 33.							
	29	Capital stock or trust principal, or current funds				29			
	30	Paid-in or capital surplus, or land, building, or eq		a u a tha a u fu ua al a		30			
	31	Retained earnings, endowment, accumulated inc	come, o	or other funds		31			

649,751.

760,652. Form **990** (2019)

Part XI Reconciliation of Net Assets X 1 Check if Schedule O contains a response or note to any line in this Part XI X 1 Total revenue (must equal Part VIII, column (A), line 12) 1 2,296,546. 2 Total expenses (must equal Part IX, column (A), line 25) 2 2,232,523. 3 Revenue less expenses. Subtract line 2 from line 1 3 64,023. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 588,546. 5 Net unrealized gains (losses) on investments 5
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2,296,546. 2 Total expenses (must equal Part IX, column (A), line 25) 2 2,232,523. 3 Revenue less expenses. Subtract line 2 from line 1 3 64,023. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 588,546.
2Total expenses (must equal Part IX, column (A), line 25)22,232,523.3Revenue less expenses. Subtract line 2 from line 1364,023.4Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4588,546.
2Total expenses (must equal Part IX, column (A), line 25)22,232,523.3Revenue less expenses. Subtract line 2 from line 1364,023.4Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4588,546.
3 Revenue less expenses. Subtract line 2 from line 1 3 64,023. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 588,546.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 588,546
5 Not uproalized gains (losses) on investments
5 Net unrealized gains (losses) on investments 5
6 Donated services and use of facilities 6
7 Investment expenses 7
8 Prior period adjustments 8
9 Other changes in net assets or fund balances (explain on Schedule O) 9 -2,818.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,
column (B))
Part XII Financial Statements and Reporting
Check if Schedule O contains a response or note to any line in this Part XII
Yes No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a
separate basis, consolidated basis, or both:
Separate basis Consolidated basis Both consolidated and separate basis
b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,
consolidated basis, or both:
Separate basis X Consolidated basis Both consolidated and separate basis
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,
review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit
Act and OMB Circular A-133? 3a X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit
or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2019)

932012 01-20-20

SCH	IED	ULE	Α
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Department of the Treasury

(Form	990	or	990-	EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

OMB No. 1545-0047	
2019	
Open to Public Inspection	

Intern	al Rev	enue Service		Go to www.irs.go	v/Form990 for instruction	ons and th	e latest ir	nformation.		Inspection	
Nan	ne of	the organizati	on							identification numb	e
D -		D		DE INC					2	7-2850703	
Ра	rt I	Reason	tor Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instruction	S.		
The	orga	nization is not a	a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)				
1		1			on of churches described			I)(A)(i).			
2		1			(Attach Schedule E (Forn						
3			•		anization described in se						
4		A medical res city, and stat	•	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
Ŭ			-	Complete Part II.)			5 a 2 y a 3 s				
6		1			nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	1	· -	-	intial part of its support fr				ne general r	oublic described in	
		0		complete Part II.)		5			5		
8		1		-	(1)(A)(vi). (Complete Par	t II.)					
9		1 -			in section 170(b)(1)(A)(ed in coniu	inction with a	land-grant	college	
		-	-	-	ulture (see instructions).		-		-	-	
		university:		5 5 5			, ,	,	5		
10		, <u>· </u>	ion that norma	Illy receives: (1) more	e than 33 1/3% of its sup	oort from o	ontributio	ns, members	hip fees, an	d gross receipts from	n
					ct to certain exceptions,						
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	Ifter June 30, 1975.	
		See section	509(a)(2). (Co	mplete Part III.)			-				
11] An organizati	ion organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organizati	ion organized a	and operated exclus	ively for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in	
		lines 12a thro	ough 12d that	describes the type o	of supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving	
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	f the direc	tors or truste	es of the su	ipporting	
		organizatio	n. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A s	supporting org	anization supervised	d or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ring	
		control or r	nanagement o	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted	
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III fui	nctionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functiona	lly integrate	ed with,	
		its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ctions A,	D, and E.			
d		Type III no	n-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection w	vith its suppo	rted organiz	zation(s)	
		that is not	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness	
		requiremer	nt (see instruct	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	V .			
е			0		written determination fro			Туре I, Туре	II, Type III		
		functionally	/ integrated, or	r Type III non-functio	nally integrated supportion	ng organiz	ation.				
f		ter the number	••	•							
g	Pro	ovide the follow (i) Name of supp		n about the supporte		(iv) Is the oroa	inization listed	(u) Amount o	fmonoton	(vi) Amount of other	_
		organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see in	-	support (see instruction	
		organization	•		above (see instructions))	Yes	No				
											_
Tota	al										_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 15

Schedule A (Form 990 or 990-EZ) 2019 SFMADE INC

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1242928.	1496213.	1557091.	1527009.	2270100.	8093341.
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	1242928.	1496213.	1557091.	1527009.	2270100.	8093341.
	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)						1358492.
6	Public support. Subtract line 5 from line 4.						6734849.
	tion B. Total Support						0,010191
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1242928.	1496213.	1557091.	1527009.	2270100.	8093341.
	Gross income from interest,					/	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	29.	46.	21.	23.	68.	187.
a	Net income from unrelated business		101				
5	activities, whether or not the						
	business is regularly carried on	2,387.	0.	0.	0.	0.	2,387.
10	Other income. Do not include gain	275071				0	270070
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						8095915.
	Gross receipts from related activities,	oto (coo instructio	nc)			12 1	,148,324.
	First five years. If the Form 990 is for	•	,	h fourth or fifth to	 x year as a soction		,110,521.
13	organization, check this box and stor	-			-		
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I			olumn (f))		14	83.19 %
	Public support percentage from 2018		•			15	79.81 %
	33 1/3% support test - 2019. If the c						
100	stop here. The organization qualifies	-					►X
h	33 1/3% support test - 2018. If the o		-				······
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
h	10% -facts-and-circumstances test	-		• • • •		7a and line 15 is 1	
5	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
19	-		•	-			
18	Private foundation. If the organizatio	in alla hot check a l		a, 100, 178, 01 170	, check this box at	iu see instructions	🔽 🛄

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 SFMADE INC

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	tion A. Public Support		1		_		_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
70	3 received from disgualified 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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		1	I		1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	<u> </u>					
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						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organi	zation,
_	check this box and stop here		-				
Sec	tion C. Computation of Public	c Support Per	rcentage				
	Public support percentage for 2019 (li			column (f))		15	%
	Public support percentage from 2018 tion D. Computation of Inves					16	%
17	Investment income percentage for 20	19 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2		B			18	%
	33 1/3% support tests - 2019. If the		•			33 1/3%, and line	
	more than 33 1/3%, check this box an	-					
b	33 1/3% support tests - 2018. If the	-	•				and
	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organizatio						>
93202	3 09-25-19		1 -		Sch	edule A (Form 9	90 or 990-EZ) 2019

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1

2

3a

3b

Yes No

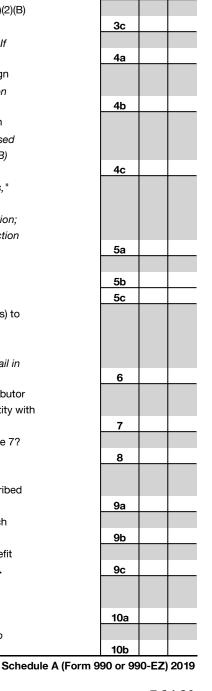
Part IV Supporting Organizations

(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, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 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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	Continued/			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	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 year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions)		
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		
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
932025	5 09-25-19 Schedule A (Form 9		90-EZ)	2019

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Schedule A (Form 990 or 990-EZ) 2019	SFMADE	INC
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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must of	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 SFMADE INC

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	7-2030703 Page 7
Secti	on D - Distributions	· / / · · ·	(continuod)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
	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		
	(provide details in Part VI). See instructions.	°		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

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

Name of the organization

** PUBLIC DISCLOSURE COPY *

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

2019

Employer identification number

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4/-	-20.	50	10	J

FMADE	INC
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Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	\fbox{X} 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not 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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions.

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 (F	Form 990,	990-EZ, or	990-PF)	(2019)
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Name of organization

SFMADE INC - -

27-2850703

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>393,445.</u> 	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		\$ <u></u> \$\$	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	, , , , , , , , , , , , , , , , ,	\$200,000.	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		\$ <u>125,000.</u>	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
5		\$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
<u> </u>		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B	(Form 990,	990-EZ, or	⁻ 990-PF)	(2019)
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Name of organization

SFMADE INC

27-2850703

Part I	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		
7		- \$ <u>55,000.</u>	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		
8_		\$ <u>50,000.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9		- \$\$541,935.	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		
10		- \$ <u>80,875.</u>	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		
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization			Employer identification number	
FMADE I	27-2850703			
Part II N	Ioncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
- -		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		¢		
453 11-06-19		\$	 B (Form 990, 990-EZ, or 990-PF) (2	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page **3**

Name of org	ganization			Employer identification number
SFMADE	INC			27-2850703
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line charitable, etc., contributions of \$1,000	entry For organizations	r (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of	yift	
-	Transferee's name, address, a	Ind ZIP + 4	Relationship	of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of		
	Transferee's name, address, a 	and 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	 jift	
-	Transferee's name, address, a 	Ind 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	Ind ZIP + 4	Relationship	of transferor to transferee
923454 11-06-1	19		Sci	hedule B (Form 990, 990-EZ, or 990-PF) (2019)

27 2019.04020 SFMADE INC

SCHEDULE [)
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Department of the Treasury Internal Revenue Service

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



Name	of the	organization
Name		organization

Employer identification number

Nam	SFMADE INC			27-2850703
Pa		d Funds or Other S	imilar Funds or A	
	organization answered "Yes" on Form 990, Part IV, line			
	, , , , , , , , , , , , , , , , ,	(a) Donor advise	d 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 v		Id in donor advised fur	lds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ad	-		
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	·	· · ·	
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes	s" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)] Preservation of a hist	orically important land area
	Protection of natural habitat] Preservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ution in the form of a co	preservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a) \dots		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the organ	nization during the tax
	year 🕨			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri	e , 1	ion, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing conservation	on easements during the year
-		line of challenting a second second	· · · · · · · · · · · · · · · · · · ·	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and en	orcing conservation ea	asements during the year
•	► \$	a action the requirement	a of a sting $170/b/(4)/D$	
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?			
9	and section 1/0(h)(4)(B)(II)?			
5	balance sheet, and include, if applicable, the text of the footn			
	organization's accounting for conservation easements.	ote to the organization s		
Pa	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form		,	
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reve	enue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan	icial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue	statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			

LHA	For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.
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2019.04020	SFMADE	INC

 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continue) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a Public exhibition b Scholarly research c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 	,
collection items (check all that apply): a Public exhibition b Scholarly research c Preservation for future generations	
a Public exhibition d Loan or exchange program b Scholarly research e Other	
b Scholarly research e Other c Preservation for future generations Other	
c Preservation for future generations	
	 .
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	NI -
to be sold to raise funds rather than to be maintained as part of the organization's collection?	No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or	
reported an amount on Form 990, Part X, line 21.	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included	
on Form 990, Part X?	No
b If "Yes," explain the arrangement in Part XIII and complete the following table:	
Amount	
c Beginning balance	
d Additions during the year 1d	
e Distributions during the year 1e	
f Ending balance 1 1 2 Did the organization include an amount on Form 990. Part X. line 21. for escrow or custodial account liability? Yes	
3	No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year	are hack
1a Beginning of year balance	13 Dack
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment %	
b Permanent endowment > %	
c Term endowment	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	
by:	s No
(i) Unrelated organizations 3a(i)	
(ii) Related organizations 3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book v	llue
1a Land	
b Buildings	
c Leasehold improvements	1.0.0
d Equipment 80,860. 51,751. 29,	109.
e Other	100
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)	109.

Schedule D (Form 990) 2019

15570824 758661 76460

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	Complete	If the organ	lization answered	Yes" on Form 990, Part IV, line 11d. See Form 990, Part	X, line 15.
				(a) Description	(b) Book value
(1)	RELATED	PARTY	ACCOUNTS	RECEIVABLE	159,406.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total.	(Column (b) mus	t equal Forn	n 990, Part X, col.	B) line 15.)	▶ 159,406.
Part		iabilities.			
	Complete			Yes" on Form 990, Part IV, line 11e or 11f. See Form 990	· · ·
<u>1.</u>		(a) Dese	cription of liability		(b) Book value
(1)	Federal income	e taxes			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					

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

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

Schedule D (Form 990) 2019

►

932053 10-02-19

X

Sche	dule D (Form 990) 2019 SFMADE INC		27-2850703 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 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	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	t XIII Supplemental Information.		

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

PART X, LINE 2:

SFMADE, INC., PLACEMADE, AND 150 HOOPER ARE EXEMPT FROM INCOME TAX ON							
RELATED INCOME UNDER THE INTERNAL REVENUE CODE, SECTION 501(C)(3) AND THE							
CALIFORNIA TAX CODE. 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 CODIFICATION (ASC)							
TOPIC 740. AS OF DECEMBER 31, 2019, MANAGEMENT EVALUATED SFMADE'S TAX							
POSITIONS AND CONCLUDED THAT SFMADE, INC., PLACEMADE, AND 150 HOOPER HAD							
MAINTAINED ITS TAX-EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS							
THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS.							
THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN							
932054 10-02-19 Schedule D (Form 990) 2019 31							

2019.04020 SFMADE INC

Part XIII Supplemental Information (continued)

THE CONSOLIDATED FINANCIAL STATEMENTS.

Schedule D (Form 990) 2019

932055 10-02-19

SCHEDULE G	vities	OMB No. 1545-0047									
(Form 990 or 990-EZ)	rm 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.										
Department of the Treasury Internal Revenue Service		Open to Public Inspection									
Name of the organization		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.	Employer ide	Inspection Intification number			
	SFMADE	INC					27-2850				
	complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not			
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations dicitations on have a written o red in Form 990, P highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	tion of tion of fundra (incluc rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes				
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No							
		I		L							
		n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is	exempt from re	gistration			
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2019			

932081 09-11-19

Schedule G (Form 990 or 990 EZ) 2019 SFMADE INC

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. L	<u> </u>	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MANUFACTURIN		NONE	
			G THE DREAM			(add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
Ine						
Revenue	4	Cross ressints	274,051.			274,051.
Be	'	Gross receipts	2/4,031.			2/1,051.
			274,051.			274,051.
	2	Less: Contributions	2/4,031.			2/1,051.
	3	Gross income (line 1 minus line 2)				+
		Oracle and the second				
	4	Cash prizes				
	5	Noncash prizes				
ses						
Gen	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages	49,247.			49,247.
Dir						
	8	Entertainment	750. 47,060.			750.47,060.
	9	Other direct expenses	47,060.			47,060.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	97,057.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		►	-97,057.
Pa	irt I	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19	, or reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
0			(a) Bingo	(b) Pull tabs/instan		(d) Total gaming (add
Revenue				bingo/progressive bin	go (C) Other garning	col. (a) through col. (c))
eve						
œ	1	Gross revenue				
~	2	Cash prizes				
sea						
per	3	Noncash prizes				
Direct Expenses		• • • • • • • • • • • • • • • • • • • •				
ect	4	Rent/facility costs				
Ē						
	5	Other direct expenses				
	-		Yes %	Yes	% Yes %	
	6	Volunteer labor	□ 165 /₀ □ No	No		
		Volunteer labor				
	7	Direct expense summary. Add lines 2 through	a 5 in column (d)		►	
	1	Birot expense summary. Add lines 2 tillougi	· • · · · • • • • • • • • • • • • • • •		▶	<u> </u>
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		⊾	
	0	Net gaming income summary. Subtract line r				
•	En	ter the state(s) in which the organization condu	ista gaming activitios:			
9		.,	· · ·	4-4		Yes No
		the organization licensed to conduct gaming ad				Yes No
D) IT "	No," explain:				
		ere any of the organization's gaming licenses re				Yes No
b) IT "	Yes," explain:				
	_					
9320	32 09	9-11-19			Schedule G (Fo	rm 990 or 990-EZ) 2019

34 2019.04020 SFMADE INC

Sch	edule G (Form 990 or 990-EZ) 2019 SFMADE INC	27-2	850703	B Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	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 No
13	Indicate the percentage of gaming activity conducted in:			
а	I The organization's facility		13a	%
b	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:		
	Name			
	Address 🕨			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue? \dots		Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization by \$ and the amount of gaming revenue received by the organization by \$ and the amount of gaming revenue received by the organization by \$ and the amount of gaming revenue received by the organization by \$ and the amount of gaming revenue received by the organization by \$ and the amount of gaming revenue received by the organization by \$ and the amount of gaming revenue received by the organization by \$ and the amount of gaming revenue received by the organization by \$ and the amount of gaming revenue received by the organization by \$ and the amount of gaming revenue received by the organization by \$ and the amount of gaming revenue received by the organization by \$ and the amount of gaming revenue received by the organization by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by the organization by \$ and the amount of gaming revenue received by \$ and \$	ount		
	of gaming revenue retained by the third party \blacktriangleright \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the		
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	ond Dort	III lines 0	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	anu Fan	III, III es 9,	90, 100,
9320	83 09-11-19 Schedule	G (Form	990 or 99	0-EZ) 2019

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury		·	Ū	Attach to For				Open to Public		
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo	r the latest inforr	nation.		Inspection		
Name of the organization	SFMADE IN	С						Employer identification number $27 - 2850703$		
Part I General Inform	ation on Grants a	nd Assistance								
1 Does the organization	maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or assi	stance, and the selecti			
criteria used to award	the grants or assis	stance?						X Yes No		
2 Describe in Part IV the	organization's pro	ocedures for monit	oring the use of grant	funds in the United	l States.					
Part II Grants and Oth	er Assistance to	Domestic Organiz	zations and Domestic	Governments. C	complete if the org	anization answered	Yes" on Form 990, Part	IV, line 21, for any		
recipient that rec	ceived more than \$	5,000. Part II can	be duplicated if additi	onal space is need	ed.	(f) Method of	1			
1 (a) Name and address or governm	0	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
							COMPUTERS,			
150 HOOPER INC.							OFFICE			
150 HOOPER STREET, UNI	IT 200						EQUIPMENT AND			
SAN FRANCISCO, CA 941	07	82-3791092	501(C)(3)	0.	68,984.	FMV	FURNITURE	GENERAL SUPPORT		
HUMANMADE 1885 MISSION STREET SAN FRANCISCO, CA 941	03	82-5480304	501(C)(3)	125,000.	0.			GENERAL SUPPORT		
SOCIAL GOOD FUND 12651 SAN PABLO AVE # RICHMOND, CA 94805	5473	46-1323531	501(C)(3)	18,076.	0.			GENERAL SUPPORT		
2 Entor total number of	contion 501(a)(2)	l nd govornmont ar	l	l lino 1 tablo			1	▶ 3.		
2 Enter total number of s3 Enter total number of s										
	uner organizations		1 Iaut							

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

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Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

PART I, LINE 2:

SFMADE, INC. RECEIVES REPORTS FROM EACH GRANTEE ORGANIZATION.

Part III

SCHEDULE J Compensation Information					OMB No. 1	545-004	17
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				2019		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					IJ)
Depa	tment of the Treasury		Open to		ic		
Intern	al Revenue Service		Inspection				
Nam	e of the organization			Employer i			nber
		SFMADE INC		27-2	850703	3	
Ра	rt I Question	s Regarding Compensation					
						Yes	No
1 a		ate box(es) if the organization provided any of the following to or		990,			
		line 1a. Complete Part III to provide any relevant information rega	0				
	First-class or c		ance or residence for person				
	Travel for com		business use of personal res				
			al club dues or initiation fees				
			ces (such as maid, chauffeu	ir, chei)			
Ь	If any of the bayes	on line to are abacked, did the organization follow a written polic	v regarding povement or				
b	•	on line 1a are checked, did the organization follow a written polic			46		
2		rovision of all of the expenses described above? If "No," complete			1b		
2		n require substantiation prior to reimbursing or allowing expenses rs, including the CEO/Executive Director, regarding the items che			2		
	inustees, and onice	s, including the GEO/Executive Director, regarding the items the			2		
3	Indicate which if a	y, of the following the organization used to establish the comper	sation of the organization's				
•		ctor. Check all that apply. Do not check any boxes for methods i	-				
		tion of the CEO/Executive Director, but explain in Part III.	lood by a rolated organizatio				
	X Compensation		vment contract				
			survey or study				
	X Form 990 of o	· · · · · · · · · · · · · · · · · · ·	ne board or compensation c	ommittee			
		······································					
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	-				4a		х
b	Participate in, or re	eive payment from, a supplemental nonqualified retirement plan					X
с		eive payment from, an equity-based compensation arrangement					X
		es 4a-c, list the persons and provide the applicable amounts for					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete line	es 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay	or accrue any compensatio	n			
	contingent on the r	evenues of:					
а	The organization?				5a		X
b	Any related organiz	ation?			5b		X
	If "Yes" on line 5a o	r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay	or accrue any compensatio	n			
	contingent on the r	-					
а							X
b		ation?			6b		X
		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization prov					
		es 5 and 6? If "Yes," describe in Part III			7		X
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a co	-	e			
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes,"			8		X
9		d the organization also follow the rebuttable presumption procee					
		53.4958-6(c)?					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Sched	ule J (Form	1 990)	2019

932111 10-21-19

27-2850703

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		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) KATHERINE SOFIS	(i)	205,330.	0.	0.	9,001.	16,951.	231,282.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JANET LEES	(i)	154,305.	0.	0.	4,741.	20,584.	179,630.	0.	
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2019

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.



Employer identification number 27 - 2850703

SFMADE INC

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 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<.</th>

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)
 Schedule O (Form 990 or 990-EZ) (2019)

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization SFMADE INC	Employer identification number 27-2850703
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT C	F INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	EST FOR THE SAME
PERIOD OF TIME SET FORTH IN SEC. 6104(D).	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS AND PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	231,918.
MANAGEMENT AND GENERAL EXPENSES	17,194.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	249,112.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	249,112.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BAD DEBT EXPENSES	-2,818.
932212 09-06-19 Sche	dule O (Form 990 or 990-EZ) (2019)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Name of the organization

SFMADE INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
			1		

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
PLACEMADE - 46-3459764							
150 HOOPER STREET, UNIT 200							
SAN FRANCISCO, CA 94107	SUSTAINABLE MANUFACTURING	CALIFORNIA	501(C)(3)	LINE 12A, I	SFMADE	X	
	-						
	-						

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

Schedule R (Form 990) 2019

2019 Open to Public Inspection

Employer identification number

27-2850703

SCH	IEDULE R
	1

(Form 990)

-

Department of the Treasury Internal Revenue Service

Schedule R (Form 990) 2019 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.

organizations treated as a pa									1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yesl	10
	-										
										$ \vdash $	
											+
	-										
	-										
	1										
	1										
	4										

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) Primary activity			(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)				400010		Yes	No
									<u> </u>
									1
									L
									
									1
									1
									1

Schedule R (Form 990) 2019 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		Σ
b Gift, grant, or capital contribution to related organization(s)			2
c Gift, grant, or capital contribution from related organization(s)			2
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			2
f Dividends from related organization(s)	1f		2
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
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	-
p Reimbursement paid to related organization(s) for expenses			
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)	1s	X	Τ

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PLACEMADE	0	90,784.	PER EXPENSE ALLOCATION
(2) PLACEMADE	Q	91,325.	PER EXPENSE ALLOCATION
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2019 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)	(0)	(f)	(g)	(۲		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	(U) Predominant income	(e) Are all partners s 501(c)(3 orgs.?	Sec. Share of	Share of		יי onor-	(I) Code V-UBI	(J) General (r Porcontago
of entity	Finnary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3	³⁾ total	end-of-year	Dispr tior allocat	nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	ownership
or onacy		country)	excluded from tax under	orgs.?		assets		uons?	of Schedule K-1	partner?	
			360110113 3 12-3 14)	Yes N			Yes	No	(1011111003)	Yes No	<u>'</u>
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	-										
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Schedule R (Form 990) 2019