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.

Department of the Treasury Internal Revenue Service

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

ΑF	or the	∘ 2023 calendar year, or tax year beginning and	ending												
B c	heck if	C Name of organization		D Employer identifi	cation number										
	Addres	SFMade Inc													
	Name change	Doing business as		27-28507	03										
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe											
	Final return/	150 Hooper Street #200		(415) 40											
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,865,087.										
	Ameno return	San Francisco, CA 94107		H(a) Is this a group r											
	Applic tion pendir	F Name and address of principal officer: Scepifer Seriers		for subordinates	s? Yes X No										
		same as C above		H(b) Are all subordinates in	ncluded? Yes No										
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions										
	Vebsit			H(c) Group exemption											
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2010 I	M State of legal domicile; CA										
Pa	rt I	Summary	L 1 -	1E											
ø		1 Briefly describe the organization's mission or most significant activities: Support local manufacturers where the organization is mission or most significant activities:													
Governance		create jobs and career pathways for local													
ern		Check this box if the organization discontinued its operations or dispos			sets. I										
δ				3	7										
		Number of independent voting members of the governing body (Part VI, line 1b)			15										
ies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			7										
Activities &		Total number of volunteers (estimate if necessary)			0.										
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.										
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b Prior Year	Current Year										
	۰	Contributions and grants (Part VIII line 1b)		1,707,702.	1,737,293.										
ne		Contributions and grants (Part VIII, line 1h)		39,837.	104,600.										
Revenue		Program service revenue (Part VIII, line 2g)		0.	23,194.										
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-17,233.	-35,426.										
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,730,306.	1,829,661.										
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.										
				0.	0.										
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,498,424.	1,471,158.										
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.										
)en	h	Total fundraising expenses (Part IX, column (A), line 25) 136, 4	23.	<u> </u>											
EX	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		442,534.	489,305.										
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,940,958.	1,960,463.										
		Revenue less expenses. Subtract line 18 from line 12		-210,652.	-130,802.										
nc es			Be	ginning of Current Year	End of Year										
ets	20	Total assets (Part X, line 16)		2,183,444.	2,081,116.										
t Assets or d Balances	21	Total liabilities (Part X, line 26)		486,842.	515,316.										
Net Fund		Net assets or fund balances. Subtract line 21 from line 20		1,696,602.	1,565,800.										
Pa	rt II	Signature Block													
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	y knowledge and belief, it is										
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	has any knowledge.											
Sign															
		Signature of officer		Date											
Her	е	Stephen Sellers, Interim CEO													
		Type or print name and title	1 -												
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN										
Paid		Stacy Cullen Stacy Cullen	1	0/08/24 self-employ											
	arer	Firm's name Aprio, LLP		Firm's EIN 5	7-1157523										
Use	Only	Firm's address 150 Post Street, Suite 200			<i></i>										
		San Francisco, CA 94108		Phone no. 4 1	5-777-4488										
May	the IE	29 discuss this return with the preparer shown above? See instructions			X Ves No										

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SFMade's mission is to build and support a vibrant manufacturing	
	sector in San Francisco that sustains companies producing locally-made	
	products, encourages entrepreneurship and innovation, and creates	
	employment opportunities for a diverse local workforce.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 389, 241. including grants of \$) (Revenue \$)	<u>0.</u>)
	SFMade provides local manufacturers in the San Francisco Bay area the	
	resources to grow, and create employment opportunities for low-income	
	individuals, with a focus on people of color, immigrants, and women. I	n
	2020, SFmade served over 700 manufacturers, providing them with more	
	than 1,700 hours of 1-on-1 advisory services to help them recover and	
	rebuild. SFmade also works directly with manufacturers to help them to	
	prepare for and hire from the local workforce. Our workforce programs	
	serve both adults with significant barriers to employment and	
	low-income youth by placing them directly into training, paid	
	internships, and full-time employment. Finally, our regional	
	policy/practice programs engage key stakeholders across all 9 bay area	
	counties - including local government, community organizations, and	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,389,241.	

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Form 990 (2023) SFMade Inc Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	170		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
16		46		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	در		₩.
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		7.7	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> X</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X
			$\Omega\Omega\Omega$	

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Form **990** (2023)

Ves. No.	Par	t IV Checklist of Required Schedules (continued)	7705	<u>F</u>	age ¬
Part IX, column (IA), line 27 II, "Yes," complete Schedule I, Parts I and III		· (continued)		Yes	No
3 Did the organization asswern "Yes" to Part VII. Section A, line 3, 4, or 5, about compensation of the organization sourcest and former officers, directors, trusteckse, key employees, and highest compensated employees? If "Yes," complete Schedule I. Who," yor to line 252. 40 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 vary. In the vast issued after Descember 31, 2002? If "Yes," answer lines 24th through 24d and competer Schedule K. If "No," yor to line 252. 50 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 50 Did the organization maritain an escrow account other than a refunding scrow at any time during the year to defease any tax-exempt bonds? 51 Did the organization maritain an escrow account other than a refunding scrow at any time during the year to defease any tax-exempt bonds? 52 Section 501(6)(5), 501(6)(4) and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I. 53 Section 501(6)(5), 501(6)(4) and 501(6)(29) organizations what of the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I. 54 In the transaction has not been reported on any of the organization by nor Forms 980 or 989 EZ? If "Yes," complete Schedule I. Part II. 55 Schedule I. Part II. 56 Did 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 by nor Forms 980 or 989 EZ? If "Yes," complete Schedule I. Part II. 57 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or or 35% controlled entity (including an employee thereof) or family	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, tustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, and the organization have a tax excempt 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 24d months of the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? 24a D Ib the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? 24b D Ib the organization minest an escrow account of the than a refunding secrow at any time during the year to defease any tax exempt bonds? 24c D Ib the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d D Ib the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d D Ib the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d D Ib the organization are than a for including secrow at any time during the year? 25s Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with an alsoqualitied person in a prior year, and that the transaction has not been reported on any of the organization with a disqualitied person in a prior year, and that the transaction has not been reported on any of the organization with an organization approach 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 contribution, or 35% controlled entity or family member of any of these persons? If Yes, complete Schedule L, Part III. 25d D Ib the organization provide a grain or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, complete Schedule L, Part IIV. 26a A samily member of any individual descri		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 4	23				
As Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes, "answer lines 24b through 24d and complete Schedule I, If No. 1, 90 to line 25a		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
As Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the ligat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No." yo to line 25a. 24b		Schedule J	23	X	
Schedule K. If 'No,' go to line Zise b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b 24c 24d 24d 24d 24d 24d 24d 24d	24a				
Schedule K. If 'No,' go to line Zise b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b 24c 24d 24d 24d 24d 24d 24d 24d		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tave empt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 55 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 55a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E77 If "Yes," complete Schedule I, Part I 55b X 55c X		Schedule K. If "No," go to line 25a	24a		X
any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 5a Section 501c(x)8, 501c(x)8, 301c(x)8, and 501c(x)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if 'Yes,' complete Schedule L, Part I b Is the organization aware that the regaged in an excess benefit stransaction with a disqualified person during the year? if 'Yes,' complete Schedule L, Part I 5b Is the organization aware that the regaged in an excess benefit stransaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part II 6 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 of ramily member of any of these persons? If 'Yes,' complete Schedule L, Part II 26	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 5 Section 501((5)), 501((6)), 401((6)), 401 501((С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 5 Section 501((5)), 501((6)), 401((6)), 401 501((any tax-exempt bonds?	24c		
transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 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-E2? If "Yes," complete Schedule I., Part I 25b	d		24d		
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 99 or 99 0° 590 E2? If "Yes," complete Schedule I., Part I is 18 bid the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II is 26 VX. 7. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity fincluding an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I., Part II is 38% controlled entity fincluding an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I., Part II is 38% controlled entity fincluding an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I., Part II is 38% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule I., Part IV 28a X X 28b X 28	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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-E2? If "Yes," complete Schedule I., Part I		transaction with a disqualified person during the year? If "Yes." complete Schedule L. Part I	25a		Х
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? # "Yes," complete \$50 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 contribution, or 35% controlled entity or family member of any of these persons? # "Yes," complete \$50 Exhedule L, Part II 26	b				
Schedule L, Part I 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 33% controlled entity of ramily member of any of these persons? If "Yes," complete Schedule L, Part II Zho Id the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity finduding an employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III. Zho Was the organization party to a business transaction with one of the following parties? (See the Schedule L, Part III. A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. A Saffw controlled entity of one or more individuals and/or organization selective flow in the 28a or 28b? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. Did the organization in evelve contributions of arth, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization in very contribution of arth, historical treasures, or other similar assets, or qualified conservation contributions of arth, historical treasures, or other similar assets, or qualified conservation contributions of arth, historical treasures, or other similar assets, or qualified conservation. Did the organization will not office the organization receive and cease operations? If "Yes," complete Schedule N, Part I II. Did the organization one office of a transfer more than 25% of its net assets? If "Yes					
of bit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 26		, ,	25b		Х
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	,			
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26					
77 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof), a grant selection committee member, or to a 35% controlled entity (including an employee thereof) of any of these persons? if "Yes," complete Schedule L, Part III. 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV. 28 a X current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 a X a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 a X a A some controlled entity of one or more includivalials and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28 a X a Sy school of a complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 29 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 30 Did the organization of sex post of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I. 30 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1 31 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulation? 33 Did the organization of the organization make a			26		Х
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				
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III					
Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a		the state of the s	27		Х
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former offlicer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b	28	, , ,			
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? "Yes," complete Schedule L, Part IV 28b X A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 9 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 9 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 9 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 9 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 9 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 9 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 9 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 9 Did the organization have a controlled entity within the meaning of section 512(b)(3)? If "Yes," complete Schedule R, Part V, line 2 9 Did the organization onduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, line 2 9 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 V I 9 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treate					
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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
	,	1		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 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 6	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	4a		X
b	If "Yes," enter the name of the foreign country	_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	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 contribution	ons 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 serv	vices 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	s required			l
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
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9	Sponsoring organizations maintaining donor advised funds.		0-		
a			<u>9a</u> 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 49532		17		

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If "Yes," complete Form 6069.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
а	The governing body?	8a	х	
a h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	05		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevertice Gode.)		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,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
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)-20-20-20-20-20-20-20-20-20-20-20-20-20-	s only)	availal	ole
	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, and	d financ	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, Suite 200, San Francisco, CA 94107			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	T	iiiza		C)	ipoi	Jack	(D)	(E)	(F)
Name and title	Average	(do	not o	Pos	osition eck more than one			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week (list any	-	officer and a director/tru		Tritus		from the	from related organizations	other compensation	
	hours for	direct				- - - -		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Linda Becker	30.00	-	┝ <u></u>	1	Α_	Τ ω	т.			
CEO-Ended April 30	10.00	1		Х				173,563.	0.	0.
(2) Medo Nasry	30.00									
Controller	10.00			Х				150,657.	0.	0.
(3) McCarley Jefferson	40.00									
Chief Program Officer						Х		117,500.	0.	0.
(4) Wendy Lee	40.00									
Director of Development				Х				106,013.	0.	0.
(5) Rosemarie Ovian	1.00									
Board Chair		Х		Х				0.	0.	0.
(6) Wenli Wang	1.00	1								
Board Vice Chair		Х		Х				0.	0.	0.
(7) Veronica Bell	1.00]								
Board Secretary		Х		Х				0.	0.	0.
(8) Tracy Ericson	1.00	1						_		
Board Tresurer		Х		Х				0.	0.	0.
(9) Alicia Esterkamp Allbin	1.00	l								
Board Member		Х	_					0.	0.	0.
(10) Hillary Baca	1.00	ļ								
Board Member	1	Х	_					0.	0.	0.
(11) Jon Knorpp	1.00	l								
Board Member	2.00	Х						0.	0.	0.
(12) Stephen Sellers	0.00	4							_	
Interim CEO		<u> </u>	_	Х				0.	0.	0.
		4								
			┝							
		1								
	+		\vdash	-		\vdash				
		1								
			L			L				

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SFMade Inc

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(R) (C) (D) (E) 27-2850703 Page **8**

	Name and title	Average hours per week Average hours per box, unless person is both an officer and a director/trustee)						an	Reportable Reportable compensation compensation			l l		
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer P		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISO 1099-NEC)	5/	other compensation from the organization and related organizations		ation ne tion ted
											+			
											4			
	Subtotal								547,733.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								547,733.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	ceived more than \$100,	000 of reportable				4
													Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so										- 1	3		Х
4	For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization				
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
	tion B. Independent Contractors													
1	Complete this table for your five highest continuous the organization. Report compensation for the organization and the organization is a second to the organization of the organization o	· ·	-							· · · · · · · · · · · · · · · · · · ·	ensati	ion fro	om	
	(A) Name and business								(B) Description of s		(C) Compensation			
-	Name and business	address	NC	ONE	<u> </u>			\dashv	Description of s	ervices		Jiiipei	isalic) I I
	Total number of independent contractors (in	ncludina but na	ot lin	niter	d to	thos	se lis	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organization	•				(,				000	
												-orm	ココリ	(2023)

(F)

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Pa	Part VIII Statement of Revenue									
Check if Schedule O contains a response or note to any line in this Part VIII										
			(A) (B) (C) (D) Total revenue Function revenue Unrelated business revenue from tax under sections 512 - 514							
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Total. Add lines 1a-1f Business Code	1,737,293.							
Program Service Revenue	b c d e f	Manufacturing Sector S 310000 All other program service revenue	104,600. 104,600.							
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	23,194.							
	b	Gross rents								
Revenue	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) (i) Securities (ii) Other 7a 7b 7c								
Other Rev	d 8 a	Net gain or (loss) Gross income from fundraising events (not including \$ 139,588. of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses 8b 35,426.								
	9 a b	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9a 9b	-35,426.							
	10 a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a b c d	All other revenue								
2	е	Total. Add lines 11a-11d	1,829,661. 104,600. 012,232.							

Form 990 (2023) SFMade Inc
Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	(4)		(0)	(5)
	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				
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,				
	trustees, and key employees	547,732.	412,678.	85,665.	49,389.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	CET 000	405 670	100 005	F0 204
7	Other salaries and wages	657,898.	495,679.	102,895.	59,324.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	172 110	121 405	26 200	15 050
9	Other employee benefits	173,118.	131,485.	26,380.	15,253
10	Payroll taxes	92,410.	70,187.	14,081.	8,142.
11	Fees for services (nonemployees):				
	Management	37,644.	8,969.	28,675.	
b	Legal	66,903.	11,669.	55,234.	
_		00,903.	11,009.	33,234.	
d	, , , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
f g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	173,140.	171,890.	1,250.	
12	Advertising and promotion	46,061.	30,908.	13,578.	1,575.
13	Office expenses	7,013.	1,021.	5,952.	40.
14	Information technology	43,370.	1,595.	39,851.	1,924.
15	Royalties		,	·	•
16	Occupancy	60,380.	45,209.	15,171.	
17	Travel	5,669.	4,458.	435.	776.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	29,567.		29,567.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,510.		7,510.	
23	Insurance	11,569.	3,088.	8,481.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Board and Staff Develop	479.	405.	74.	
b				. = 3	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,960,463.	1,389,241.	434,799.	136,423.
26	Joint costs. Complete this line only if the organization	, ,	, ,	,	,
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2022

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Form 990 (2023)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,826,312.	1	1,525,487.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	328,903.	3	522,949		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the	s		5		
	6	Loans and other receivables from other disqu	alified pers	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in secti	on 4958(c)(3)(B)		6	
_Σ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		8			
۲	9	Duran alid accompany and defermed alichance			18,884.	9	26,078.
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	88,939.	9,345.	10c	6,602.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			2,183,444.	16	2,081,116.
	17	Accounts payable and accrued expenses	9,109.	17	34,428		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
⋣		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr			477 722	23	400 000
	24	Unsecured notes and loans payable to unrela			477,733.	24	480,888.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24).	Complete Part X			
	00	of Schedule D			486,842.	25	515,316.
	26	Total liabilities. Add lines 17 through 25		X	400,042.	26	313,310.
ပ္ပ		Organizations that follow FASB ASC 958, c	neck nere				
2	07	and complete lines 27, 28, 32, and 33.			1,339,915.	27	1,507,864.
ala	27	Net assets without donor restrictions			356,687.	28	57,936.
g	28	Net assets with donor restrictions Organizations that do not follow FASB ASC			330,007.	20	31,330.
ᇋ		and complete lines 29 through 33.	, 956, Cite	K flere			
o l	20		do			29	
ets	29	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or				30	
\ss	30 31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,696,602.	32	1,565,800.
Ž	32 33	Total liabilities and net assets/fund balances			2,183,444.	33	2,081,116.

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Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,82			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,96			
3	Revenue less expenses. Subtract line 2 from line 1	3	-13			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,69	6,6	02.	
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			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,56	5,8	00.	
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				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 on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	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?		2b	X		
	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					
С	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?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2023)	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

27-2850703 SFMade Inc Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

27-2850703 Page 2 SFMade Inc

Schedule A (Form 990) 2023 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2270100.	2308894.	3237671.	1707702.	1737293.	11261660.
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	2270100.	2308894.	3237671.	1707702.	1737293.	11261660.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						323,600.
6	Public support. Subtract line 5 from line 4.						10938060.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2270100.	2308894.	3237671.	1707702.	1737293.	11261660.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	68.	68.	7.		23,194.	23,337.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						11284997.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	104,600.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I					14	96.93 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	96 . 99 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, ched	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2023

Schedule A (Form 990) 2023

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	r		_	1	Т	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				l		
14	First 5 years. If the Form 990 is for th	-		•			
80	check this box and stop herection C. Computation of Publi						
	Public support percentage for 2023 (I			actions (f)		15	0/
	Public support percentage from 2022					16	<u>%</u>
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from			10, Column (1))		18	/ 6
	a 33 1/3% support tests - 2023. If the						
130	more than 33 1/3%, check this box ar						5 1.60
	33 1/3% support tests - 2022. If the						 nd
•							
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

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Schedule A (Form 990) 2023 SFMade Inc 27-2850703 Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2023 SFMade Inc 27-2850703 Page 5
Part IV Supporting Organizations (continued)

	eapporting organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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			
	,	3		
Sec	supported organizations played in this regard. 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 governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
b	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

332025 12-21-23 Schedule A (Form 990) 2023

<u>Schedule A (Form 990) 2023</u> **SFMade Inc** 27-2850703 Page **6**

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
_7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2023

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sect	tion D - Distributions		Current Year		
_1	Amounts paid to supported organizations to accomplish exempt purposes	1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2023 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10			
	(i)	(ii)	(iii)		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D,			
line 7:			
Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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

<u>SFMade Inc</u> 27-2850703

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
Citibank	500,000.	274,300.
Wells Fargo	275,000.	49,300.
Total Excess Contributions to Schedule A, Part II, Line 5		323,600.

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

SFMade Inc

27-2850703

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	\overline{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				
Note: Only a section 8	ation is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
-	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or many one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509 contributor, o	nization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under $\theta(a)(1)$ and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; 90-EZ, line 1. Complete Parts I and II.				
contributor, or ec	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ducational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering umn (b) instead of the contributor name and address), II, and III.				
year, contrib is checked, e purpose. Do	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the rutions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box center here the total contributions that were received during the year for an exclusively religious, charitable, etc., n't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively aritable, etc., contributions totaling \$5,000 or more during the year \$				
answer "No" on Part I	tion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must V, 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 ne filing requirements of Schedule B (Form 990).				

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Pag

Name of organization

Employer identification number

SFMade Inc

27-2850703

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	California Manufacturing Technology Consulting (CMTC) 3760 Kilroy Airport Way, Suite 450 Long Beach, CA 90822	\$ 505,537.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	City of San Francisco 1 Dr. Carlton B. Goodlett Place Room 400 San Francisco, CA 94102	\$ 336,782.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	City of San Jose 200 E. Santa Clara Street San Jose, CA 95113	\$ <u>185,963.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4 Knight Foundation 2850 Tigertail Avenue, Suite 600 Miami, FL 33133	\$ 112,500.	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	Kaiser Permanente 1950 Franklin St Oakland, CA 94612	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	US Bank 800 Nicollet Ave Minneapolis, MN 55402	\$\$	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization Employer identification number 27-2850703

Part I	Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Morgan Stanley 1585 Broadway New York, NY 10036	\$\$	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	Goodwill of Silicon Valley 1080 North 7th St. San Jose, CA 95112	\$\$	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.)
(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.)

SFMade Inc

Page 3

Name of organization Employer identification number

<u>SFMade Inc</u> 27-2850703

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

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** SFMade Inc 27-2850703 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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 Part I (e) Transfer of gift Transferee's name, address, and 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 Part I (e) Transfer of gift Transferee's name, address, and 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 Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

SFMade Inc

Employer identification number 27-2850703

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
	Tatal acceptance at and of consu	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in	Learning that the assets hold in donor advised	1 funds
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organization		·
	Preservation of land for public use (for example, recrea		historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	rganization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conser	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
•	,	annig or melanene, and emerening contentant	caccinolite adming and year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4	I)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	ts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for public.	olic exhibition, education, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
			The state of the s
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	gain, provide
	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2023

332051 09-28-23

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment		64,550.	58,613.	5,937.			
e Other		30,991.	30,326.	665.			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))							

Schedule D (Form 990) 2023

Part V			27-2850703 Pa
		on Form 000 Bort IV line	11h Coo Form 000 Port V line 12
(a) Dage	Complete if the organization answered "Yes" or category (including name of security)		
• •		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
•	ncial derivatives		
	ely held equity interests		
Othe			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
	I. (b) must equal Form 990, Part X, line 12, col. (B))		
	III 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)			
<u> </u>			
otal. (Co	I. (b) must equal Form 990, Part X, line 13, col. (B))		
otal. (Co Part I)	I. (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets		
		on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
	Other Assets Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15. (b) Book value
Part I)	Other Assets Complete if the organization answered "Yes" of		
(1)	Other Assets Complete if the organization answered "Yes" of		
Part I)	Other Assets Complete if the organization answered "Yes" of		
(1) (2) (3)	Other Assets Complete if the organization answered "Yes" of		
(1) (2) (3) (4)	Other Assets Complete if the organization answered "Yes" of		
(1) (2) (3)	Other Assets Complete if the organization answered "Yes" of		
(1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes" of		
(1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes" of		
(1) (2) (3) (4) (5) (6) (7)	Other Assets Complete if the organization answered "Yes" of		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, line 15, col.	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, line 15, col.	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, line 15, color Other Liabilities	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (C)	Complete if the organization answered "Yes" (a) Complete if the organization answered "Yes" (a) Column (b) must equal Form 990, Part X, line 15, column (b) The Liabilities Complete if the organization answered "Yes" (c)	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (C)	Complete if the organization answered "Yes" (a) Column (b) must equal Form 990, Part X, line 15, column (b) The Liabilities Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (C)	Complete if the organization answered "Yes" (a) Column (b) must equal Form 990, Part X, line 15, column (b) The Liabilities Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (C) Part X	Complete if the organization answered "Yes" (a) Column (b) must equal Form 990, Part X, line 15, column (b) The Liabilities Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) F (2) (3)	Complete if the organization answered "Yes" (a) Column (b) must equal Form 990, Part X, line 15, column (b) The Liabilities Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (C) orant X (1) F (2) (3) (4)	Complete if the organization answered "Yes" (a) Column (b) must equal Form 990, Part X, line 15, column (b) The Liabilities Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (C. Part X	Complete if the organization answered "Yes" (a) Column (b) must equal Form 990, Part X, line 15, column (b) The Liabilities Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (C) Part X (1) F (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a) Column (b) must equal Form 990, Part X, line 15, column (b) The Liabilities Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Co. Part X (1) F (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" (a) Column (b) must equal Form 990, Part X, line 15, column (b) The Liabilities Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value

Schedule D (Form 990) 2023

Pai	rt XI Reconciliation of Revenue per Audited Financia	il Statements With Revenue	per Return	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		
1	Total revenue, gains, and other support per audited financial stateme	nts	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			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I.	line 12.)	5	
Ра	rt XII Reconciliation of Expenses per Audited Financ		es per neturn	
	Complete if the organization answered "Yes" on Form 990, Pa			
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:	ا م ا		
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)	·	0.	
e	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:	40		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) Add lines 4a and 4b		4c	
·				
5	Total expenses Add lines 3 and 4c (This must equal Form 900, Part	l lino 19 \	5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part rt XIII Supplemental Information	<u>, line 18.)</u>	5	
Pa	rt XIII Supplemental Information	· 		XI.
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; Pa		XI,

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

SFMade	Inc				27-2850	703								
Part I Fundraising Activities. required to complete this part	Complete if the organization answet.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not								
Indicate whether the organization rais	eed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includance)	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	·								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		or control of		or control of		or control of		or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No											
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration								

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

Schedule G (Form 990) 2023

27-2850703 Page 2

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.				
		or randicing event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	1
			Here/Now (in	` '	. ,	(d) Total events
			1	MFG (in pers	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	74,260.	10,000.	55,328.	139,588.
Re	'	G1033 10001pt3	7 2 7 2 3 3 4	20,0001	33,3233	203/0001
	2	Less: Contributions	74,260.	10,000.	55,328.	139,588.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
bense	6	Rent/facility costs	622.			622.
Direct Expenses	7	Food and beverages	5,733.	2,011.		7,744.
	8	Entertainment				
	9	Other direct expenses	5,649.	2,823.	18,588.	27,060.
	10	,				35,426.
Da	11	1				-35,426.
Pa	irt i		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	(I.) Dull tabe (instant		(a) Tatal manaina (a dal
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		Net gaming income summary. Subtract line 7				
			(-, -, -, -, -, -, -, -, -, -, -, -, -, -			
9	En	ter the state(s) in which the organization condu	ıcts gaming activities: _			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	lf "	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
	_					
)-13-23			Scho	dule G (Form 990) 2023

Schedule G (Form 99	10) 2023	SFMade Inc				27-28	350703	Page 3
11 Does the organ	zation conduct gam	ing activities with nonm	nembers?				Yes	☐ No
		ciary or trustee of a trus						
							Yes	No
		activity conducted in:						
							13a	%
							13b	
		person who prepares th					100	
14 Enter the name	and address or the p	berson who prepares in	ie organization s	garriirig/speciai eve	ents books and recon	us.		
N								
Name								
Address								
15a Does the organ	zation have a contra	act with a third party fro	m whom the org	anization receives (gaming revenue?		Yes	No
b If "Yes," enter t	ne amount of gaming	g revenue received by t	he organization	\$	and the an	nount		
of gaming rever	ue retained by the t	hird party \$						
c If "Yes," enter r	ame and address of	the third party:						
Name								
Address								
16 Coming mones	or information.							
16 Gaming manag	a mormation.							
Name								
Gaming manag	er compensation	\$	_					
Description of s	ervices provided							
	_							
Director	officer	Employee	Indeper	ndent contractor				
17 Mandatory dist	ibutions:							
a Is the organizat	on required under s	tate law to make charita	able distributions	from the gaming p	roceeds to			
ū	gaming license?			3 31			Yes	☐ No
		quired under state law t	to be distributed	to other exempt or	nanizations or spent	in the		
		s during the tax year	\$	to other exempt of	gariizations or spent	iii tiic		
		ation. Provide the ex		ed by Part I line 2h	columns (iii) and (v)	· and Dart	III lines Q	9h 10h
		pplicable. Also provide				, and Fait	III, III 165 3,	3D, 10D,
150, 15	c, 16, and 17b, as a	pplicable. Also provide	any additional in	iormation. See inst	ructions.			



SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

SFMade Inc

Part I Questions Regarding Compensation

Employer identification number 27-2850703

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
_	Provide a supplied to the supp	4a		Х
		4b		X
		4c		X
·	Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	Tes to any of lines 4a o, list the persons and provide the applicable amounts for each item in a at in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA 332111 11-06-23

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 SFMade Inc 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-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Linda Becker	(i)	168,237.	5,326.	0.	0.	0.	173,563.	0.
CEO-Ended April 30	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Medo Nasry	(i)	146,045.	4,612.	0.	0.	0.	150,657.	0.
Controller	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						1	1

Page 2

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

SFMade Inc

Employer identification number 27-2850703

Form 990, Part I, Line 1, Description of Organization Mission:

overcome barriers to employment for a more vibrant equitable and

resilient economy. Binging manufacturers into high school classrooms

and creating internships to provide early exposure to the field.

Form 990, Part III, Line 4a, Program Service Accomplishments:

higher education -to create a robust regional manufacturing sector by

fostering regional collaboration and coordinating the covid crisis

response from city governments to make sure manufacturing is a front
and center priority and strategy to build a more inclusive and
equitable economy.

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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** SFMade Inc 27-2850703 deliberations and decisions in the related transaction. Form 990, Part VI, Section B, Line 15: SFMade runs comparable salary reports every 2 years. SFmade board approves CEO compensation annually. SFmade board approves budget, which specifies. Total employee compensation planned for the year, annually. Board is informed of all hires while the CEO retains ultimate decision authority on hire specifics. Form 990, Part VI, Section C, Line 19: The documents are available by coming to the SFMade offices and requesting to see them or by requesting in writing to receive a copy of the documents. The organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request for the same period of time set forth in sec. 6104(d). Form 990, Part XII, Line 2C: The organization has not changed any processes from prior year.

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization SFMade Inc					E	Employer identific 27-28507		ımber
Part I Identification of Disregarded Entities. Comp	plete if the organization answered "Yes'	on Form 990, Part IV, line 3	3.					
(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inc	ome End-of-yea	ır asset		ontrolling itity	9
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	or moi	re related tax-exer	npt	
(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				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	SFMad	ie –	X	
150 Hooper, Inc 82-3791092	Provide affordable							
150 Hooper Street, Unit 200	below-market manufacturing							
san francisco, CA 94107	space in san francisco	California	501 (c) (3)	Line 12A, I	SFMad	ie	Х	

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

Schedule R (Form 990) 2023

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j))	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity		Share of total	Share of end-of-year assets	Diagrapartianeta		Code V-UBI	Gener mana partn	al or P ging er?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
										\sqcup	_	

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	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(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	ent	ction b)(13) rolled tity?
		,						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1 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 contr	rolled entity				1a		X
b Gift, grant, or capital contribution to related organization(s)					1b		X
c Gift, grant, or capital contribution from related organization(s)					1c		Х
d Loans or loan guarantees to or for related organization(s)					1d		Х
e Loans or loan guarantees by related organization(s)					1e		Х
f Dividends from related organization(s)					1f		X
g Sale of assets to related organization(s)					1g		X
h Purchase of assets from related organization(s)					1h		X
i Exchange of assets with related organization(s)					1i		X
j Lease of facilities, equipment, or other assets to related organization(s)					1j		X
k Lease of facilities, equipment, or other assets from related organization(s	s)				1k		X
I Performance of services or membership or fundraising solicitations for re	elated organization(s)				11		X
m Performance of services or membership or fundraising solicitations by re	elated organization(s)				1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related	l organization(s)				1n	X	
Sharing of paid employees with related organization(s)					10	X	
p Reimbursement paid to related organization(s) for expenses					1p	X	
q Reimbursement paid by related organization(s) for expenses					1q	X	
r 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	
2 If the answer to any of the above is "Yes," see the instructions for inform	nation on who must complete the	nis line, including covered r	elationships	and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved		(d) Method of determining amount inv	olved/		
1) PlaceMade	Q	41.	cash				
. 150		(0.370	G = -1-				
2) 150 Hooper, Inc.	P	60,379.	casn				
3)							
4)							
-1							
5)							
6)							
6)			l	Schedule	D /Eas	m 000	2022
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Schedule R (Form 990) 2023 SFMade Inc 27-2850703 Page 4

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									